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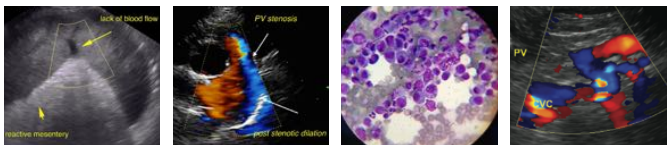


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1-800-838-4268 info@sonopath.com

**PATIENT**
Boozer Bell

**SPECIES**
Canine

**BREED**
Pit Bull Mix

**SEX**
Male

**AGE**
11 years

**WEIGHT**
36.4 lbs

**INTERPRETED BY**
Jessica Midence, DVM, DACVIM (SAIM)

**IMAGING PERFORMED BY**
Kaitlyn McDaniel

**HOSPITAL NAME**
Elizabeth AH

**REFERRING VET**
Dr. Anderson

**INVOICE**
42944

**DATE**
2/23/23

## PRESENTING CLINICAL SIGNS

History: Boozer has been losing weight but has normal energy and appetite. Normal eating and drinking and urination and defecation. Plays with other dogs and seems normal other than extreme weight loss.
Abnormal PE/Chem/CBC/UA Results: PE: BCS 1/5, mildly pale gums, stage II dental disease (mostly tartar), large mildly uncomfortable prostate on rectal exam, sclerosis normal for age. Labs: UA: Rod Bacterial Infection Full Panel Pending.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is variably thickened and measured up to 0.72 cm at its thickest portion. The mucosal margin is irregular and significantly thick. The bladder contains a significant amount of dependent, highly echogenic material that is suspected to be purulent exudate as there is a distinct interface between the anechoic urine and this material.

The prostate is diffusely enlarged and measured 5.5 x 6.2 cm. There are numerous cystic cavities within the prostate. The largest measured 2.0 x 2.67 cm and all are filled with echogenic material. There is surrounding hyperechoic fat.

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 6.0 cm. There is a slight decrease in corticomedullary distinction, which is considered a degenerative aging change. The echogenicity was normal. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 6.3 cm. There is a slight decrease in corticomedullary distinction, which is considered a degenerative aging change. The echogenicity was normal. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

### *Adrenal Glands*

The left adrenal gland is normal in size (0.65 cm at cranial pole). The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

The right adrenal gland is normal in size (0.57 cm). The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

### *Spleen*

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. There is a generally hypoechoic nodule with some mottling located in the head of the spleen that measures 1.7 x 1.17 cm. This nodule does not appear to bulge the contour. This nodule is well defined. The splenic vasculature is normal without signs of congestion or thrombosis.

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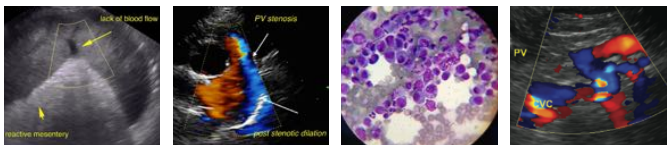


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### *Liver*

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The liver is hyperechoic with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder had a moderate volume of bile with a small amount of dependent sludge. The cystic and common bile ducts are normal/not visible.

### *Gastrointestinal Tract*

The stomach had a moderate volume of food, but measured normal. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum is normal with distinct wall layering. The remainder of the small intestines are normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

The section of colon are visualized with formed fecal material and gas shadowing distally.

### *Pancreas*

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

### *Peritoneum*

The mesentery is generally hyperechoic throughout the abdomen and there are several, mildly enlarged mesenteric lymph nodes that are suspected to be reactive. There is also a small volume of anechoic peritoneal effusion best seen at the tail of the spleen. The medial iliac lymph nodes are also enlarged with the right medial iliac measuring 3.6 cm in length x 0.8 cm in width and the left measured 1.2 cm in width and 3.9 cm in length. This is considered to be reactive.

### *Heart*

There is an enormous, complex, cavitated mass cranial to the heart. In certain loops this mass appears to be arising from the heart. The mass is so large it is difficult to tell definitively if it simply abuts the heart or arises from the heart (though the latter is suspected). There are large cavitations and cysts with echogenic fluid.

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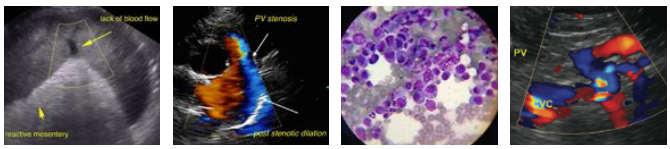

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## ULTRASONOGRAPHIC FINDINGS

### *Primary Findings*

1. Large, cavitated thoracic mass cranial to the heart.
2. Prostatitis with cystitis and pyuria.

### *Secondary Findings*

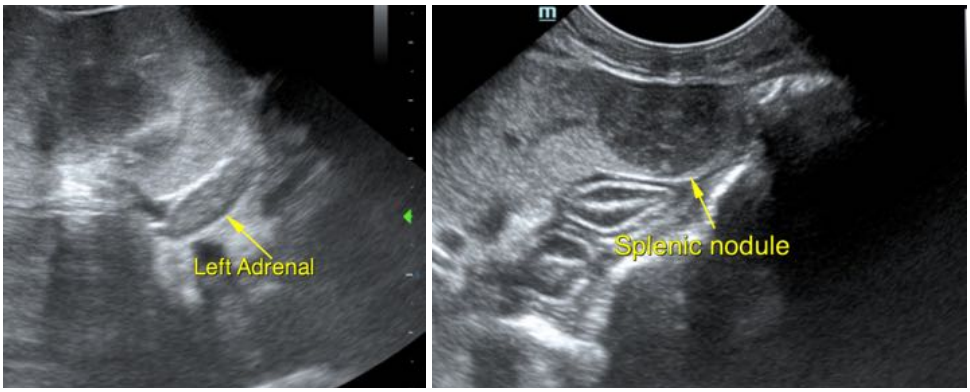
1. Splenic nodule, rule out metastatic neoplasia related to the thoracic mass versus benign nodule.
2. Peritoneal effusion with reactive mesenteric and medial iliac lymph nodes.
3. Gallbladder sludge.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has significant pyuria, cystitis and prostatitis. Urine culture and ideally a prostatic aspirate with culture and cytology are recommended (some studies have shown different bacterial populations in cases of prostatitis). Prolonged treatment with lipids, soluble antibiotics (e.g. Fluroquinolones) based on culture results in addition to castration are the recommended treatments for severe prostatitis with such as cystic component. The other changes in the abdomen such as the mild effusion, bright mesentery and enlarged lymph nodes are considered to be reactive to the prostatitis.

There was also a nodule of the spleen that does not bulge the contour and is well defined. This nodule could represent a benign process such as extramedullary hematopoiesis or lymphoid hyperplasia and FNA can be considered to evaluate further. Given the mass in the thorax a metastatic or concurrent neoplastic lesion is considered possible.

There is an enormous mass in the thorax cranial to the heart. In certain images it appears to be arising from the heart. This mass is complex, cavitated and has echogenic fluid within its cavitations. Hemangiosarcoma is considered a top differential. However, these tumors often do not get to this size prior to clinical signs or a life threatening bleed. Histiocytic sarcoma would also be a consideration as well as other round cell neoplasia, carcinoma or even a chemodectoma although sonographically this mass has a different appearance. FNA could be considered, but should be done with great caution given the potential for bleeding and the large cavitations. CT scan can also be considered for further characterization of this mass.



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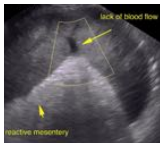
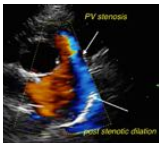
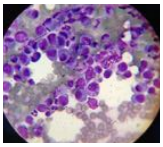
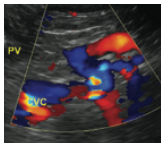

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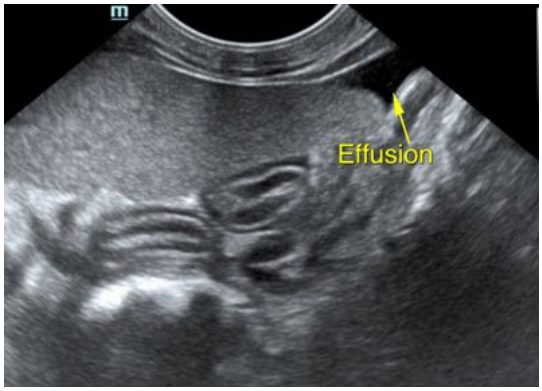


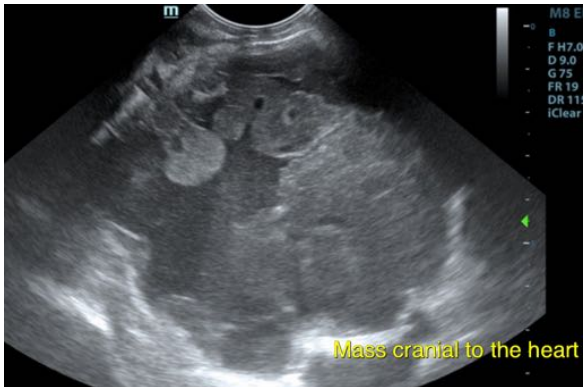


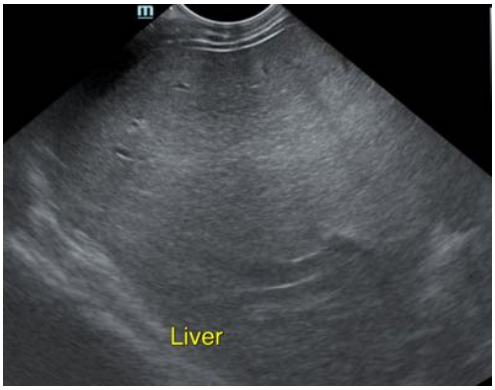


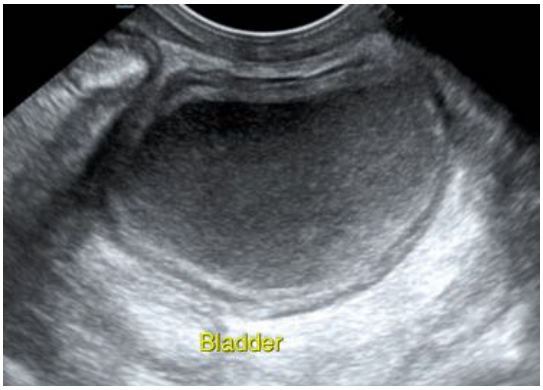


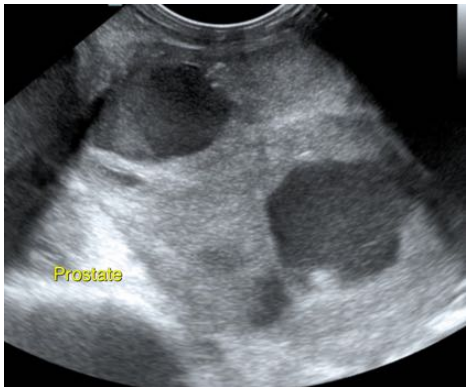


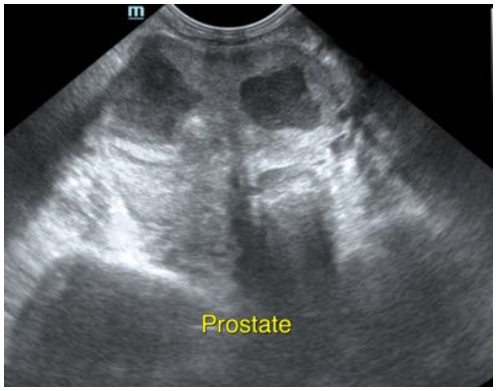


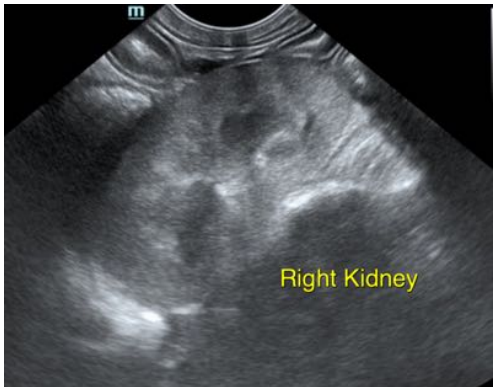


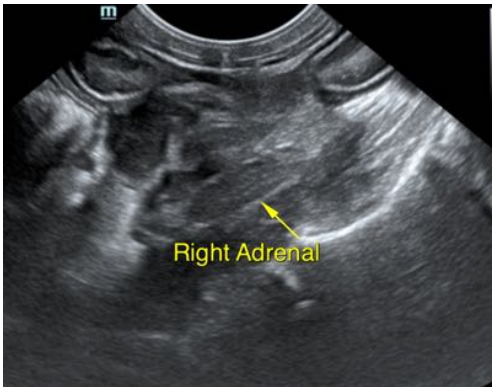

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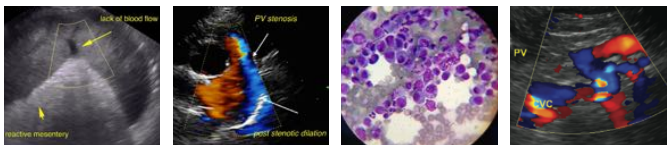

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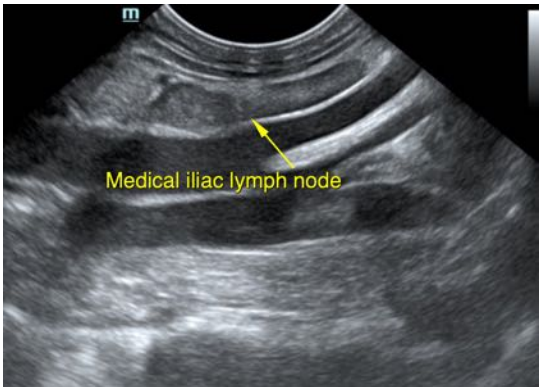


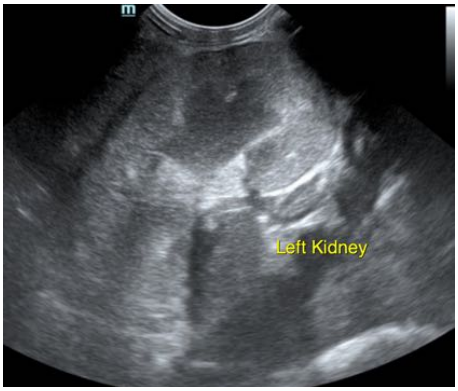


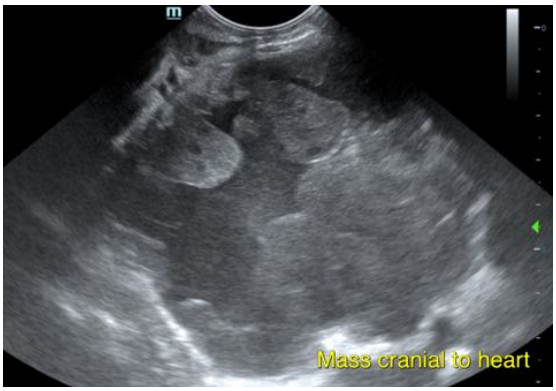


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

Jessica Midence, DVM, DACVIM (SAIM)
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