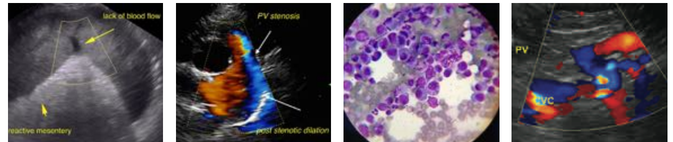


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Theodor Penna

SPECIES

Canine

BREED

Irish Wolf Hound

SEX

Male

AGE

6 Years

WEIGHT

157 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Westwood VH

REFERRING VET

Dr. Curtis

INVOICE

91417

DATE

8/23/21

PRESENTING CLINICAL SIGNS

History: Chronic intermittent hematuria -suspect TCC No current meds

Abnormal PE/Chem/CBC/UA Results: RBC high (dehydrated) Phos 2.2 (2.5-6.8) UA: pH 8, RBC =>50, protein 2+, WBC 4-10 SG: 1.02

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall was mildly edematous with a minor amount of debris.

The prostate in this patient revealed severe enlargement up to 9.0 cm with microcystic changes as well as an overt cyst or abscess. The largest cystic portion of the prostate measured 2.0 cm. This is likely the source of hematuria.

The testicles were imaged and found to be uniform.

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. The left kidney measured 10.0 cm and the right kidney measured 10.0 cm.

Adrenal Glands

The left **adrenal gland** was at the upper limits of normal and measured 3.38 x 0.84 cm at the caudal pole and 0.83 cm at the cranial pole. The right adrenal gland measured 2.0 x 0.8 cm at the cranial pole and 0.5 cm at the caudal pole.

Spleen

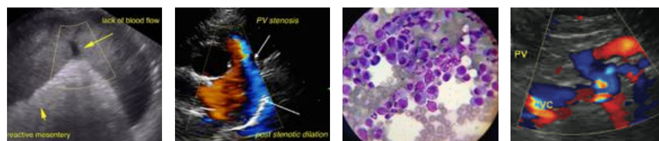
The **spleen** was slightly enlarged and uniform with subtle, micronodular changes. This is likely reactive state. If any weight loss is present then FNA is indicated.

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 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 **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade,



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chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

Pancreas

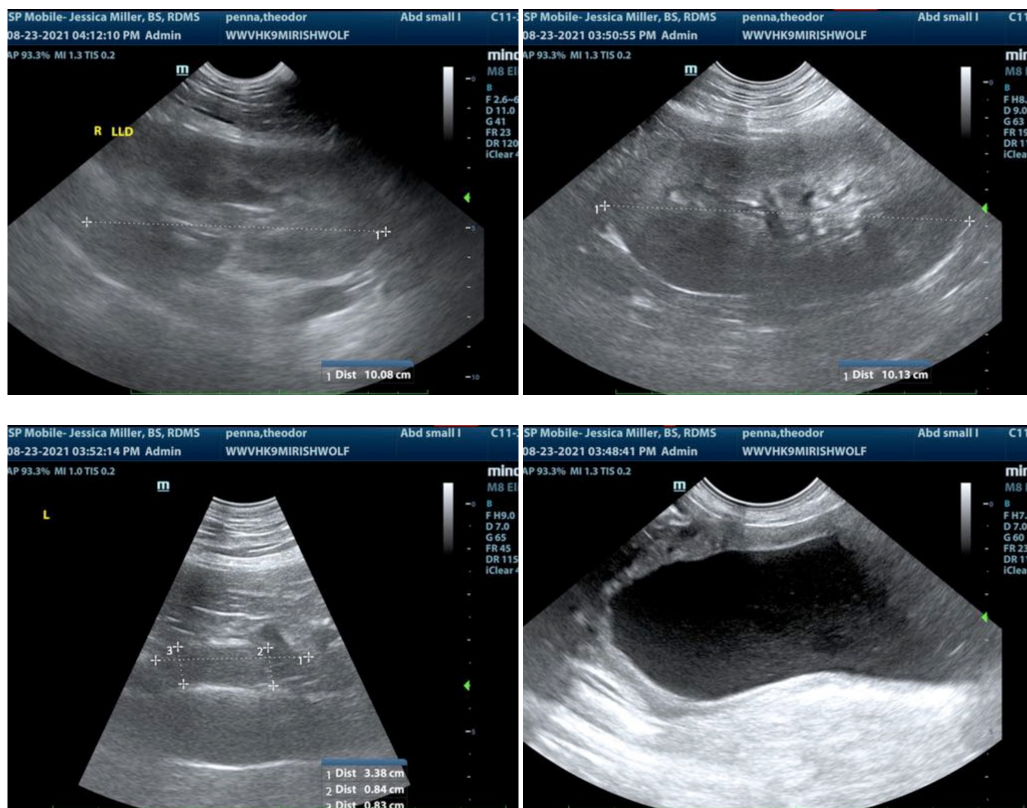
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

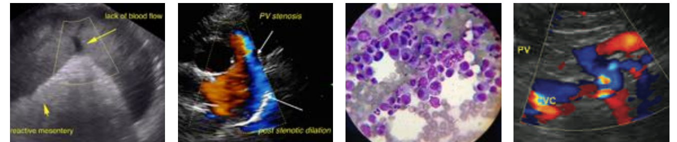
ULTRASONOGRAPHIC FINDINGS

- BPH prostate with prostatitis and likely abscessation.
- Minor intestinal thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend neutering +/- ultrasound-guided FNA and drainage of the prostatic cystic or abscess with culture. There is no suspicion of neoplasia.





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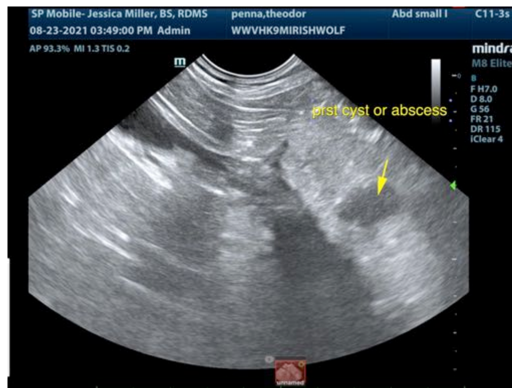

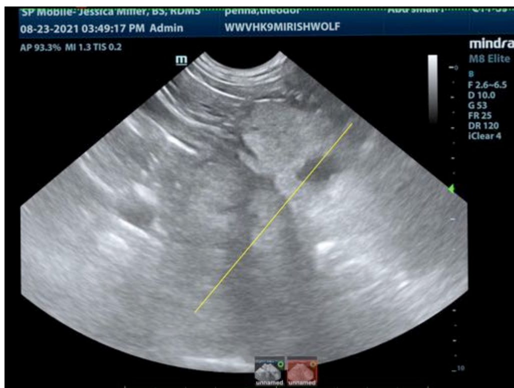

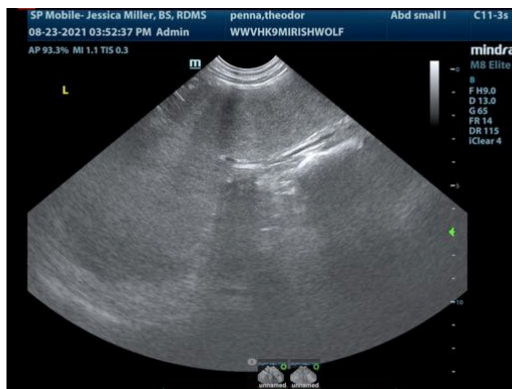

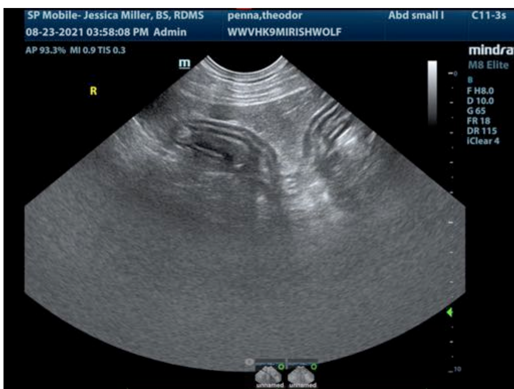

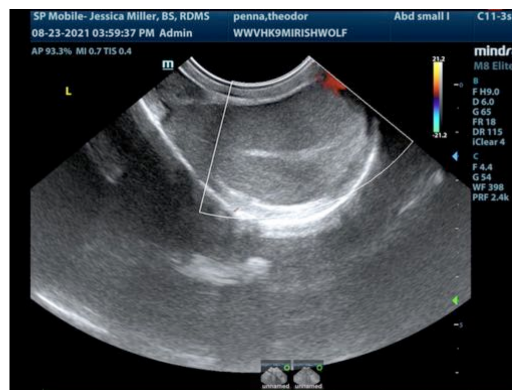

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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