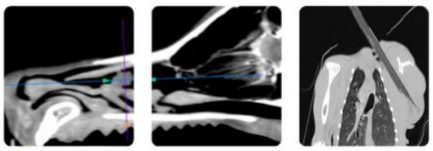


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Bailey Moore

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

12 Years

WEIGHT

~7.0 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hartzel AH

REFERRING VET

Dr. Bukovska

INVOICE

36265

DATE

3/17/26

PRESENTING CLINICAL SIGNS

- Not eating well for about 1 week and has been acting weak
- O attempted to feed him various foods, pasta, pork etc., and he refused them all
- Drinking habits normal, although he does drink a lot of water
- Normal urination
- Cerenia tabs sent but o unable to administer
- Has exposure to wildlife like raccoons, skunks etc in yard
- Does travel up north to a cottage
- Grade 1/6 Heart murmur, thin body condition with prominent spine
- Start 200cc SUBCU fluids, injection of Cerenia, Ondansetron, Sucralfate and Inj of Depocillin
- Abnormal PE/Chem/CBC/UA Results: Please see attached diagnostic results for other changes Lepto witness negative UPCR pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

Prostate is significantly enlarged with multiple fluid accumulations with irregular margins. Parenchyma is very heterogeneous. There is no mineralization visualized.

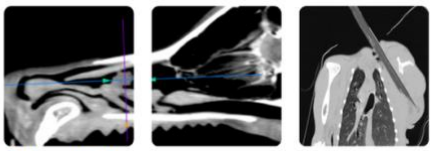
The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. The left kidney measured 3.75 cm in length. The right kidney measured 4.47 cm in length. There is a hyperechoic band between the cortex and medulla bilaterally.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. The left adrenal gland measured 1.5 cm in length and 0.47 cm at the caudal pole and 0.46 cm at the cranial pole. The right adrenal gland measured 1.83 cm in length and 0.5 cm at the caudal pole and 0.77 cm at the cranial pole.

Spleen

The spleen was normal with age-appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.



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Liver

The liver is subjectively normal in size with normal contours and structure. There is age-appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder 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. 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. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was not visualized. 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 area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Cystic prostatitis with heterogeneous architecture - cannot rule out prostatic carcinoma.
- Degenerative renal changes with medullary rim sign bilaterally - suspect acute nephritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Most significant findings is cystic prostatitis which is most concerning for prostatic carcinoma but could be bacterial in origin. Prostatic aspirate for cytology and culture is recommended to assess for neoplasia and infection. Urine culture and/or prostatic wash with cytology and culture could be considered. CADET BRAF testing can pick up prostatic neoplasia if transitional cell in origin. Empiric therapy with antibiotics with good prostatic penetration (enrofloxacin, TMS, clindamycin, etc.) for a minimum of 4 weeks and recheck imaging to monitor for resolution could also be considered.

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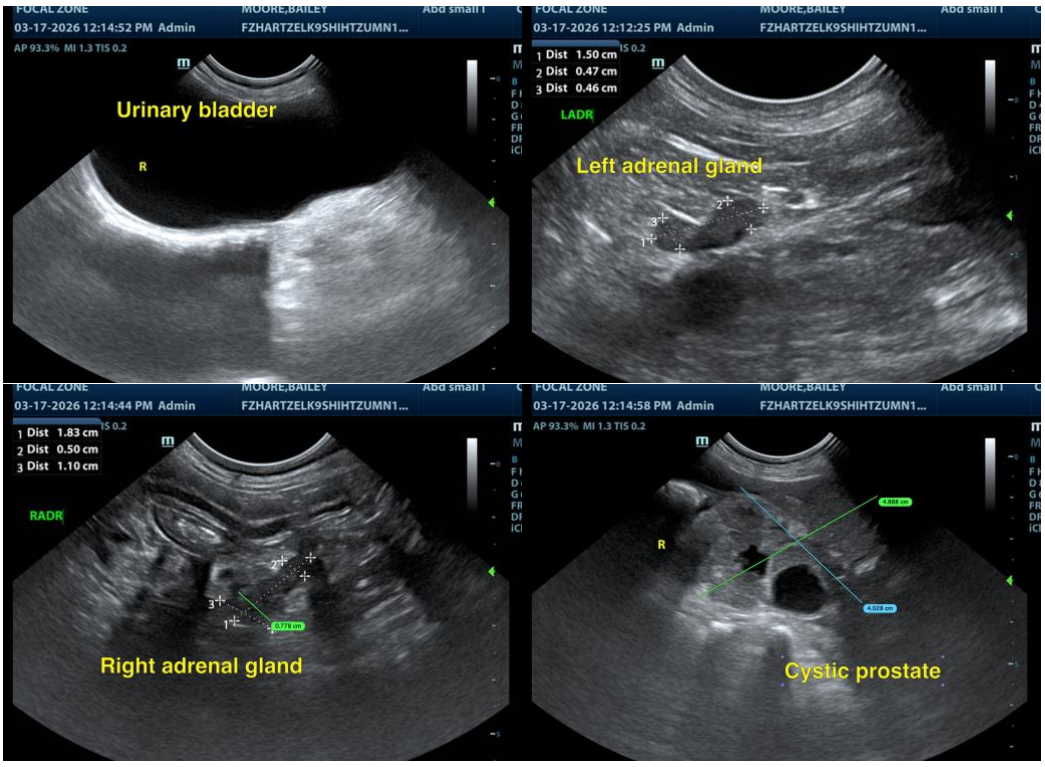
I suspect there is acute nephritis, likely infectious, given urinalysis results and renal appearance on ultrasound. Progression of chronic renal disease, toxin exposure, leptospirosis, bacterial pyelonephritis, other infectious insults, recently resolved ureterolithiasis, among other things remain possibilities.

Additional diagnostics to be considered include urine culture, leptospirosis testing, and careful questioning for the possibility of exposure to renal toxins (NSAIDs, grapes/raisins, cream of tartar, tamarind, vitamin D, rodenticide, etc.). Doppler blood pressure measurement is recommended to screen for hypertension which can be present in both acute and chronic renal disease and worsens renal function.

Treatment with intravenous fluid therapy, GI support as needed including enteral nutrition and monitoring for stabilization or resolution of azotemia every 24-48 hours is recommended. Antibiotics are reasonable while awaiting infectious disease testing.

Management for any patient with chronic renal dysfunction includes renal specific diet (protein and phosphorus limited), encouraging increased water intake with canned food and providing clean, running water source, and management of proteinuria and hypertension with ACE-inhibitor with addition of more anti-hypertensives as required. Monitoring of bloodwork, urinalysis and blood pressure every 3-6 months, or sooner if feeling unwell, is recommended.



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Teleradiology
Educational Teleconsultation Services™

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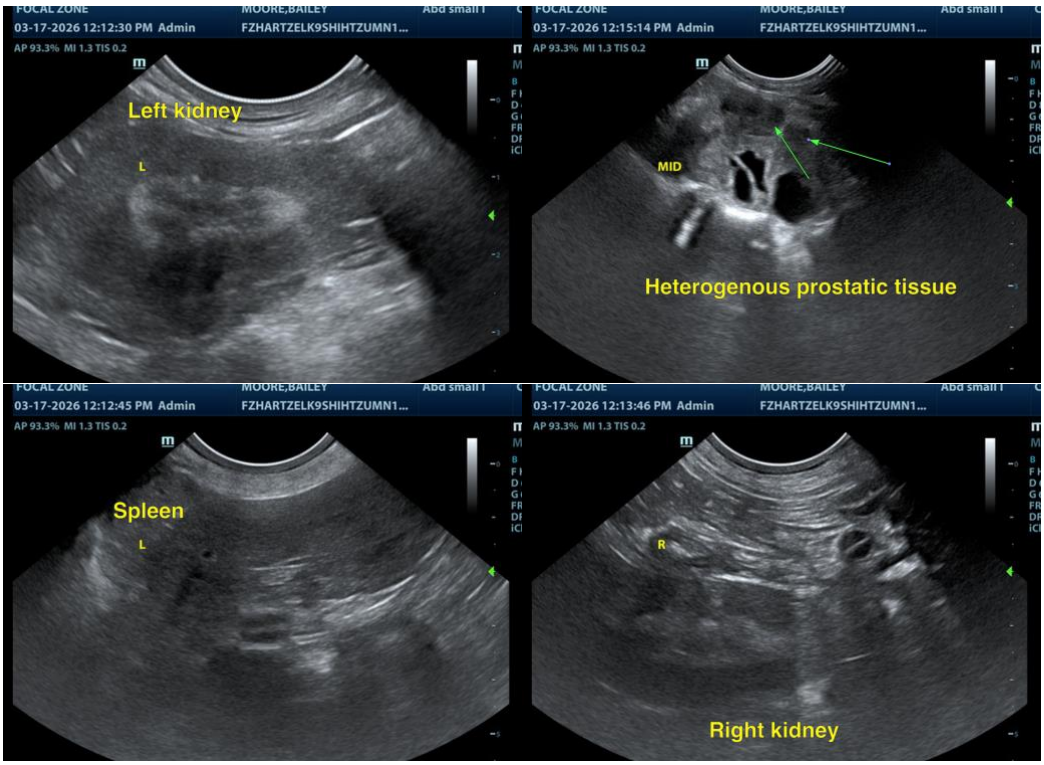

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com