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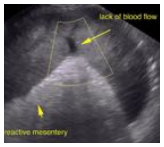

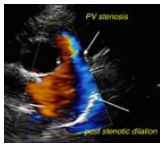

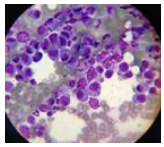
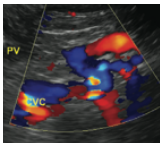

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1-800-838-4268 info@sonopath.com

PATIENT

Blaze Stromowsky

SPECIES

Canine

BREED

German Shepherd

SEX

Male

AGE

6 years

WEIGHT

82.2 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Lucas

HOSPITAL NAME

Taylorsville VC

REFERRING VET

Dr. Lucas

INVOICE

43154

DATE

12/16/22

PRESENTING CLINICAL SIGNS

History: Patient has a long history of allergic skin disease managed with cytopoint and antimicrobials (oral and topical) as needed. Patient has a 2 month history of lethargy, poor appetite and occasional vomiting and diarrhea. Abdominal radiographs carried out initially on October 25th were unremarkable. Patient was re-evaluated today due to lack of improvement in clinical signs. Owner elected abdominal ultrasound.
Abnormal PE/Chem/CBC/UA Results: Complete blood count and blood chemistry carried out on 11/1/22 was largely unremarkable other than hyperglobulinemia. Urinalysis on this date revealed mild bacteria and patient was put on SMZ due to suspected prostatitis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness with slightly irregular mucosa but maintenance of wall layering. The ureters were not visible which is normal. There are no masses or uroliths visualized. Mobile and gravity dependent debris present in the urinary bladder. Correlate clinical significance with urinalysis findings. No evidence of inflammatory or neoplastic changes were noted.

Prostate is uniformly moderately enlarged and hyperechoic with small hypoechoic cysts. No mineralization or evidence of masses or 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 left kidney measured 8.8 cm. The right kidney measured 7.9 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 2.8 cm in length and 0.7 cm at the cranial pole and 0.41 cm at the caudal pole. The right adrenal gland measured 2.16 cm in length 0.7 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

The spleen was normal in size with a slightly mottled parenchyma and smooth capsule. Normal splenic vasculature with no signs of congestion or thrombosis.

Liver

The liver is subjectively normal in size with normal contours and structure. The parenchyma is slightly heterogenous with a coarse appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing gravity dependent debris present. Scant volume free fluid near gall bladder between liver lobes.

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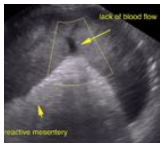
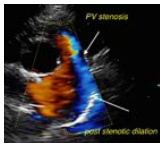
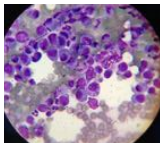
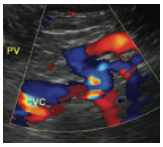

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Gastrointestinal

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 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.

Free Abdomen

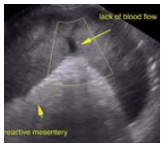
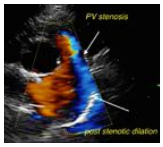
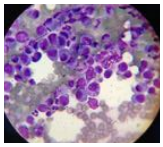
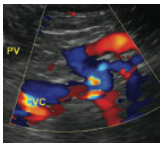
No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

1. Scant free fluid between liver lobes near gall bladder
2. Gall bladder debris
3. Coarse liver
4. Mottled spleen
5. Turbulent blood flow in abdominal vena cava
6. Urinary bladder debris
7. Prostatomegaly
8. Mild degenerative renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Scant free fluid near the gall bladder is the most concerning finding and may indicate active or resolving inflammation, mild passive congestion, or less likely an effusion (hemorrhagic, neoplastic, other). The volume and location do not allow for sampling. No overt cause of turbulent vena caval blood flow is apparent on ultrasound but possible causes include dehydration, passive congestion from intra-thoracic disease, hypercoagulability among others. IVF support followed by serial imaging may reveal an increased volume of fluid which may allow sampling and further characterization. Splenic and liver parenchymal changes are mild and may represent benign aging changes, or may indicate inflammatory, reactive or less likely neoplastic infiltrative disease. Splenic and liver aspirates are recommended to

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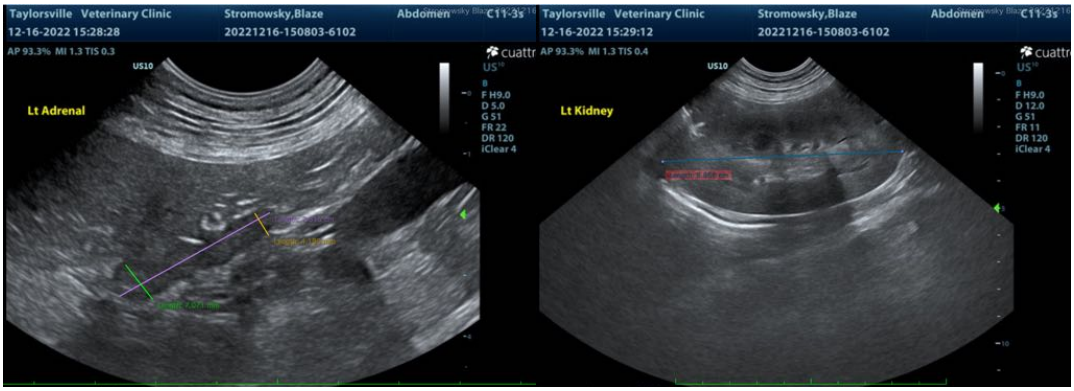
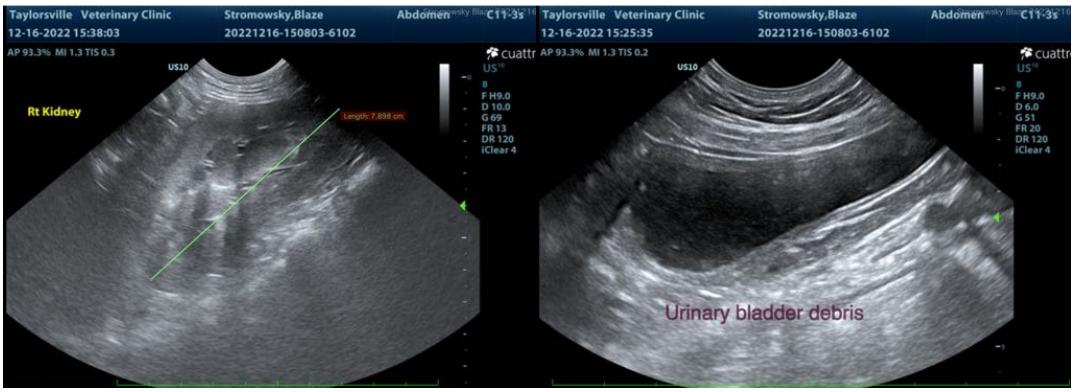
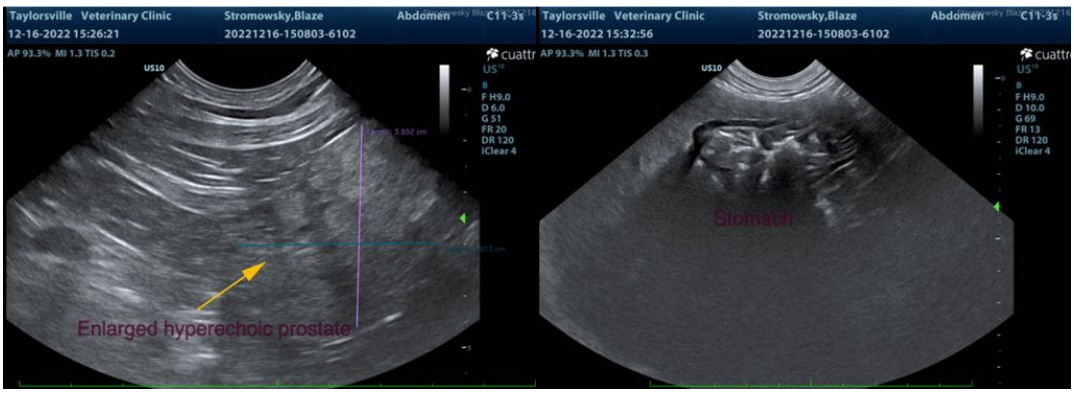
further characterize these changes. Current bloodwork and urinalysis are recommended. Thoracic radiographs are recommended to assess for cardiac changes and screen for metastatic disease.

Prostatic changes are most consistent with benign prostatic hyperplasia, though prostatitis (infectious or sterile) or less likely prostatic neoplasia cannot be definitively ruled out without fine needle aspiration. No features of malignancy are present to raise concern. Castration should be considered if causing a clinical problem such as hematuria, stranguria, urinary incontinence or tenesmus. Alternatively medical therapy with finasteride, Progestins (Megestrol acetate, Medroxyprogesterone), Deslorelin implant could be attempted. If subclinical, rechecking with ultrasound and urinalysis if clinical signs develop is reasonable. Correlate clinical significance of urinary bladder debris and renal changes with current bloodwork/urinalysis findings and clinical signs.







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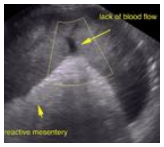
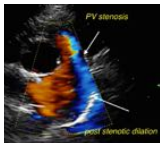
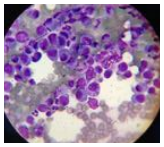
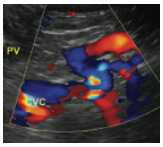

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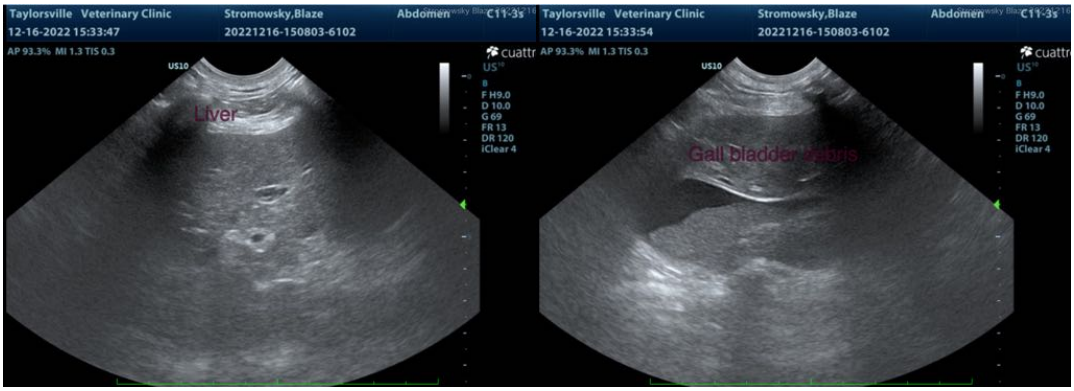

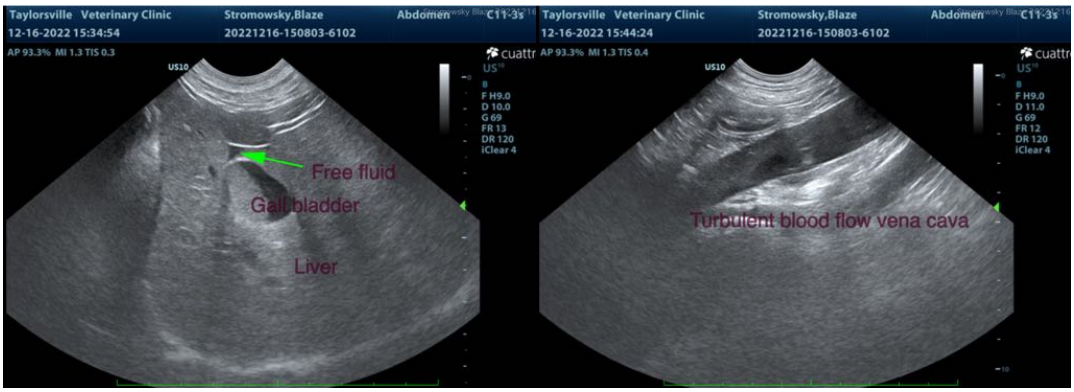

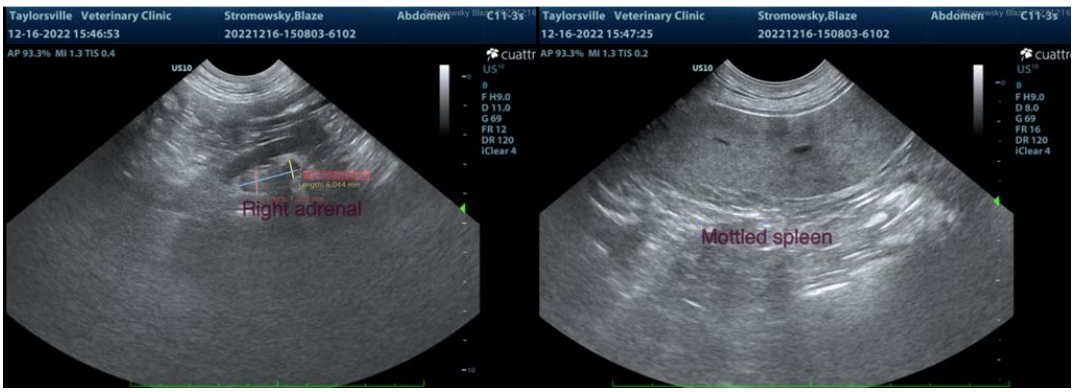

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
info@SonoPath.com