



PATIENT

Zeus Black

SPECIES

Canine

BREED

Mix

SEX

Male

AGE

13 years

WEIGHT

71 lbs

PRESENTING CLINICAL SIGNS

History: recheck prev u/s 1/16 showed chronic cystitis, pattern with areas of mineralization possible underlying carcinoma, mildly enlarged prostate age related renal changes age related hepatic changes , bilateral adrenal hypertrophy dog is doing well at home LDDS pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed mild, apical polypoid changes and slight apical wall thickening. Otherwise, anechoic urine was noted. The cystitis pattern appears to have resolved with minor apical wall thickening.

Apical portion of the prostate was imaged. There was no overt pathology. The prostate measured 3.5 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The kidneys appear similar to the prior sonogram. Slight, pinpoint mineralization was noted. The left kidney measured 6.0 cm. The right kidney measured 8.02 cm.

Adrenal Glands

The left **adrenal gland** was mildly heterogenous and measured 1.0 cm at the cranial pole and 1.0 cm at the caudal pole. The region of the right adrenal gland was imaged with no evidence of pathology.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

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Gastrointestinal

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There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

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

SEX

Male

ULTRASONOGRAPHIC FINDINGS

AGE

13 years

Apical balder wall polyps and slight apical wall thickening, yet the cystitis pattern appears to have resolved from the prior sonogram.

Heterogenous left adrenal gland.

WEIGHT

71 lbs

Otherwise, age related changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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There was no evidence of neoplasia.

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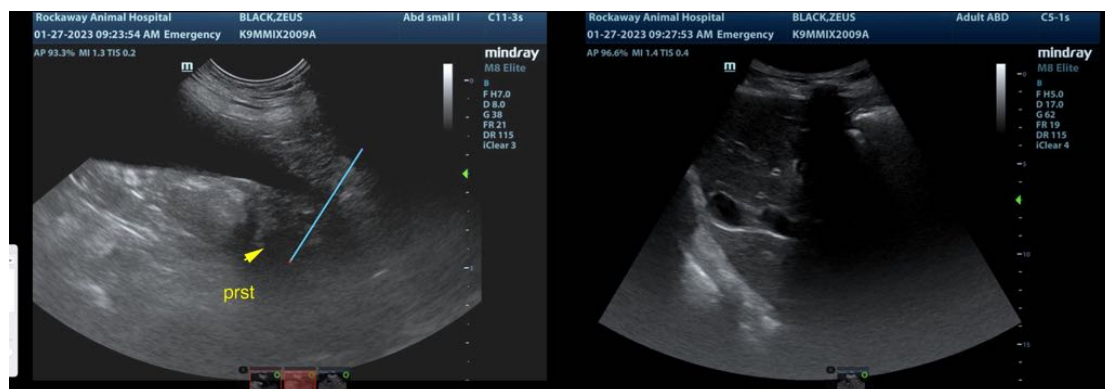
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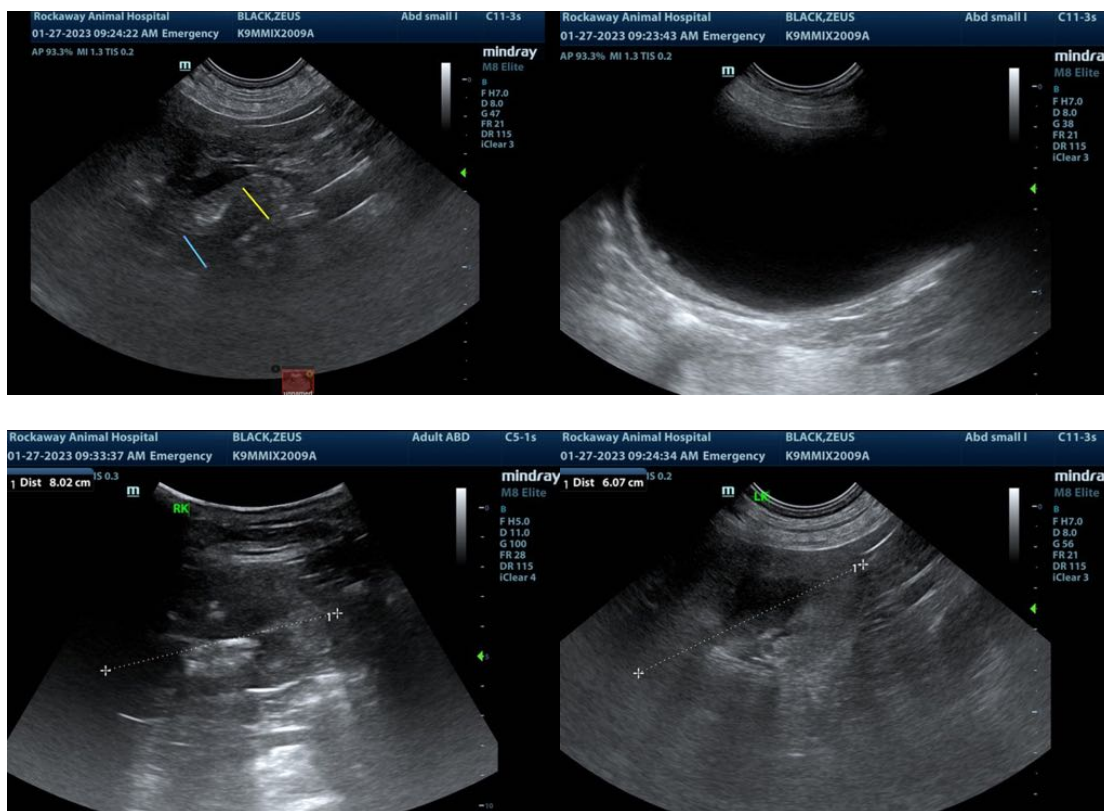
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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