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Clinical Sonography & Telecytology
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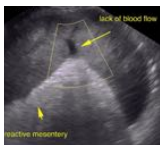
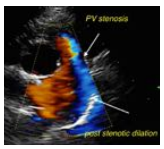
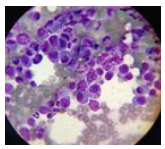
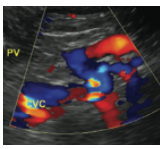

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1-800-838-4268 info@sonopath.com

PATIENT

Matty DeAngelis

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Neutered male

AGE

10 years

WEIGHT

18.3 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Striano Kaplan

HOSPITAL NAME

Ramsey VH

REFERRING VET

Dr. Striano Kaplan

INVOICE

32415

DATE

8/18/22

PRESENTING CLINICAL SIGNS

History: Change in BMs past 3-4 weeks (thin and long BMs, smaller volume). Straining to urinate and defecate, accidents in the house. Suspected large prostate VS mass on rectal exam
Abnormal PE/Chem/CBC/UA Results: Potassium: 5.5, NA/K Ratio: 27L, ALP: 1065H, Creatine Kinase: 206H, Reticulocyte: 113H, Platelet: 602H UA Turbid, trace ketones, WBC: 30-50, RBC: >100, SG: 1.031

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was structurally unremarkable and uniform. Urinary catheter was present within the prostatic urethra.

The prostate was enlarged and irregular measuring up to 2.5 cm in width. The prostate deviated the descending colon. Portions of the prostate appeared to have polypoid changes that entered into the cystourethral junction.

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 left kidney measured 4.01 cm. The right kidney measured 4.42 cm.

Adrenal Glands

The right **adrenal gland** was normal in size and contour measuring 0.6 cm at the cranial pole and 0.4 cm at the caudal pole.

Spleen

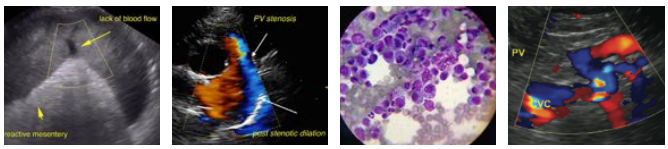
The **spleen** revealed a hypoechoic, expansive nodule at the cranial pole measuring 0.5 cm. Capsular expansion was noted.

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

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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

The iliac trifurcation was unremarkable.

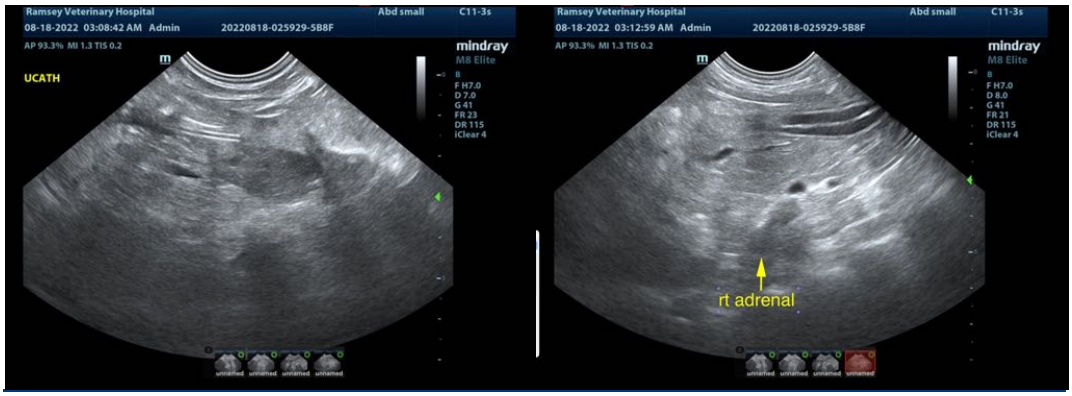
ULTRASONOGRAPHIC FINDINGS

Enlarged, irregular prostate with slight polypoid cystourethral junction pattern. Strong concern for prostatic carcinoma.

Splenic nodule, expansive. Differentials include nodular hyperplasia, emerging round cell neoplasia or hemangiosarcoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen is essential. This is likely unrelated to the prostate. Either ultrasound-guided FNA or ultrasound-guided traumatic catheterization of the prostate could be considered. There is a minor potential for trailing with FNA approach. The prognosis is guarded. Chest radiographs are warranted to assess for any potential metastatic disease.



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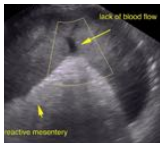
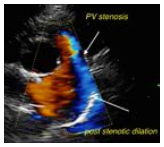
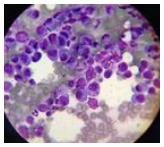
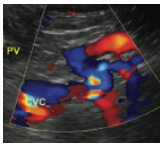

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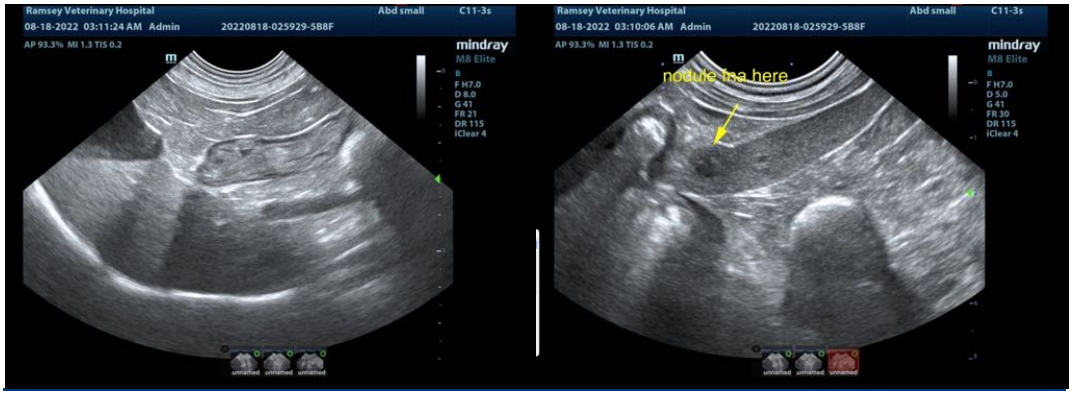

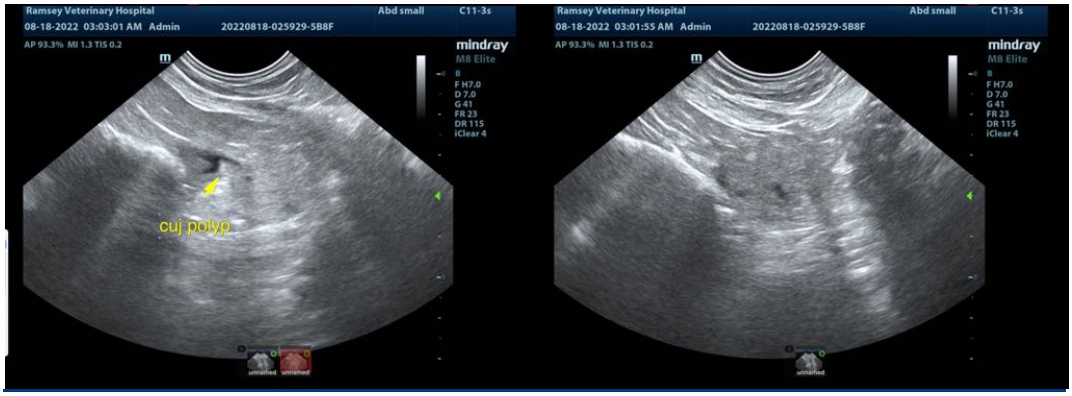

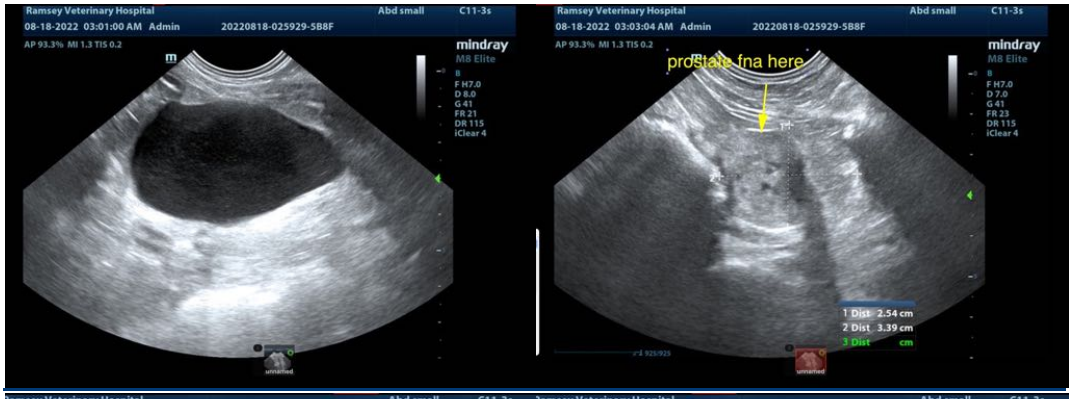

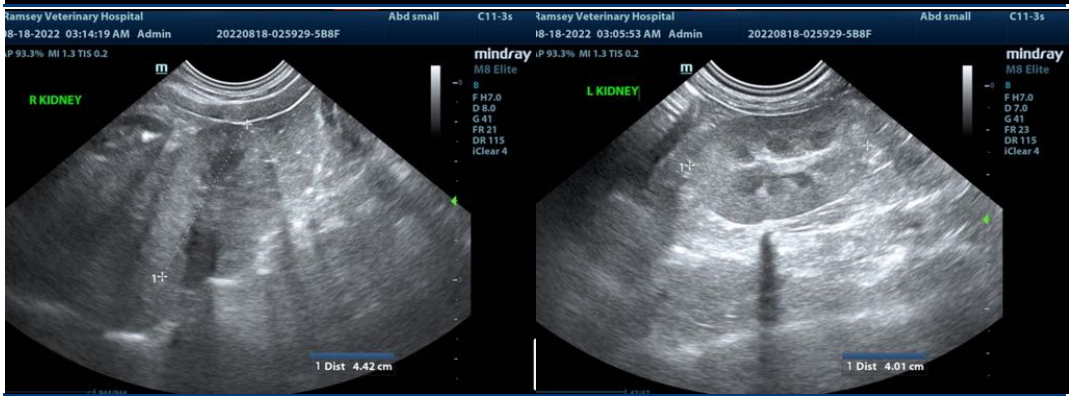

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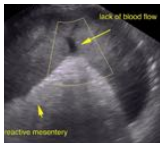

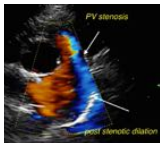

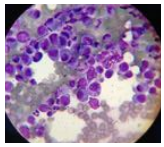
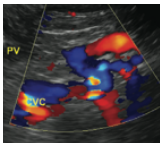

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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