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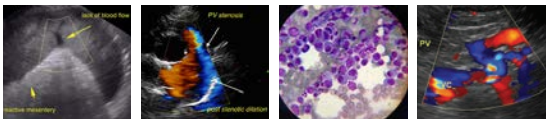

imagine SOUND LLC.
IMAGING PERFORMED BY
dbimaginesound@gmail.com 917-647-4318

PATIENT

Morris Conte

SPECIES

Canine

BREED

Shih Tzu

SEX

Intact Male

AGE

2007

WEIGHT

16.1 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT, RDMS

HOSPITAL NAME

Farview AC

REFERRING VET

Dr. Mosaad

INVOICE

25393

DATE

09/14/21

PRESENTING CLINICAL SIGNS

History: Kidney failure

Radiographs: Chronic bronchial changes, gastric overdistention, subnormal renal size.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

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 up 2.5 cm per lobe and 5.0 cm in width with edema lines. Cystic changes noted in the prostate as well.

The **right kidney** was severely dystrophic with irregular contour, pyelectasia and loss of corticomedullary definition, moderate degenerative changes. The right kidney measured 4.04 cm.

The **left kidney** revealed pyelectasia of 0.36 cm and chronic interstitial nephrosis pattern with irregular contour owing to microinfarcts. The left kidney measured 4.0 cm. Microcystic changes also noted.

Adrenal Glands

The **left adrenal gland** revealed a slightly enlarged caudal pole, measuring 1.98 cm x 0.71 cm at the caudal pole and 0.50 cm at the cranial pole.

The **right adrenal gland** revealed a hyperechoic nodule, measuring 0.92 cm x 0.86 cm at the cranial pole. The right adrenal gland measured 2.28 cm x 0.53 cm at the caudal pole.

Spleen

The **spleen** was slightly enlarged and mildly heterogeneous, uniform.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The **gallbladder** was moderately over distended with suspended debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

Comet tail lung pattern noted through the diaphragm, consistent a bronchoalveolar lung pattern.

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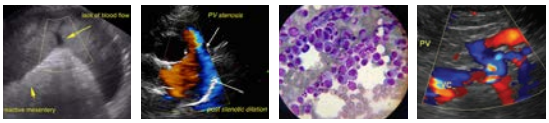

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Gastrointestinal

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

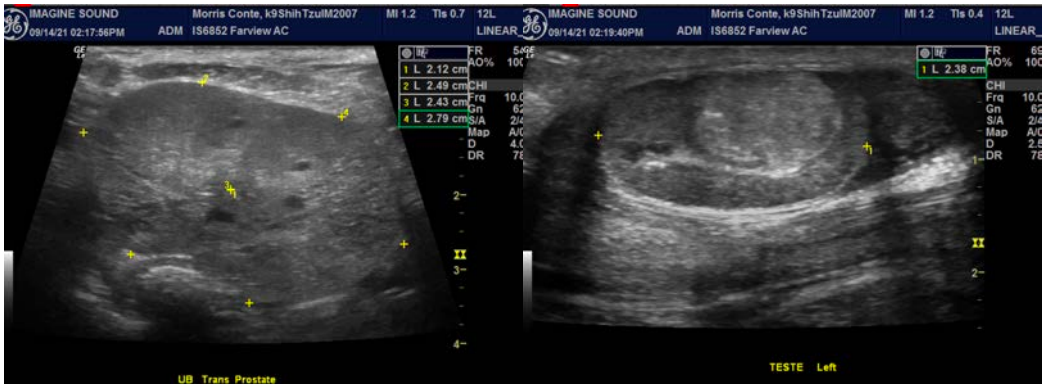
The right testicle was uniform at 2.1 cm. The left testicle revealed a hyperechoic, expansive nodule measuring 1.33 cm x 0.92 cm. The left testicle measured 2.38 cm in length.

ULTRASONOGRAPHIC FINDINGS

- Chronic prostatitis/BPH pattern
- Cystitis bladder pattern
- Chronic interstitial nephrosis pattern with cysts, infarcts, remodeling and pyelectasia – subjectively near end stage.
- Left testicular nodule – likely seminoma
- Excessive gallbladder debris and overdistention
- Excessive GI gas
- Comet tail lung pattern
- Bilateral nodular adrenals
- Slightly enlarged, heterogeneous spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend urine culture and sensitivity, 24-hour IV fluid protocol, and blood pressure measurements with treatment for any systemic hypertension that may be present. If the kidneys are able to be stabilized, neutering and 4-6 week antibiotic therapy would be recommended with renal oriented diet.



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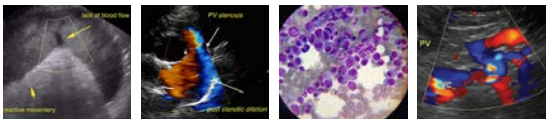

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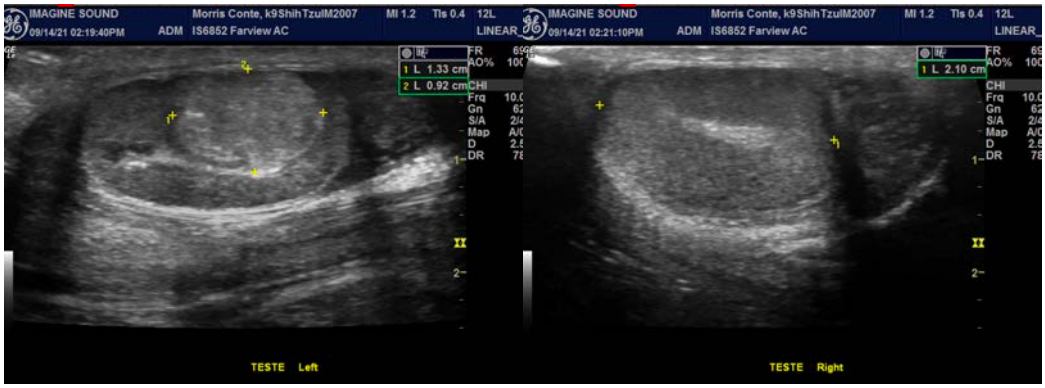

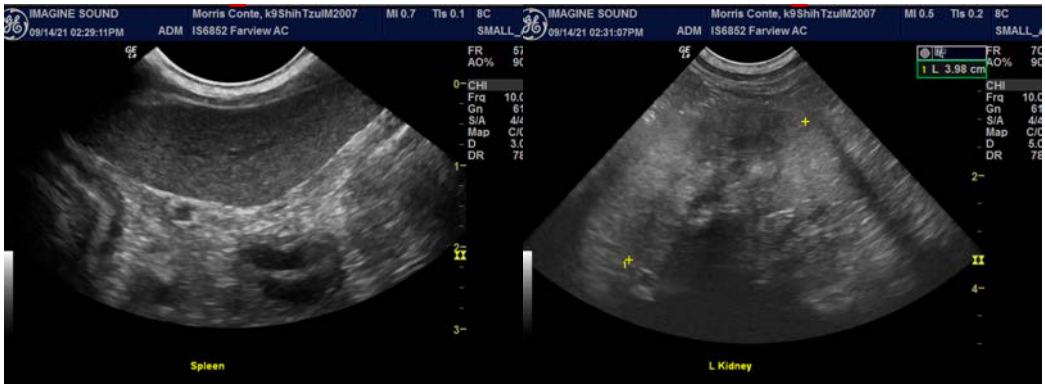

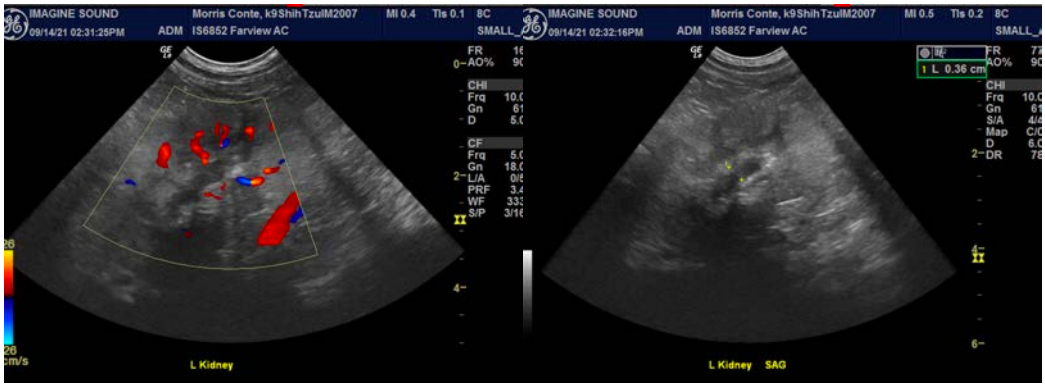

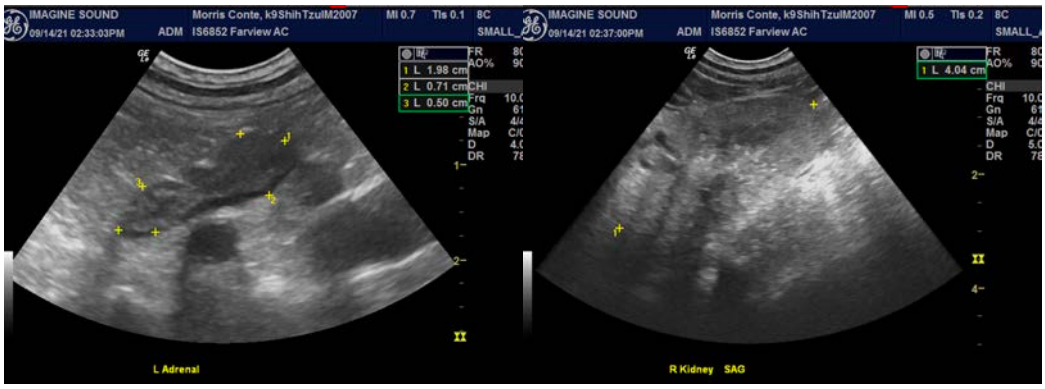

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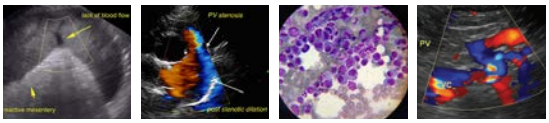

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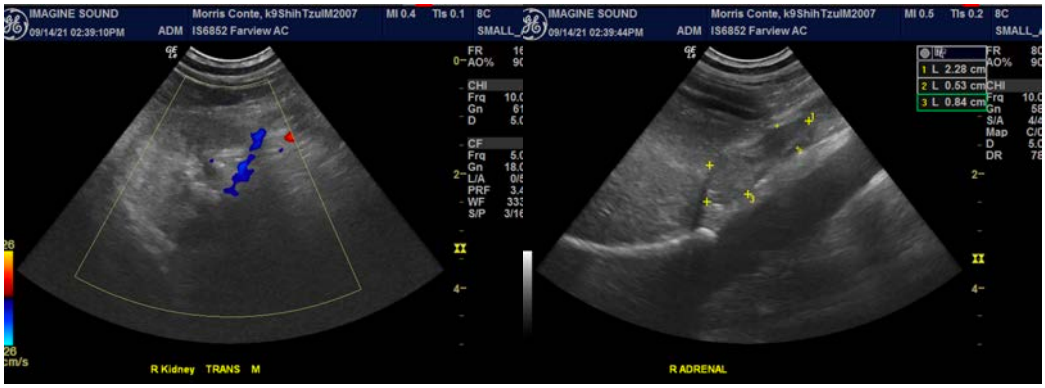

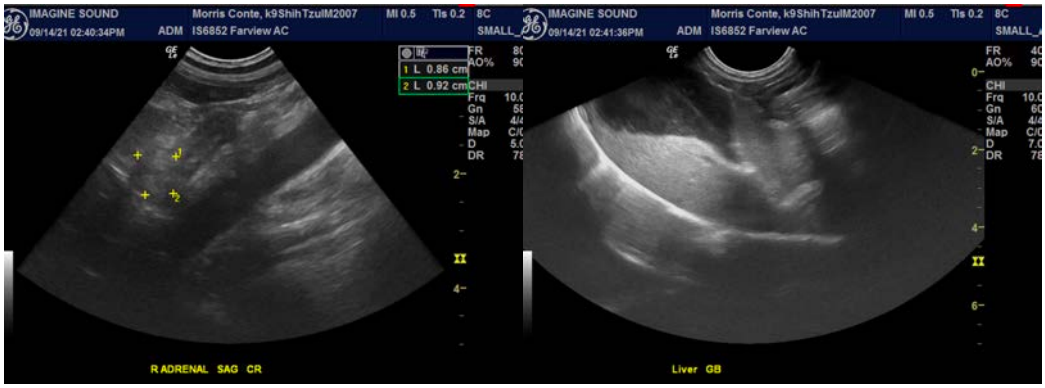

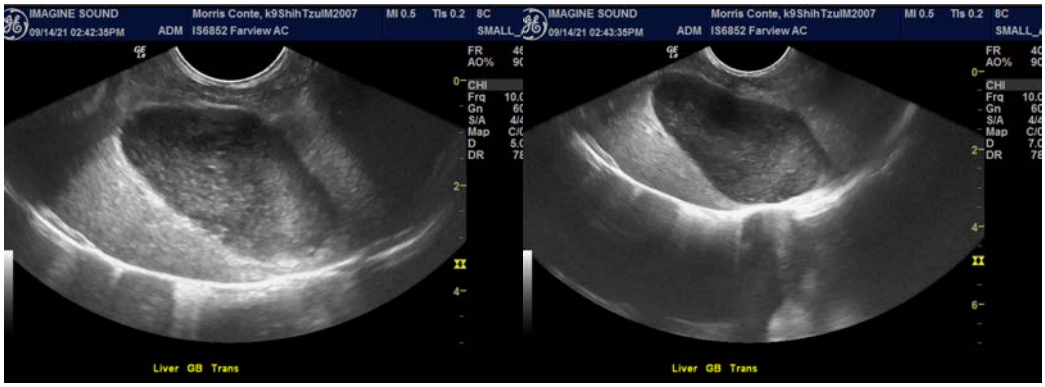

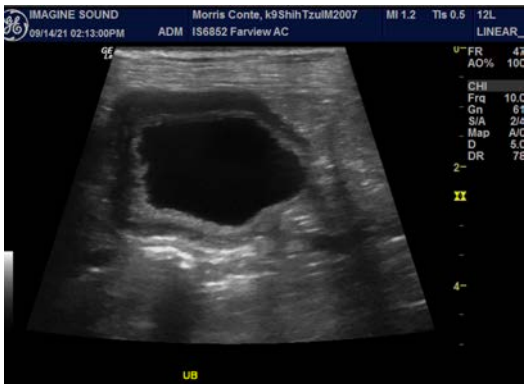

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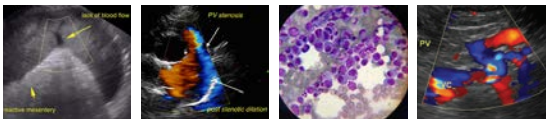

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com