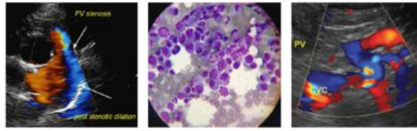
IMAGING PERFORMED BY

SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Ares Imm 52404A

SPECIES

Canine

BREED

Visla

SEX

Neutered Male

AGE

7 Years

WEIGHT

24 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Lovejoy- Madison VS

INVOICE

16557

DATE

7/26/22

PRESENTING CLINICAL SIGNS

History: Ares was boarded at a kennel over July 4th and was slower than usual and was becoming lethargic. Owner brought Ares to rDVM a few weeks ago where an exam and blood work was performed. Temp was 103.0 at that time. A grade 2/6 murmur was identified. He was found to be newly anaplasma positive on 4Dx, and his platelets were low. He was started on vetprofen and doxycycline. Today, he is re-presenting because he has still been lethargic, isn't playing as much, and his activity level has gone down. He won't jump into the car as he usually does. He has not been interested in food yesterday or today. He has been having bloody diarrhea. His temp is 102.7. He has lost weight. He is becoming anemic. HCT is 34%, Plts 89,000. Today, has neutrophilia. Chem WNL. Imaging not yet performed. Owners have had him from December; he had been returned to the breeder because he didn't do well with the previous owner's toddler. His previous medical history is not well known. He last had vaccines in January with the current owner.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 were noted. Ureteral papillae were normal.

The **prostate** was enlarged and irregular, measuring 2.01 cm x 1.82 cm with focal areas of mineralization within the parenchyma. The prostatic urethra was not visible. Regional inflammation was noted around the prostate and localized effusion.

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. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. An infarct was noted at the dorsal cortex of the right kidney, which measured 7.23 cm. The right kidney measured 6.78 cm.

Adrenal Glands

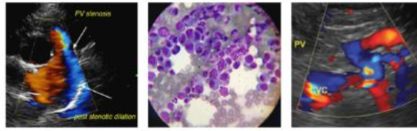
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.55 cm at the cranial pole and 0.78 cm at the caudal pole. The right adrenal gland measured 0.77 cm at the caudal pole and 0.57 cm at the cranial pole.

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 were noted.

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



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tracts were of 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 **gastric** wall was thickened in this patient with hypertrophy of the submucosal layer, as well as the wall, measuring 1.07 cm. The small intestine and colon were unremarkable.

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

A slight amount of **effusion** was noted. An iliac lymph node was enlarged, irregular and hypoechoic with distorted architecture, measuring 5.5 cm x 2.0 cm. Regional inflammation was present. Other lymph nodes were also enlarged.

ULTRASONOGRAPHIC FINDINGS

- Mineralized prostate with iliac lymphadenopathy, strongly suggestive for prostatic carcinoma and iliac spread
- Renal infarct
- Nonspecific gastric thickening
- Free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is two separate pathologies with prostatic carcinoma and round cell neoplasia possible. FNA of the iliac lymph nodes, cytology and culture, as well as FNA of the prostate with mild potential for tumor trailing along the needle. Traumatic catheterization could also be considered. Prognosis is very guarded. The free fluid is likely owing to lymphatic congestion. The renal infarcts are likely owing to prior insult. Gastric wall thickening is likely a separate issue. The anemia may be derived from underlying gastritis. CBC path review is indicated. Gastritis and gastric hemorrhage.

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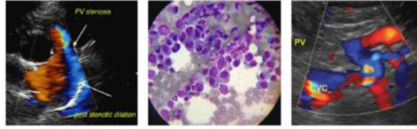

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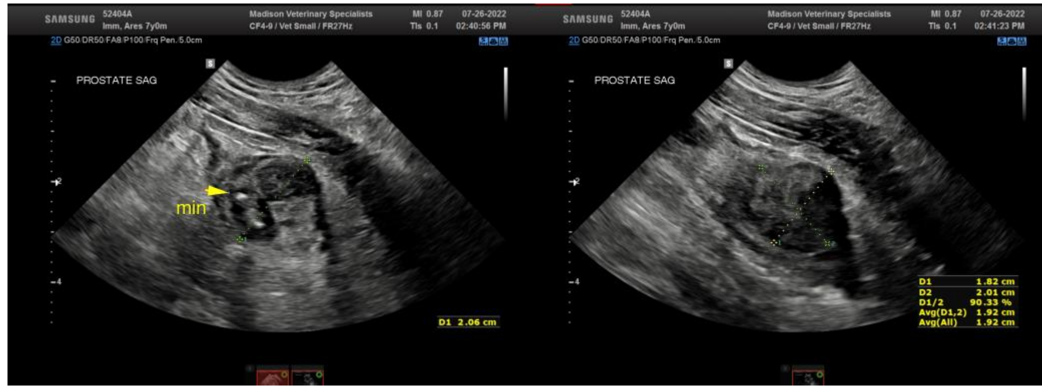

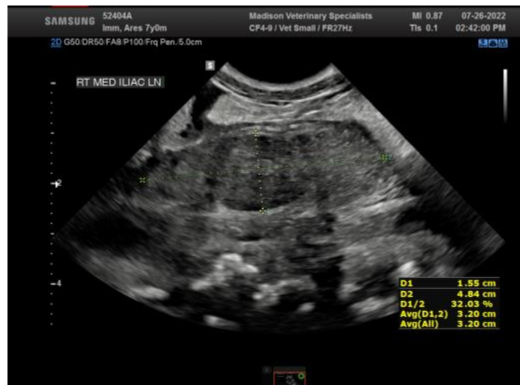

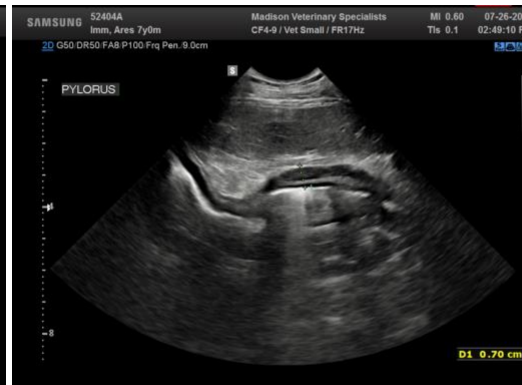

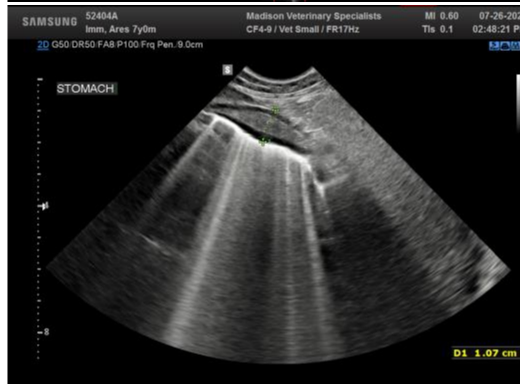

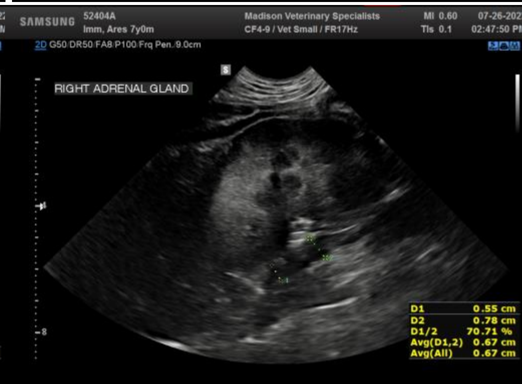

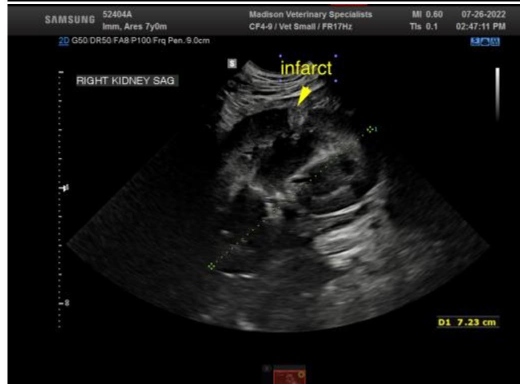

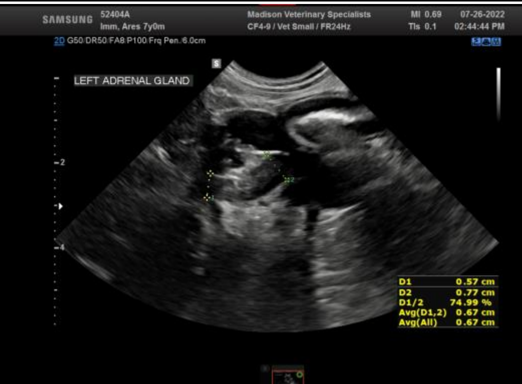

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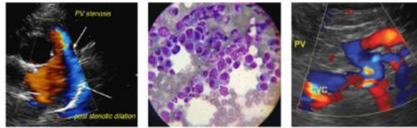

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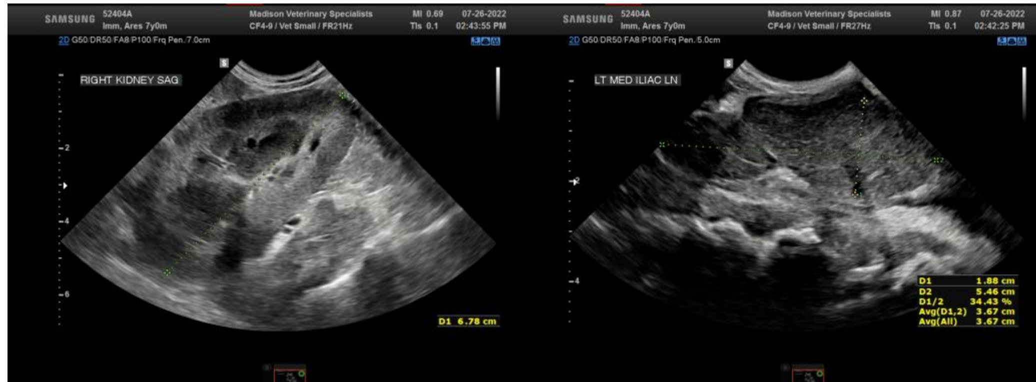

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com