

**DATE PRESENTING CLINICAL SIGNS**

7/18/23 History: Chronic diarrhea and inappetence last several weeks; controlled hypothyroid.

PATIENT

Gyver Deubler

Current Medications: Cerenia 24mg SID.

Lab Results: hypoalbuminemia, elevated BUN, slightly elevated SDMA, hypocalcemia, hyperkalemia

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Canine

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Sheltie

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Male

Urinary System

The **urinary bladder** revealed a mineralized portion (1.6 cm x 0.65 cm) in the dorsal bladder wall. Given the breed and the sonographic appearance, strong concern for carcinoma.

AGE

4/18/08

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 3.76 cm.

WEIGHT

20.2 Pounds

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 right kidney measured 3.96 cm. An anechoic cyst (0.71 cm) was noted at the caudal pole of the left kidney. The left kidney measured 4.45 cm. Slight pyelectasia was noted in the left kidney, measuring 0.15 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Festival VC

Adrenal Glands

The **right adrenal gland** was 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 right adrenal gland measured 2.22 cm x 0.7 cm at the caudal and 0.68 cm at the cranial pole.

REFERRING VET

Dr. Beron

The **left adrenal gland** measured the upper limits of normal to slightly enlarged, measuring 2.26 cm x 0.96 cm at the cranial pole and 0.7 cm at the caudal pole.

INVOICE

23475

Spleen

The **spleen** revealed a focal hypoechoic nodule, measuring 0.7 cm at the cranial pole. The remainder of the spleen was uniform.

Liver

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder neck revealed a small calculus (1.0 cm), not pathological at the time of the sonogram. This is a moderate change, consistent with chronic inflammatory hepatopathy. The right liver revealed an isoechoic nodule, measuring 2.68 cm. An anechoic cyst was noted in the right cranial liver, measuring 2.0 cm, not overtly pathological.

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 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.

Other

The right **testicle** revealed an isoechoic nodule, measuring 1.64 cm x 1.21 cm.

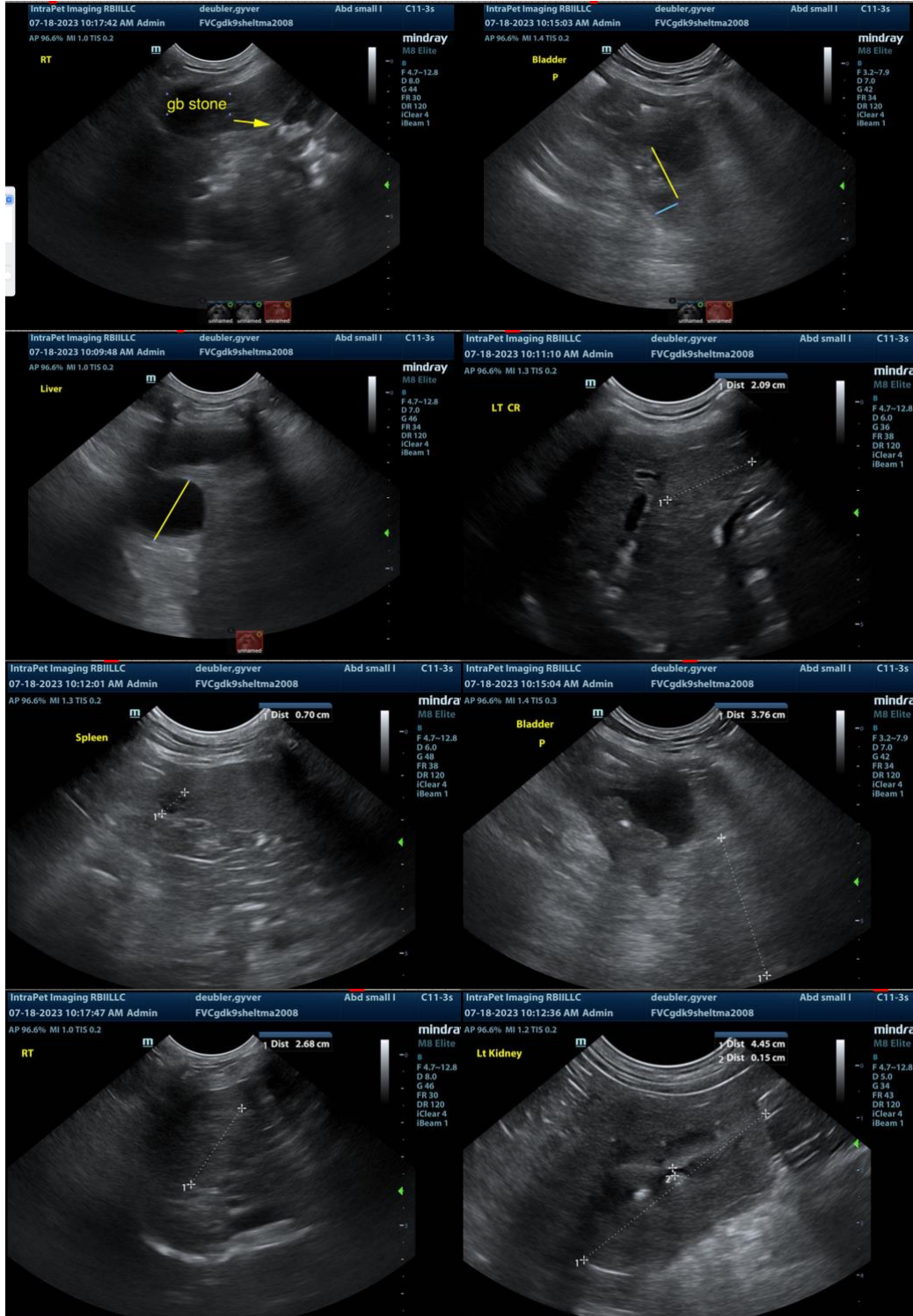
ULTRASONOGRAPHIC FINDINGS

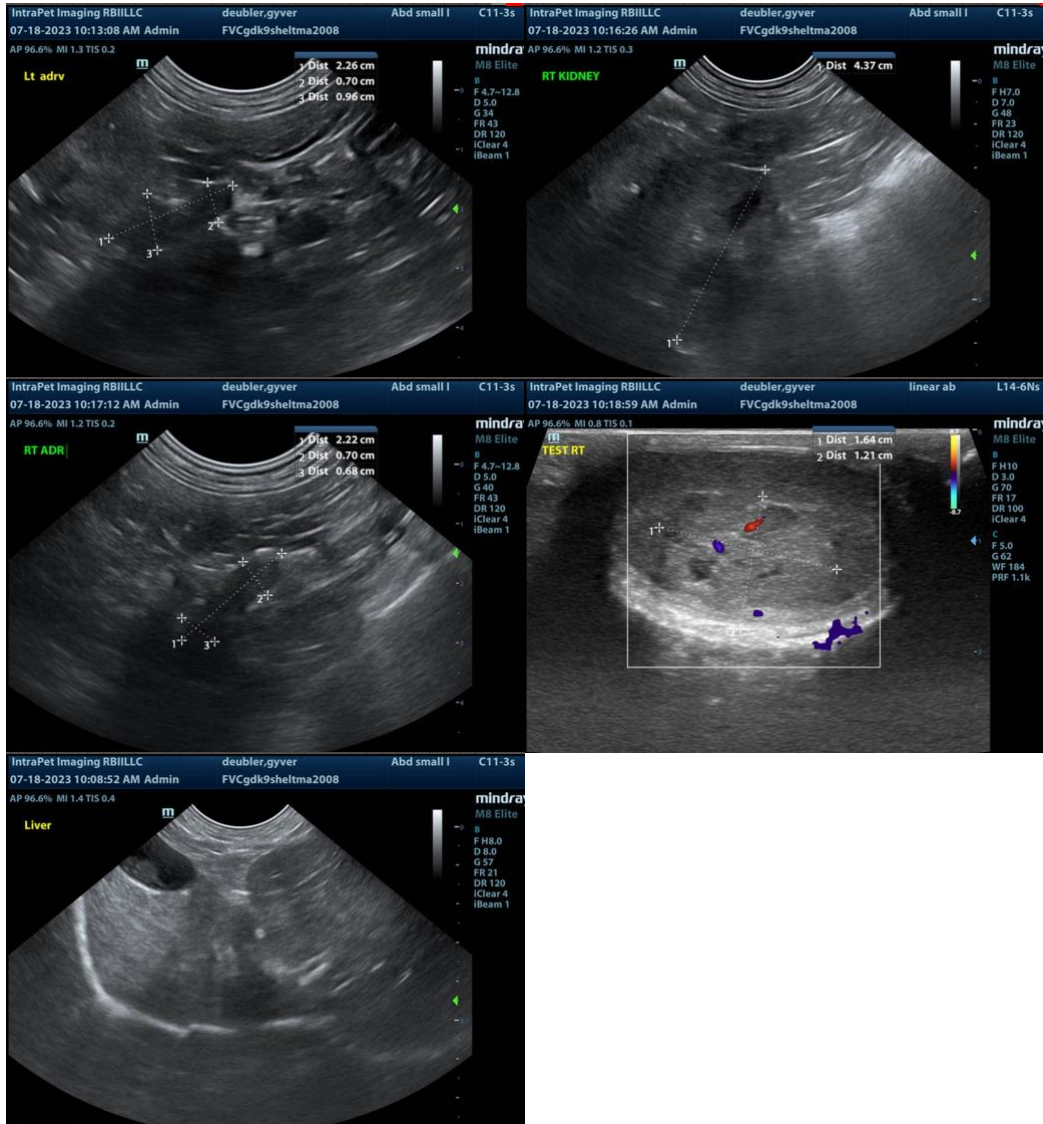
- Splenic nodule
- Hepatic nodule and cyst
- Gallbladder calculus
- Moderate degenerative renal changes with pyelectasia
- BPH prostate
- Right testicular nodule
- Dorsal bladder polyp- possible carcinoma
- Upper limits of normal to slightly enlarged left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the splenic nodule and liver nodule are indicated. Nodular hyperplasia of the spleen and liver is likely with mild potential for round cell neoplasia or carcinoma. Neutering is indicated with testicular biopsy. Full urinary work up is warranted. Ultrasound guided traumatic catheterization, ideally of the bladder polypoid change, and BRAF testing is indicated. The bladder polyp may be resectable. No evidence of organ metastasis. Prognosis is guarded.

Testicular tumor differentials include interstitial cell tumor, seminoma or Sertoli cell tumor. None of which are typically metastatic, however, can be expansive and potentially have paraneoplastic endocrinopathy associated with them. Neutering is recommended. All three tumors may be related to concurrent prostatic disease.





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.

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