



**PATIENT**

Titan Villafane

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Intact Male

**AGE**

11 Years

**WEIGHT**

5 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gabriel Ferrer

**HOSPITAL NAME**

Pulse: Pet Ultrasound

**REFERRING VET**

Dr. Alma Alicea

**INVOICE**

45367

**DATE**

2/18/23

**PRESENTING CLINICAL SIGNS**

Patient presented to the Emergency Clinic with history of vomiting, anorexia and straining to defecate on 2-15-23. Then at the clinic they noticed that pt has hematuria. Pt was treated for Gastrointestinal problems outpatient with famotidine, cerenia and convenia, but did not improved and came back as still having hematuria and vomiting with anorexia. Pt currently hospitalized on 2-16-23 with IV fluids, Cerenia, Protonix, metronidazole, and started on enrofloxacin on the 2-17-23

Abnormal PE/Chem/CBC/UA Results: PE: Tense in abdominal palpation with pain. Rectal showed enlarged prostate and painful, initially the form was not normal then after hospitalization became bilobed. Cryptorchid with testicle on right inguinal the other one scrotal. Abd rads: prostatomegaly, rest unremarkable CBC: Lymphocytes 6.4 ( 1-5), rest of CBC wnl CHEM: ALbumin 4.0 ( 1-3.9) ALP: 218 (23-212), Rest: wnl 4DX: neg to all CpL: normal Urinalysis and urine culture :pending FNA of the prostate: Pending

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present a large amount of debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The prostate was enlarged, irregular, and heterogeneous with enhanced surrounding mesentery. Cystic component present, potential abscessation. Edema lines noted throughout the prostate. The prostate measured 2.4 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 right kidney measured 4.0 cm. The left kidney measured 4.01 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 1.6 cm x 0.65 cm at the cranial pole and 0.45 cm at the caudal pole. The left adrenal gland measured 1.98 cm x 0.36 cm at the caudal pole and 0.40 cm at the cranial pole.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself caudally. 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 were noted.



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**Liver**

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

**Gastrointestinal**

The **stomach** and small intestine appeared unremarkable and empty. The descending colon was mildly thickened yet empty. Curvilinear patterns maintained. Enhanced mesentery noted associated with the colon, consistent with colitis. Reactive mesenteric lymph nodes noted up to 0.71 cm.

**Pancreas**

The **pancreas** presented heterogeneous mixed echogenic changes and enhanced mesentery. Some level of pancreatitis likely.

**ULTRASONOGRAPHIC FINDINGS**

- Enterocolitis pattern with reactive mesentery and reactive lymph nodes
- Prostatitis and abscessation/BPH, mild potential for underlying neoplasia
- Large amount of bladder debris, suggestive for UTI
- Concurrent enterocolitis and pancreatitis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound guided FNA performed without complication. However, drainage of the cystic protions and culture and sensitivity indicated as well as neutering.



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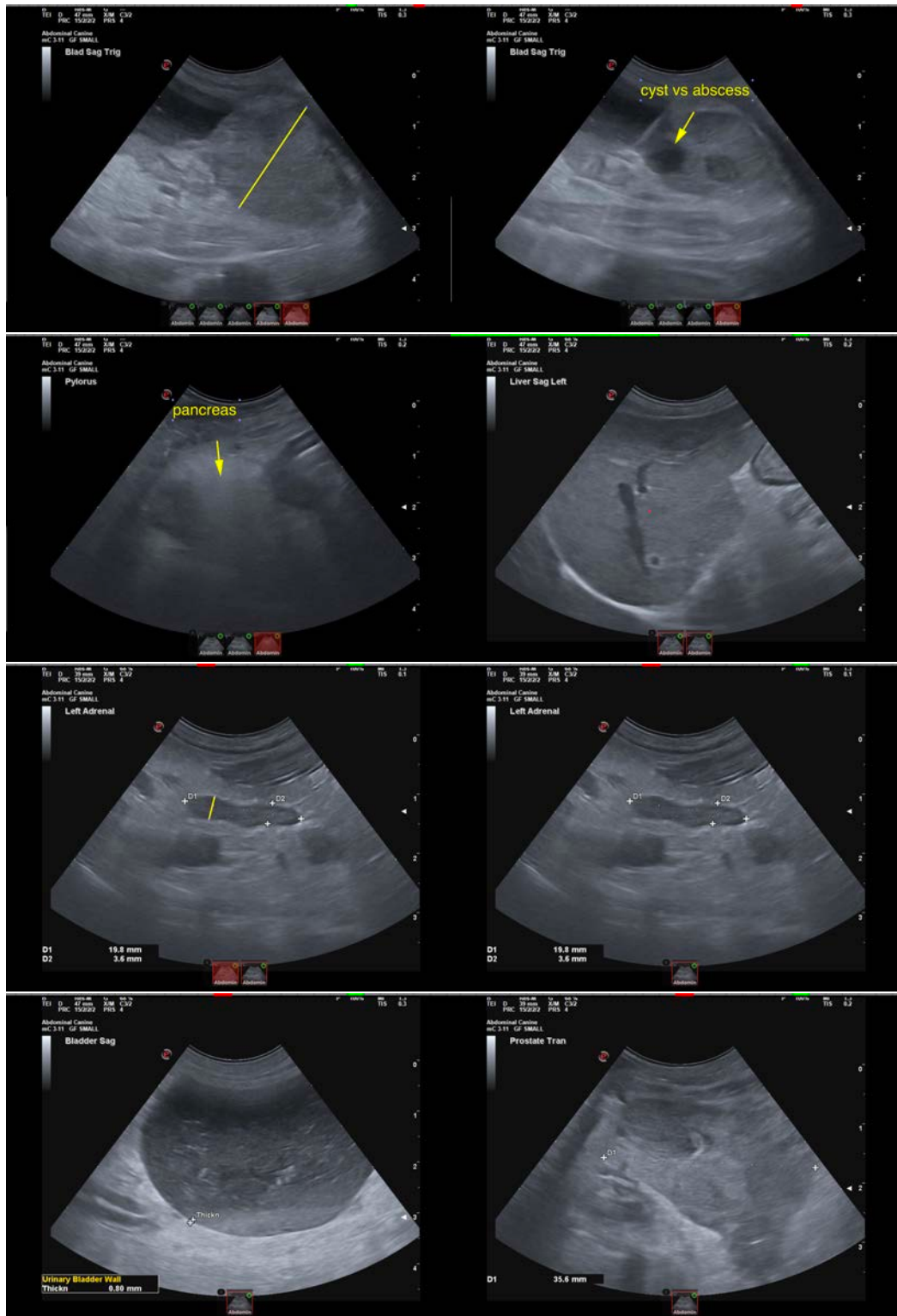
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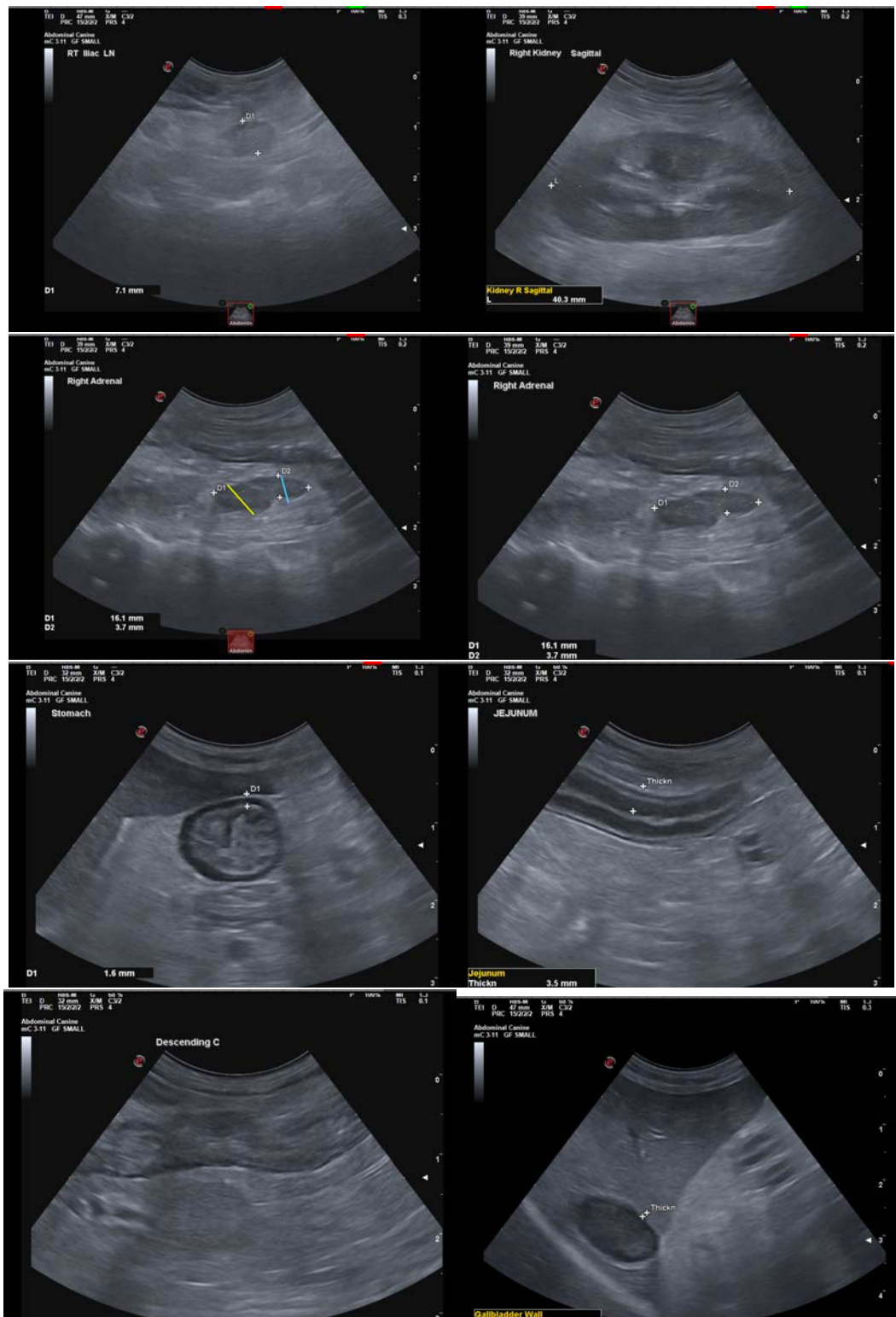
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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Titan Villafane

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

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