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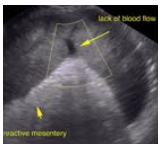

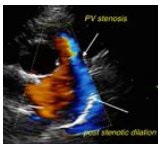

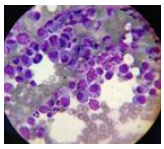
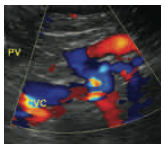

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1-800-838-4268 info@sonopath.com

PATIENT

Arktos Tsui

SPECIES

Canine

BREED

Chow Chow

SEX

Intact male

AGE

8 years

WEIGHT

16.4 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Resolution Veterinary Ultrasound

REFERRING VET

Dr. Warnakulasooriya

INVOICE

94653

DATE

12/15/21

PRESENTING CLINICAL SIGNS

History: Patient is lethargic, anorexic with weight loss of over 3 kg in last 45 days.. Chronic vomiting . Abnormal PE/Chem/CBC/UA Results: Blood work non diagnostic but last sample was 30 days ago at another clinic.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

The **prostate** was uniformly enlarged with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. Some edema lines were noted. This is suggestive for prostatitis. These changes are suggestive of either chronic inflammatory episodes, benign cystic pathology or both. Underlying neoplasia cannot be completely ruled-out but is lower on the differential list. This presentation is most consistent with benign prostatic hyperplasia with possible active prostatitis. Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture. The prostate measured 4.65 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.85 cm. The left kidney measured 5.61 cm.

Adrenal Glands

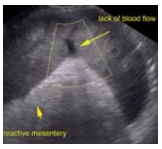
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.49 cm at the cranial pole and 0.43 cm at the caudal pole. The left adrenal gland measured 0.56 cm at the cranial pole and 0.45 cm at the caudal pole.

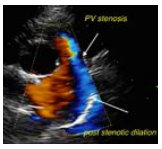
Spleen

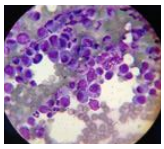
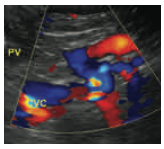
The **spleen** was uniform and slightly coarse in architecture with slight, scalloping contour. The spleen measured 1.2 cm in width.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of





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normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **stomach** in this patient revealed an ill-defined wall and excessive thickness measuring 1.11 cm. The small intestines and colon were unremarkable.

Pancreas

The **pancreas** revealed a hypoechoic, undifferentiated, 2.0 cm lesion with regional, hyperechoic surrounding fat. The pancreatic lesion may be an overlying undifferentiated lymph node that is not necessarily deriving from the pancreatic itself.

ULTRASONOGRAPHIC FINDINGS

Cranial abdominal lymphadenopathy and inflammation with upper gastrointestinal thickening.

Enlarged epigastric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the lymph nodes and gastric wall are recommended. Round cell neoplasia/lymphoma is likely. Significant inflammation was also present. The prognosis is poor long term. However, it may be responsive to chemotherapy.

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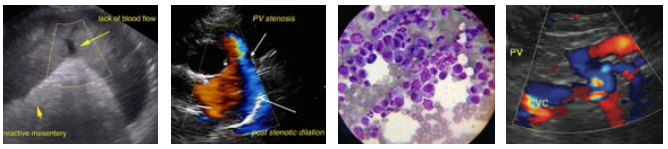

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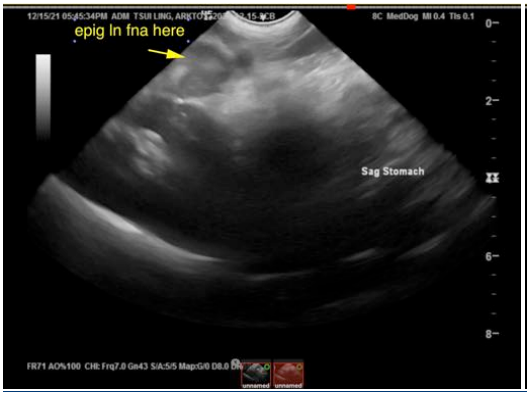

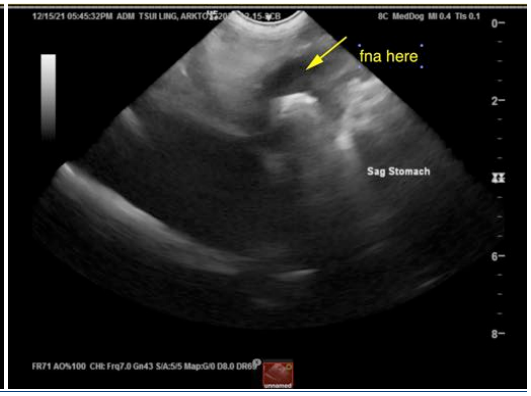

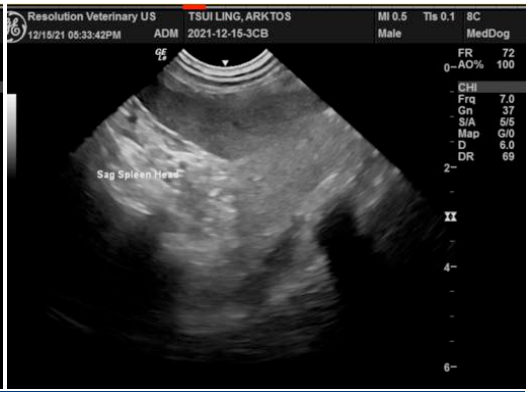

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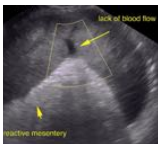
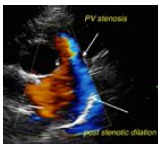
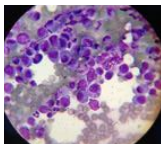
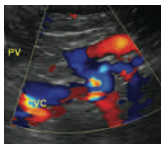

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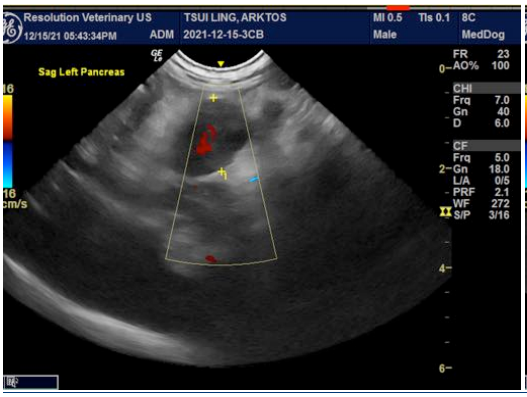

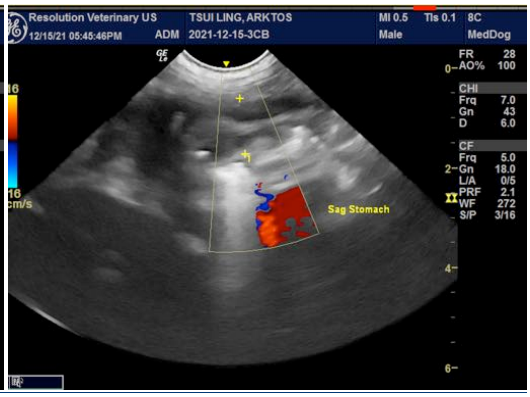

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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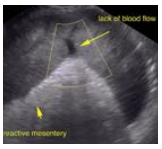

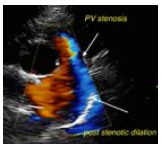

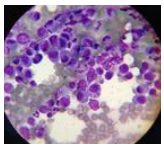
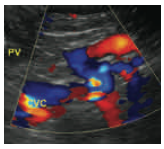

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