



PATIENT PRESENTING CLINICAL SIGNS

Teddy Rapaic History: HEMATEMESIS PAINFULL ABD HAD NORMAL CBC AT EMERGENCY ROOM AND CAME TO DAY FOR F/U PE--SEVERE DENTAL DZ ALL ELSE WNL BW SENT TO LAB---CBC/VET SCREEN/UA/PLI/RESTING CORTISOL/K9IBD ASSAY. 4DX (WAS IN VERMONT FEW MONTHS AGO)

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Maltese

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

SEX

Male

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. 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 2.0 cm.

AGE

10 years

WEIGHT

6.6 lbs

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. The kidneys both presented hyperechoic medullary rim sign. This is an idiopathic finding. The right kidney measured 3.65 cm. The left kidney measured 3.0 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

IMAGING PERFORMED BY

Dr. Barnea

The 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 adrenal gland measured 0.5 cm. The region of the right adrenal gland was imaged with no evidence of pathology.

HOSPITAL NAME

Tenaflly VC

Spleen

REFERRING VET

Dr. Barnea

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

INVOICE

96564

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 was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.

DATE

3/3/22



PATIENT

Teddy Rapaic

Gastrointestinal

The **gastric** wall is unremarkable. The gastric lumen was unremarkable and transit of chyme appeared to be normal. The small intestines and colon were unremarkable.

SPECIES

Canine

Pancreas

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.

BREED

Maltese

SEX

Male

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

AGE

10 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for any proteinuria is indicated. Treatment based on clinical signs is recommended. GI protectant protocol is recommended along with an endoscopy if clinical signs persist.

WEIGHT

6.6 lbs

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IMAGING PERFORMED BY

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HOSPITAL NAME

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REFERRING VET

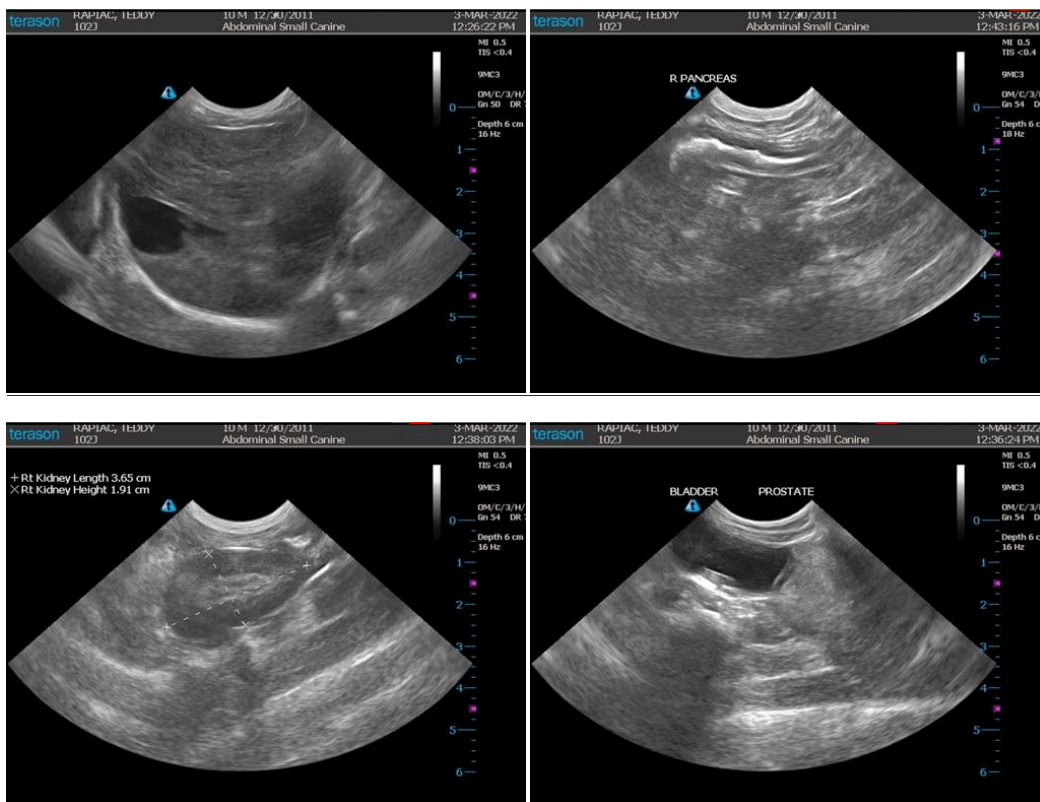
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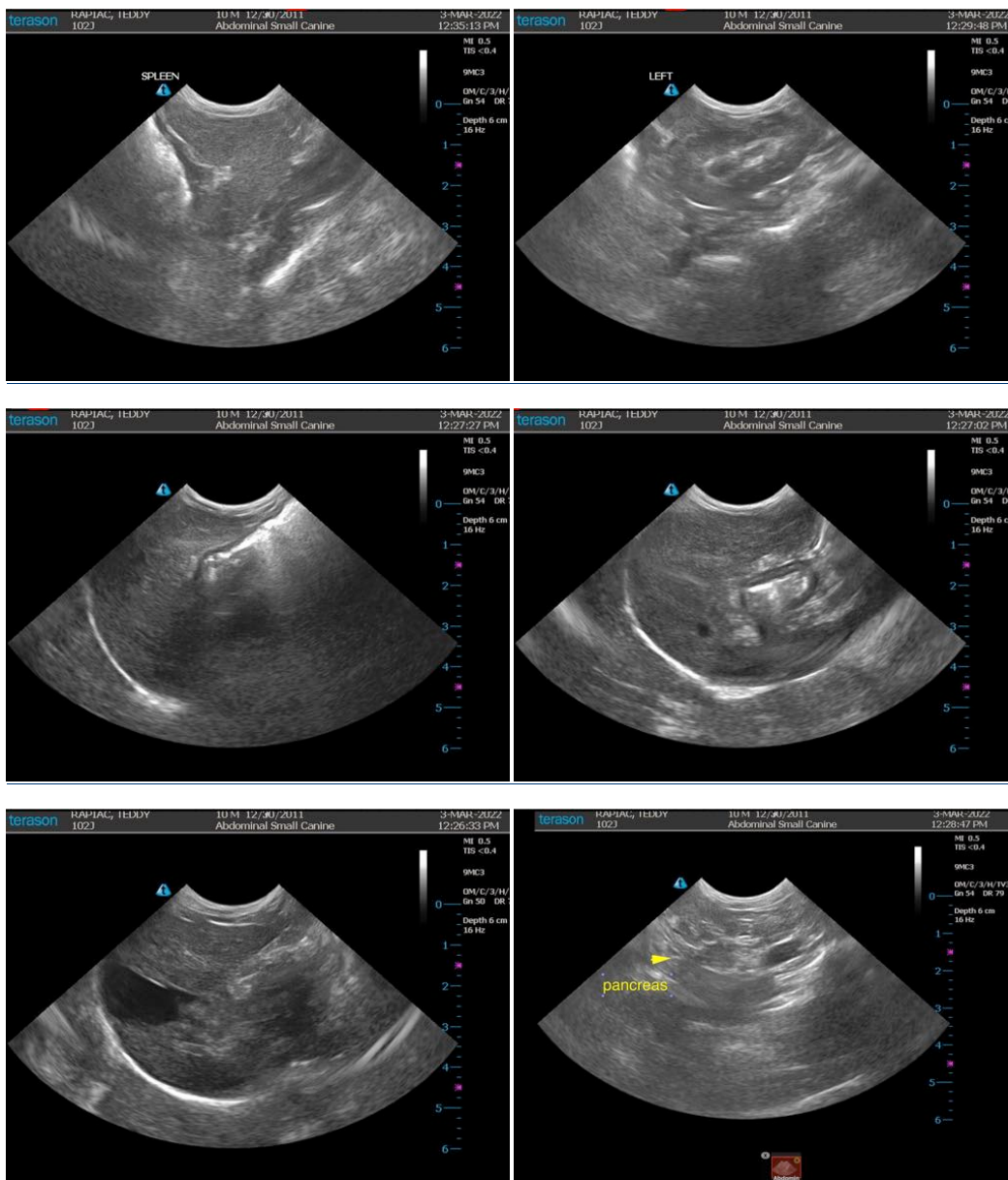
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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