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Clinical Sonography & Telecytology
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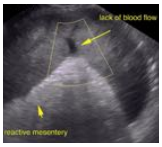
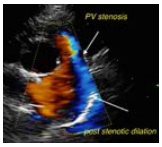
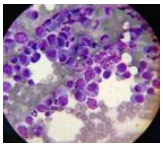
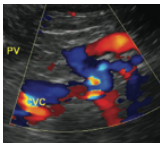





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Jack Gerace

SPECIES

Canine

BREED

English Setter

SEX

Intact male

AGE

10 years

WEIGHT

59.8 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

.Torch River Veterinary Mobile Services

HOSPITAL NAME

East Bay Pet Hospital

REFERRING VET

Dr. Karen

INVOICE

76438

DATE

8/4/23

PRESENTING CLINICAL SIGNS

History: history of hematuria
Abnormal PE/Chem/CBC/UA Results: prostatomegaly CBC - unremarkable Chem - ALT - 930 ALP - 152 BUN 7.4 icteric serum U/A - 1.020 ph - 9 trace leukocytes (1-5/field) 3+ blood (265/field) 4+ protein No casts, bacteria, crystals

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed severe thickening in this patient with muscularis hypertrophy.

The prostate was severely enlarged and measured 4.9 cm with microcystic and nodular changes. Pericapsular inflammation was noted. Slight free fluid was noted around the prostate possibly owing to rupture of a paraprostatic cyst and slight, subcapsular fluid accumulation noted around the prostate.

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 right kidney measured 5.24 cm. The left kidney measured 7.4 cm with a slight, anechoic cyst at the dorsal cortex of the left kidney.

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.

Spleen

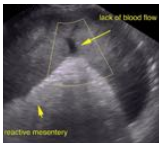
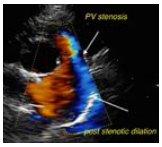
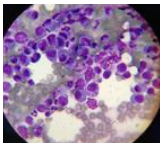
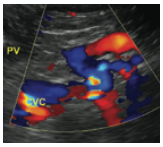
The **spleen** revealed expansive, parenchymal mass that measured 4.3 cm. A separate, hypoechoic, disruptive nodule was noted and measured 1.9 cm at the mid body.

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

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.

Heart

Rapid view of the heart revealed a volume contracted right heart, no evidence of pericardial effusion or masses.

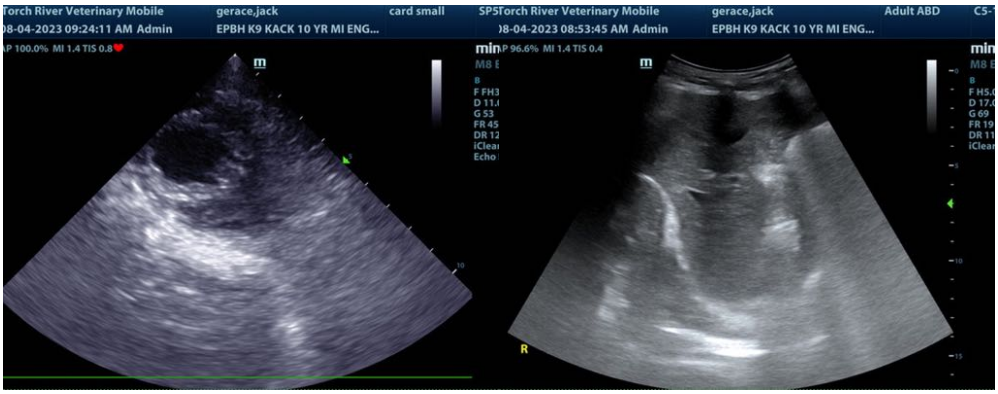
ULTRASONOGRAPHIC FINDINGS

Splenic mass and nodules. Differentials include hemangiosarcoma, hyperplasia abscessation regarding the smaller nodule.

Severe prostatitis and cystitis pattern. Likely ruptured paraprostatic cysts. Mild potential for bladder neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutering, treatment for prostatitis and supportive care is recommended. Splenectomy is indicated as well given the splenic changes. There was no evidence of metastatic disease. The bladder should be inspected at the time of splenectomy surgery to ensure that no rent is present given the minor free fluid noted. FNA of the prostate with culture would be ideal. The pelvic pain is likely owing to inflammation associated with the prostate.



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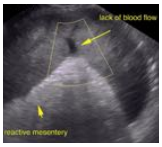
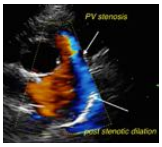
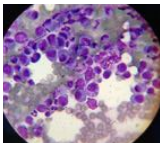
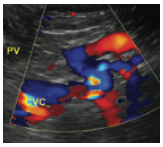

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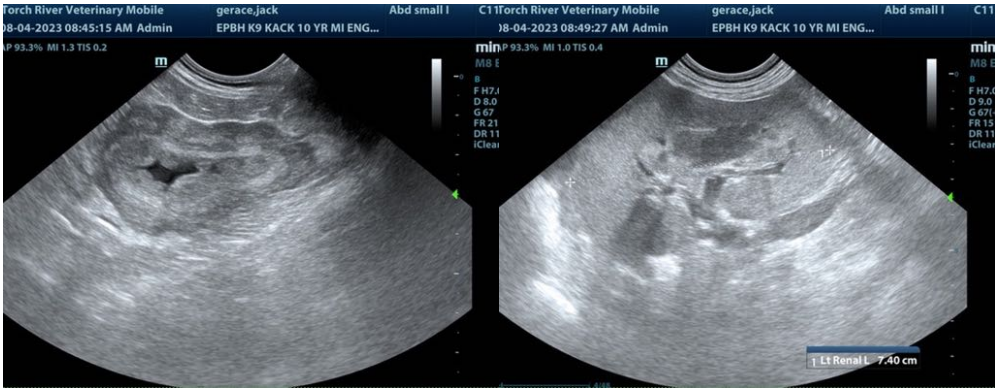

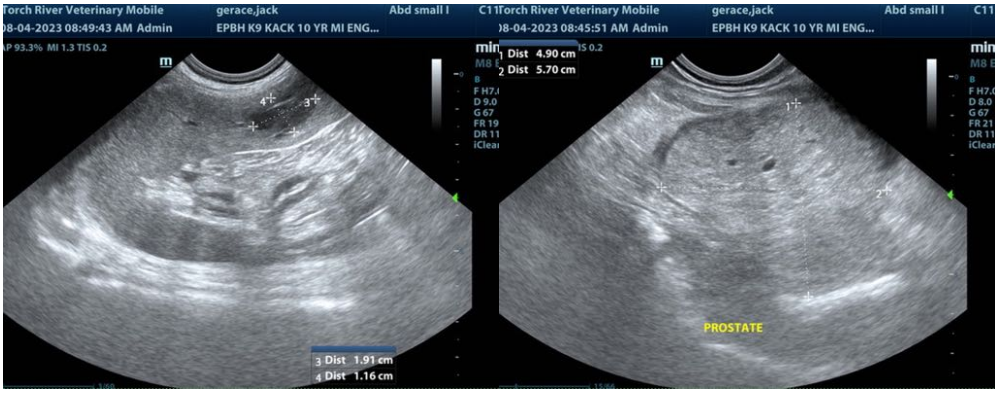

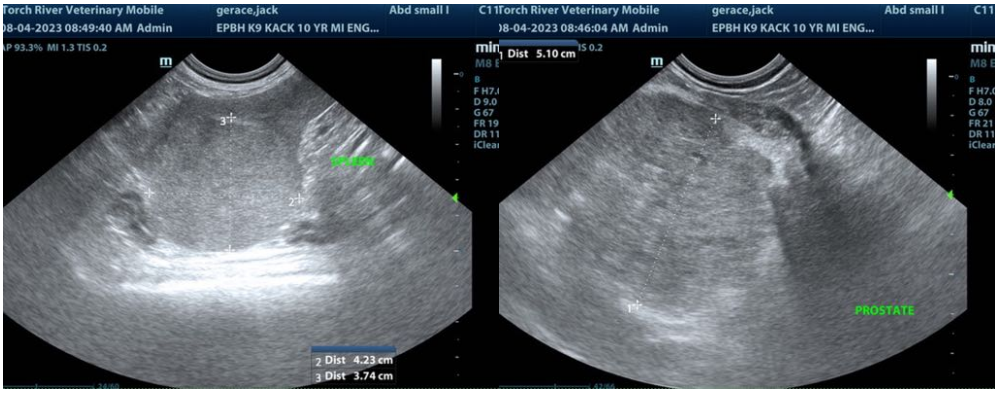

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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