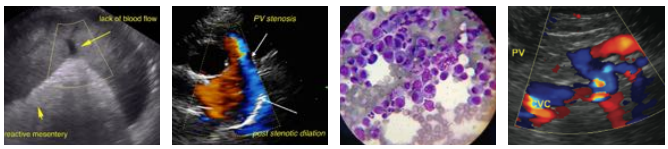
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Leo Pena

SPECIES
Canine

BREED
Pitbull

SEX
Intact male

AGE
13 years

WEIGHT
60 lbs

INTERPRETED BY
Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY
Dr. Petrone

HOSPITAL NAME
Long Branch AH

REFERRING VET
Dr. Petrone

INVOICE
42533

DATE
11/15/22

PRESENTING CLINICAL SIGNS

History: 13 year old male intact pitbull. Polydipsia reported. Recent diarrhea episode-resolved. Owner wanted a senior screen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder lumen volume is small and walls are diffusely thickened. This is likely pseudohypertrophy secondary to lack of luminal distension, however, true mural thickening cannot be definitively ruled out. Reexamination when urinary bladder lumen volume is increased with time and/or fluid therapy.

The prostate is uniformly enlarged with an irregular capsule that contains multi-focal, hypoechoic and anechoic cysts throughout the parenchyma. No mineralization and no specific masses are noted. There is no suspicious of prostatic abscess on ultrasound.

The kidneys have a smooth capsule and with mild hazing of corticomedullary definition with approximate maintenance of normal ratio (cortex 1/3 of medulla). No evidence of pelvic dilation was present. The right kidney measured 5.56 cm. The left kidney measured 6.13 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.49 cm in length and 0.81 cm at the cranial pole and 0.64 cm at the caudal pole. The right adrenal gland measured 3.2 cm in length and 0.8 cm at the cranial pole and 0.8 cm at the caudal pole.

Spleen

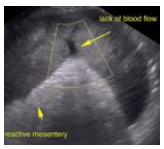
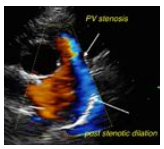
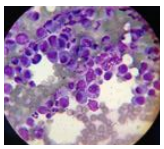
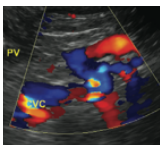
The spleen was normal in size with a mottled parenchyma and slightly irregular capsule. Hypoechoic splenic nodules are noted, yet there are no specific masses.

Liver

The liver is diffusely mottled with several, variably sized, hypoechoic nodules throughout the parenchyma. The remainder of the liver parenchyma is coarse with slightly irregular and rounded borders. There are no specific masses within the liver. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and

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there is no impression of reduced peristaltic activity. No masses or focal lesions were observed. The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Enlarged, irregular prostate with multi-focal, hypoechoic cysts. This is most likely due to benign prostatic hyperplasia, possibly some prostatitis likely related to being intact.

Secondary Findings

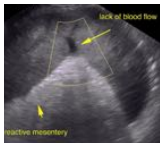
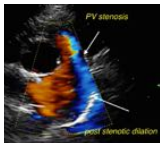
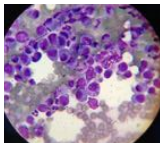
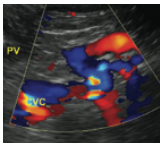
- Splenic and liver changes. These are most consistent with benign aging change. In the liver vacuolar hepatopathy, chronic hepatitis or active hepatitis can be considered and should be correlated with liver value elevations. Splenic nodules are most likely benign, reactive or hyperplastic nodules.
- Bladder changes are likely due to low volume of urine in the bladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consideration for prostatic FNA can be considered. However, neoplasia is not highly suspected it is a definite possibility. Alternatively consider a castration, which may resolve the changes treating for bacterial prostatitis with a 4-6 week course of Enrofloxacin or other appropriate antibiotic could be considered with reevaluation of the prostatic changes on ultrasound after treatment. Often times changes do not go away while the patient is intact.

Ultimately, a liver FNA and/or biopsy can be considered to further investigate cause. Liver disease can be a cause of PU/PD. Therefore, if clinically suspected further investigation of the liver is warranted.

The splenic nodules are likely benign; however, an FNA should be considered to further differentiate. Neoplasia is not strongly suspected based on imaging.

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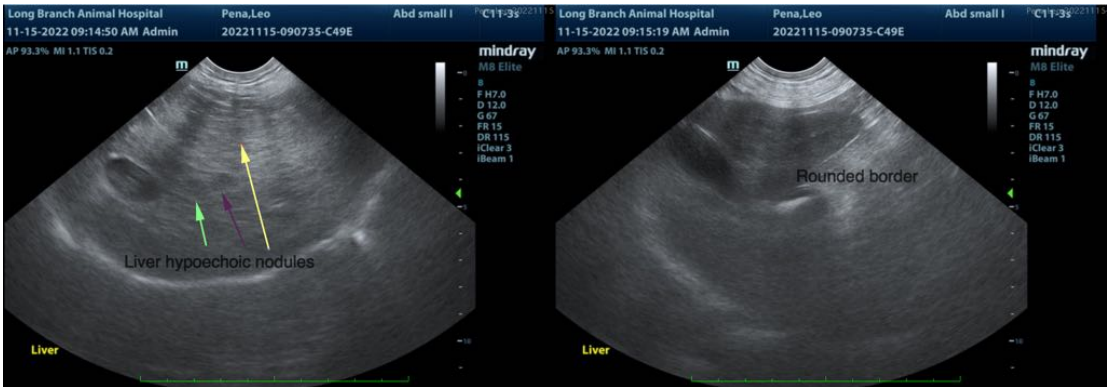
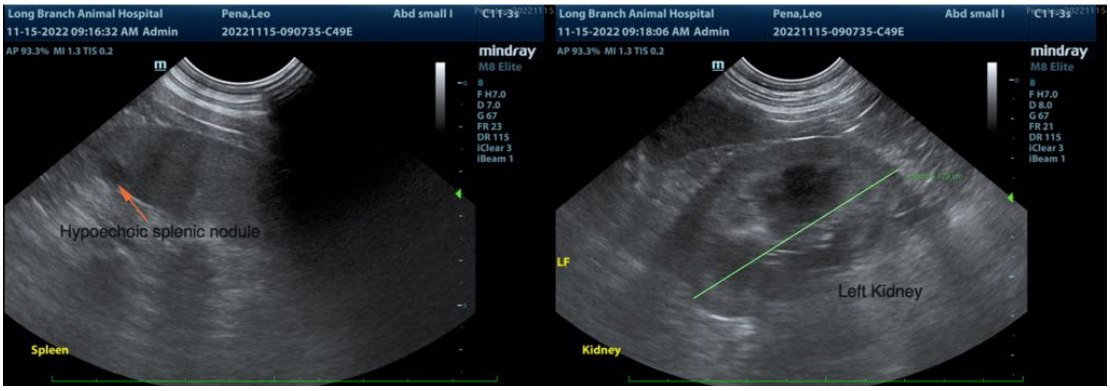
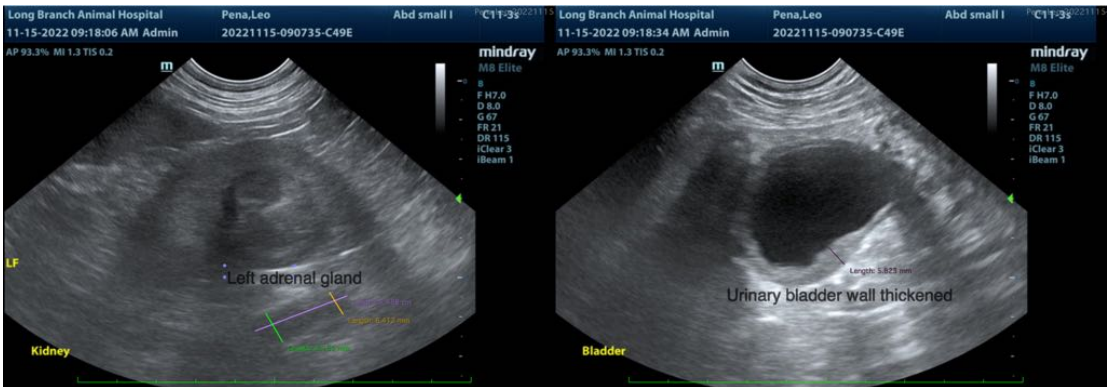
Given the PU/PD a urinalysis via cystocentesis should be considered along with reimaging of the bladder when it is a little bit fuller to ensure that the mural thickening is related to volume rather than a true mural thickening.

If clinically suspected a cadet BRAF test can be considered to screen for TCC; however, this is not strongly suspected based on imaging.







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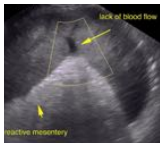
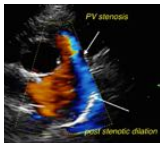
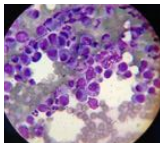
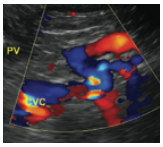

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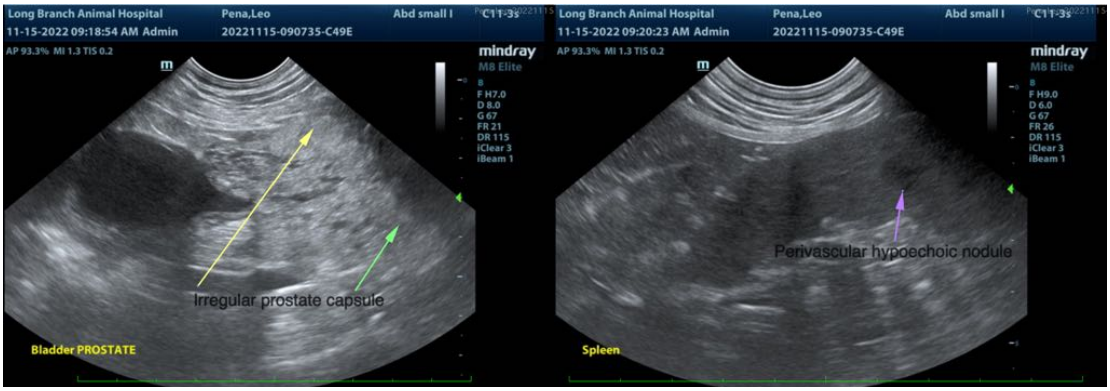

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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