



PATIENT

Doozer Guilbault

PRESENTING CLINICAL SIGNS

History: urinary accidents in the house, not pu/pd, no discomfort noted.
Abnormal PE/Chem/CBC/UA Results: ALT 322 ph9, 1.020 UA otherwise unremarkable

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Mix

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.

SEX

Neutered male

Prostate is enlarged and hyperechoic with a slightly irregular capsule, multifocal fluid accumulations consistent with prostatic cysts and surrounding hyperechoic mesentery.

AGE

12 years

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. Pinpoint areas of cortical mineralization bilaterally. The left kidney measured 4.8 cm. The right kidney measured 6.4 cm.

Adrenal Glands

WEIGHT

52 lbs

Left adrenal gland was 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 kidney measured 1.58 cm in length, 0.42 cm at the caudal pole and 0.5 cm at the cranial pole.

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

Spleen

The spleen was normal in size with a slightly mottled or coarse parenchyma and smooth capsule. Normal splenic vasculature with no signs of congestion or thrombosis. Splenic aspirate could be considered. Multifocal hyperechoic nodules are most consistent with benign myelolipomas.

IMAGING PERFORMED BY

Dr. Roche

Liver

HOSPITAL NAME

Fredon AH

The liver is subjectively normal in size with normal contours and structure. There is 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. 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

REFERRING VET

Dr. Roche

Gastrointestinal

INVOICE

42242

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.

DATE

12/20/22



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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.

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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.

BREED

Mix

Lymph Nodes

SEX

Neutered male

No clinically significant lymphadenopathy or abnormalities noted.

AGE

12 years

Free Abdomen

No masses or free fluid was noted.

WEIGHT

52 lbs

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Cystic prostatitis
2. Degenerative renal changes
3. Splenic myelolipomas, slightly mottled parenchyma

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

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Most significant finding is cystic prostatitis primary differential is prostatic carcinoma, potentially bacterial but may also be sterile inflammatory or related to hormonal stimulation. 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 of fluid accumulation could also be considered. Correlate clinical significance of aging renal changes with bloodwork/urinalysis findings and clinical signs. Splenic changes are mild and commonly age related but aspirate could be considered to further characterize parenchymal changes.

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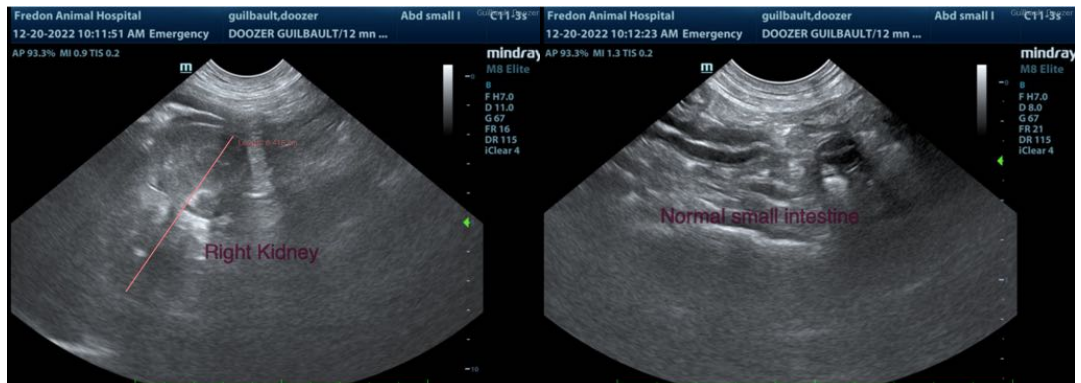
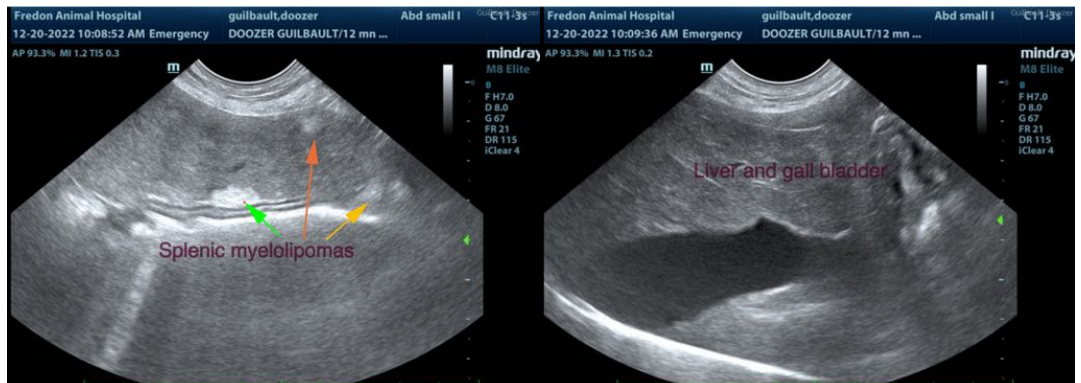
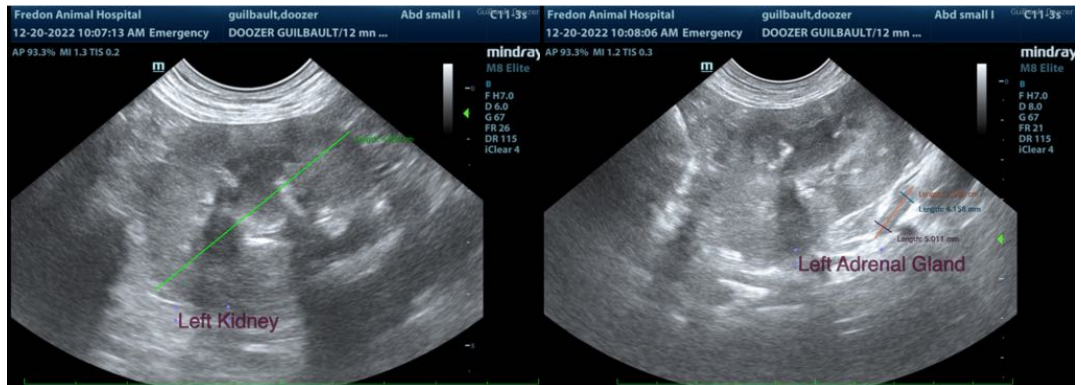
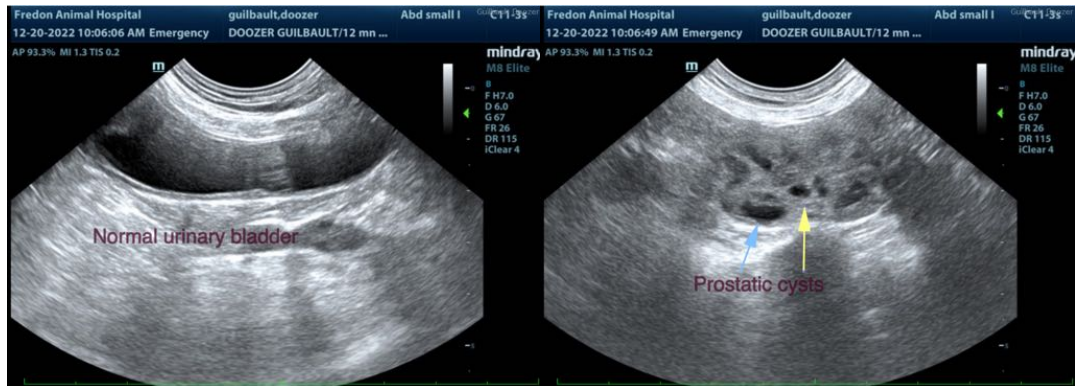
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Mix

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info@SonoPath.com

SEX

Neutered male

AGE

12 years

WEIGHT

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