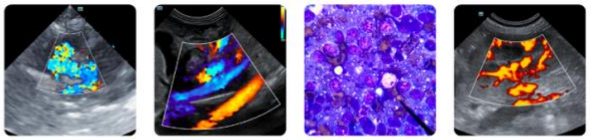


PATIENT

Loky Acevedo

SPECIES

Canine

BREED

Chihuahua

SEX

Intact Male

AGE

14 Years

WEIGHT

6.8 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Gabriel Ferrer DVM

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dr. Milton Bird

INVOICE

15956

DATE

05/08/26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to lethargy and malaise. Px has a Hx of Pancreatitis and soft stool. When bloodwork was performed it showed neutrophilia, monocytopenia, lymphopenia, and eosinopenia, Increased BUN, ALT, ALP, and GGT. No inappetence, vomiting, cough, or lethargy reported recently by owner. Sample of prostate collected vis FNA, results are currently pending. Cystocentesis collected, results are currently pending.

Abnormal PE/Chem/CBC/UA Results: Bloodwork attached below for your reference.

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, or abnormal thickening visualized. There are two hyperechoic gravity-dependent shadowing objects, most consistent with small flat cystoliths. One measuring 0.11 cm, the other measuring 0.07 cm. There are multiple other very small cystoliths visualized.

The prostate is significantly enlarged and hyperechoic, measuring approximately 3.2 cm in diameter. There is an irregular anechoic fluid accumulation visualized measuring approximately 1.02 cm x 2.15 cm. A smaller fluid accumulation is visible measuring 0.71 cm x 0.64 cm.

The testicles were visualized and appeared normal.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No significant pyelectasia was appreciated. The left kidney measured 3.27 cm in length. The right kidney measured 2.86 cm in length.

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 0.99 cm in length and 0.30 cm at the caudal pole and 0.36 cm at the cranial pole. The right adrenal gland measured 1.06 cm in length and 0.36 cm at the caudal pole and 0.43 cm at the cranial pole.

Spleen

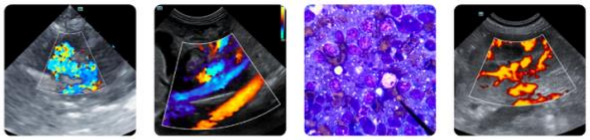
The spleen was normal with age-appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively, diffusely enlarged with a normal homogenous parenchyma. No specific masses or nodules are seen. The borders are slightly rounded.

The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing gravity dependent debris present. There are no surrounding free fluid or signs of active inflammation.

Gastrointestinal



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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 visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Cystic prostatitis- possible prostatic abscess.
- Very small cystoliths.
- Hepatomegaly.
- Gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Most significant finding is cystic prostatitis which is commonly bacterial but may also be sterile inflammatory, related to hormonal stimulation, or neoplastic in origin. Prostatic aspirate and urine culture was appropriate to assess for neoplasia and infection. 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. Castration should be considered if causing a clinical problem such as hematuria, stranguria, urinary incontinence or tenesmus.

Urinary bladder cystoliths may lodge in the urethra causing obstruction, with male pets carrying a higher risk due to smaller urethral size. They may also act as a nidus of infection and inflammation. Dissolution diets (hills c/d, Royal Canin urinary S/O, Purina Proplan UR, etc.) may be tried if struvite stones are suspected with serial imaging used to monitor progress. They appear likely to be small enough in relation to patient size that urohydropulsion under general anesthesia may successfully remove the stones. Surgical removal of stones should be considered if risk of urethral obstruction is unacceptable or dietary therapy is not successful.

Hepatomegaly is of uncertain clinical significance, but in the face of elevated liver values, liver FNA should be considered.

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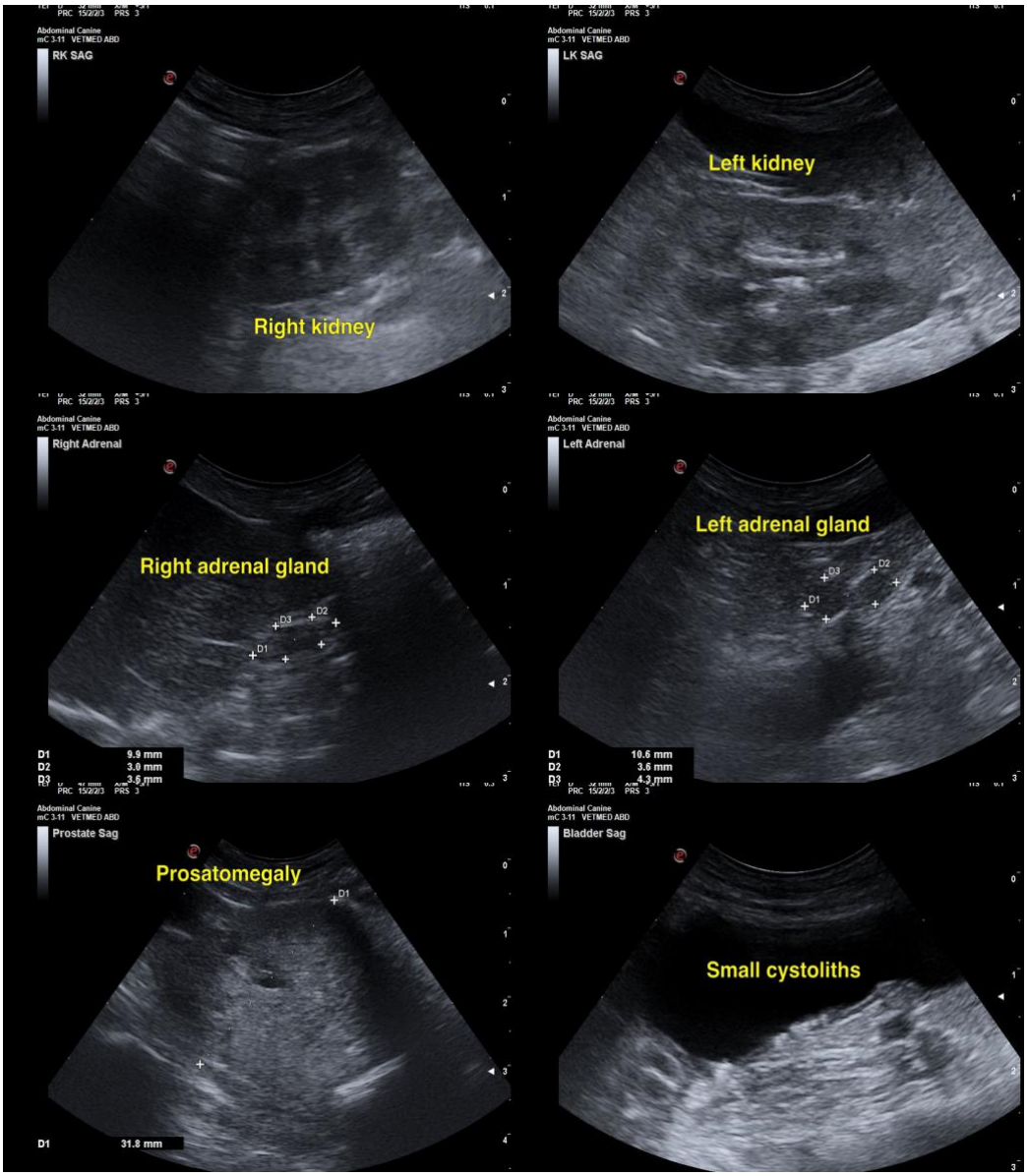
Gall bladder debris may be an incidental finding given lack of surrounding inflammation. In the face of elevated ALKP ursodiol could be given as a choleretic and empiric treatments (SAM-E, milk thistle, Vitamin E) could be tried. If liver supportive medications do not improve liver enzymes, a course of empiric antibiotics (Clavamox, enrofloxacin) could be considered to cover for infectious cholangiohepatitis, though the lack of surrounding inflammation makes this less likely. Imaging should be rechecked on a routine basis for monitoring (q3-6mo) or if further significant increase in liver enzymes and/or new clinical signs are noted. If otherwise clinically indicated, investigation for endocrinopathy such as hyperadrenocorticism or hypothyroidism could be considered as an underlying cause predisposing to gall bladder debris accumulation.



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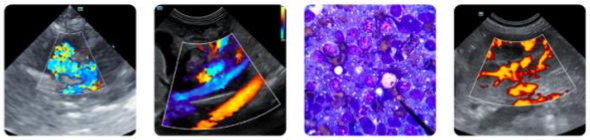

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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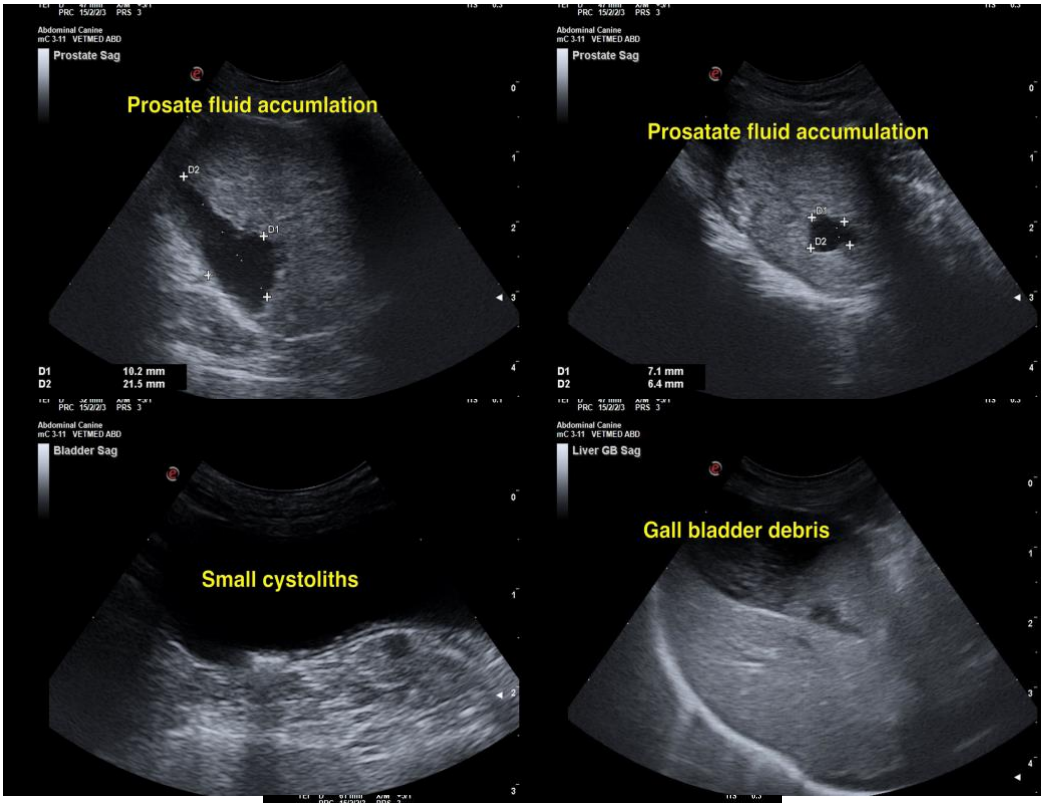

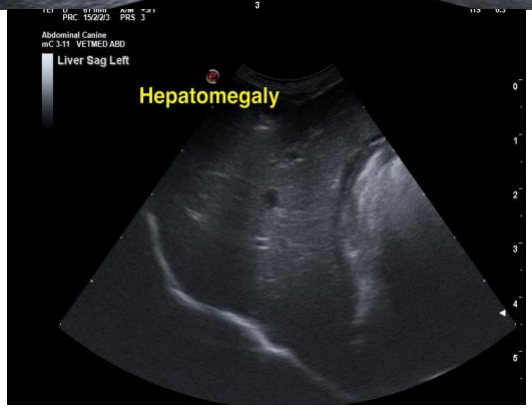

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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