

**PATIENT**

Brutus Proszek

SPECIES

Canine

BREED

Cane Corso

SEX

Intact Male

AGE

7 years

WEIGHT

85 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING
PERFORMED BY**

Tom McNeil

HOSPITAL NAME

SVS Imaging CT

REFERRING VETFox Lake AH Dr.
Rudawski**INVOICE**

98064

DATE

4/5/22

PRESENTING CLINICAL SIGNS

History: Previous history of a tense abdomen in 2020 resulted in a Dx of prostatitis. Presented on 3/26/2022 for not eating well (1 month duration). Bloodwork was normal. Today (4/4/2022), presented for swollen abdomen. In exam room, abdominal tap resulted in serosanguinous fluid. Recommended ultrasound of abdomen. Removed 2000 mls of fluid from abdomen on 4/4/22.

Abnormal PE/Chem/CBC/UA Results: Test results on 3/26/2022: WBC: 13.58 (norm 6.0 - 17.0), RBC: 7.33 (norm 5.50 - 8.50), PLT 234 (norm 165 - 500), ALB 3.3 (norm 2.5 - 4.4), T. Protein 6.1 (norm 5.4 - 8.2), Glob 2.8 (norm 2.3 - 5.2), ALK/PHOS 32 (norm 20 - 150), ALT 97 (norm 10 - 118), T. Bili 0.3 (norm 0.1 - 0.6).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder** was mildly thickened with slight, micropolypoid changes noted.

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 3.8 cm.

The **left kidney** 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. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.88 cm.

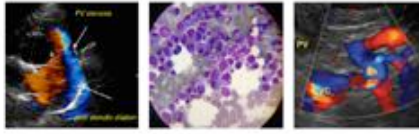
The **right kidney** revealed an isoechoic mass measuring 3.34 cm. The mass entered into the renal pelvis.

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 left adrenal gland measured 0.65 cm at the caudal pole and 0.58 cm at the cranial pole. The right adrenal gland measured 2.0 x 0.5 cm.

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.

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Liver

The **liver** was swollen with mildly increased portal markings. Isoechoic, nodular hepatic changes were also noted. The gallbladder was unremarkable. The hepatic veins and vena cava were dilated. This is consistent with passive congestion. Regional lymph nodes were enlarged.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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.

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.

Free Abdomen

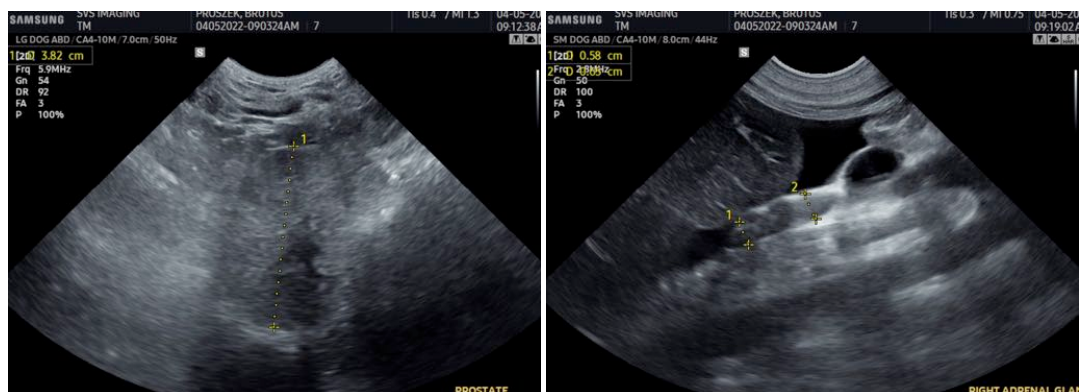
The iliac lymph nodes were enlarged and measured up to 1.22 x 2.0 cm. Anechoic free fluid was noted throughout the abdomen.

ULTRASONOGRAPHIC FINDINGS

Passive congestion liver pattern with right renal mass. Strong potential for infiltrative hepatic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend an echocardiogram to assess for pericardial effusion or causes of passive congestion as well as abdominocentesis and cytospin of the free fluid to assess for exfoliating neoplasia. FNA of the right kidney mass and liver is indicated. Cytospin of a fresh abdominocentesis sample is recommended with immediate cytospin.



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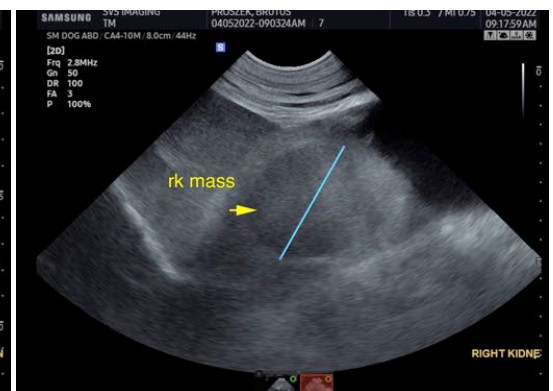
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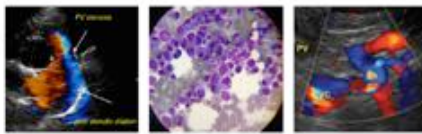
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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