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Clinical Sonography & Telecytology
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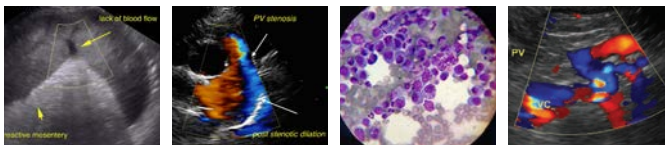


PATIENT

Titan Uehara

SPECIES

Canine

BREED

Chihuahua

SEX

Intact Male

AGE

12 Years 6 Months

WEIGHT

5.02 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Cathleen Whitcraft

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Cathleen Whitcraft

INVOICE

40426

DATE

8/13/22

PRESENTING CLINICAL SIGNS

Titan was anorexic for 3 weeks and vomiting if they syringe fed him. He was also lethargic with muscle weakness. He had a week of PU/PD but has normal urine/water consumption now. He doesn't want to jump up and is moving slower. He no longer empties his bladder - he dribbles after urinating. ACTH stim normal. Recently last 2 housemates died. All signs occurred after their passing.

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 uniformly enlarged (2.0 cm) 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.

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. The left kidney measured 3.56 cm. The right kidney measured 3.78 cm with slight pyelectasia noted.

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 0.46 cm at the cranial pole and 0.43 cm at the caudal pole. The right adrenal gland measured 0.47 cm at the cranial pole and 0.47 cm at the caudal pole.

Spleen

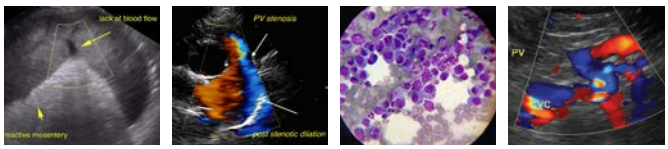
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** presented slight increased portal markings. Minor gallbladder debris noted.

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

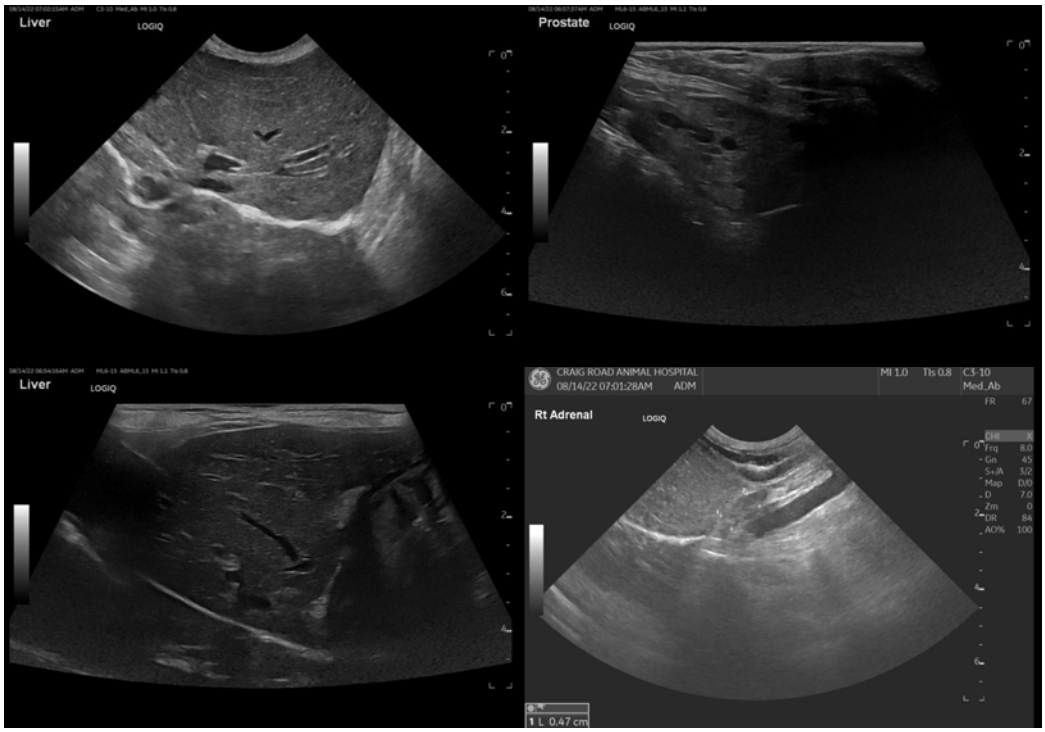
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Age related renal changes with minor pyelectasia in the right kidney
- Mild hepatic remodeling
- BPH prostate

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of other significant disease. The urinary tract signs are likely owing to prostatic pathology, possible residual infection. Neutering should be considered. Otherwise, urine culture and sensitivity, treatment for UTI, and a clinical trial of the following off-label protocol could be considered. Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment +/- FNA or prostatic wash cytology and culture.



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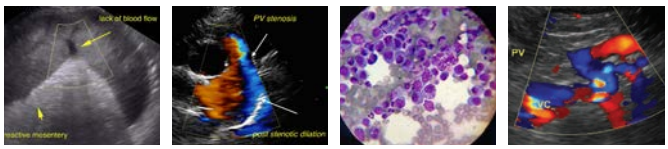

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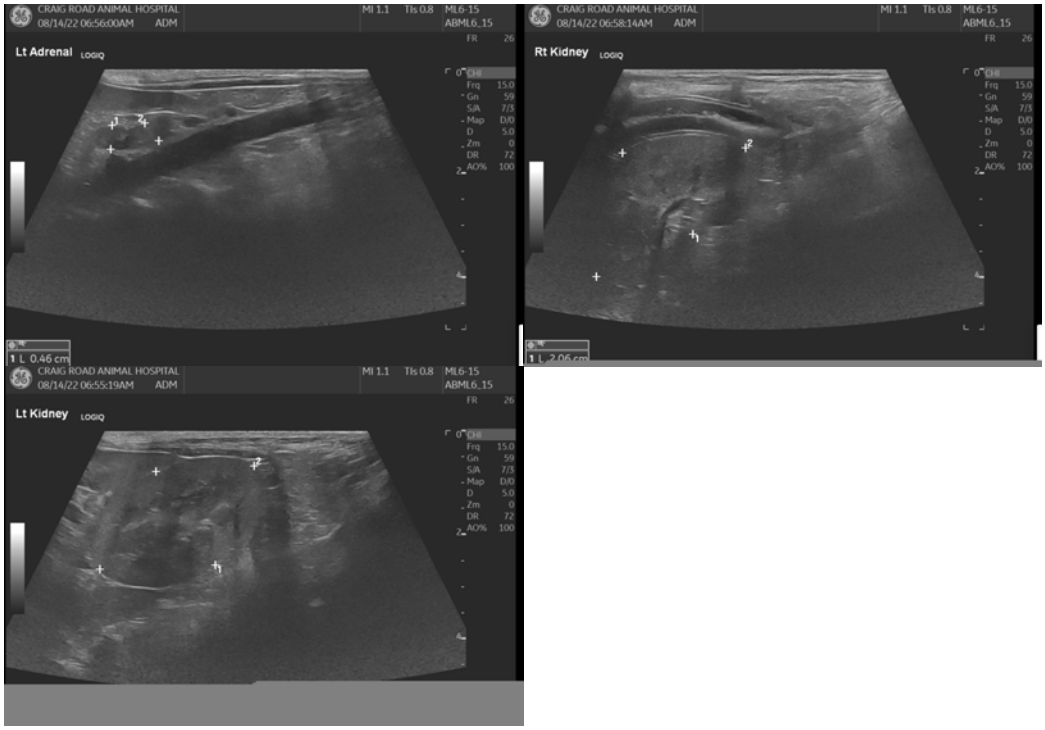

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com