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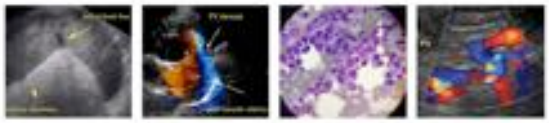

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Willie Savage

SPECIES

Canine

BREED

SEX

Intact Male

AGE

-

WEIGHT

60.8 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Grass Valley VH

REFERRING VET

Dr. Cortright

INVOICE

95277

DATE

1/14/22

PRESENTING CLINICAL SIGNS

S: Seen at Loomis BVH on 12/29 for blood in urine, then doing to black then dark brown and red again. Per O notes K+ slightly up, sodium slightly low. Blood in urine, culture negative. Blood stopped the next day ie prior to taking 5d of amoxicillin, which O thinks made him sick (didn't want to do anything at all) but no v/d etc. Does not want to jump up on anything. Today is feeling a bit more perky per O. No V/D/C/S. Good A & E. No change in H20 or urine. Diet = O: T=101.8 Wt=60.8# Att - BAR/anxious; BCS= 6/9; hydration wnl Oral - gingival hyperplasia, throughout, mod. Mild to mod tartar. mm - pk, crt 1 sec Eyes - Corneas clear; pupils equal and responsive; no inflammation; no discharge. Ears - no discharge; no inflammation; pinnas wnl CV - no murmurs; pulses wnl; rate and rhythm wnl, P=130 Resp - nares clear, no discharge; no dyspnea; lungs auscult clear, RR=panting GI - NSL on abdominal palpation; GU - no discharge; genitals wnl; kidneys palpate wnl M/S - Ambulating normally; no lameness; muscle tone wnl, no pain on manipulation PLN - wnl ****Integ - coat clean, no odor; no erythema;**Large lipoma 6 x 8 inches right inguinal region. Several other smaller haired soft movable masses over torso and head. Neuro - mentation wnl; no neuro deficits Anal Glands -wnl *RE-all wnl, could not feel prostate, stool in rectum formed. Pain score (0-10): 1-2 A: hesitant to jump up r/o OA vs. weakness vs. abdominal pain recent hx of hematuria for a few days, resolved on own, r/o cystitis vs. prostatitis vs. neoplasia vs. other P: Rec abdominal ultrasound (was scheduled for today with LBVH but RVT got sick). Can fit in today with Loetitia. If all wnl try tx for cystitis meds, possible nsaids (if off the atopica!)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is large in size and measured 4.1 x 6.5 cm. It has a fairly irregular shape with irregular external margins. The parenchyma is heterogenous with small, focal, microcysts and a larger, hypoechoic nodule/abscess that measured 0.64 cm. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.3 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.9 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is large and measured 1.18 cm at the cranial pole, 0.65 cm at the caudal pole and 2.7 cm in length. It is located in its normal position cranial to the left renal artery. It is somewhat irregular in appearance and the cranial pole is enlarged and hyperechoic creating a nodule effect in the cranial pole measuring 1.16 x 1.18 cm. There is no obvious evidence of vascular invasion and no fluid in the surrounding tissue.

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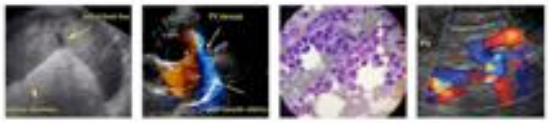

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The right adrenal gland is normal in size measuring 0.84 cm at the caudal pole It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. . The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

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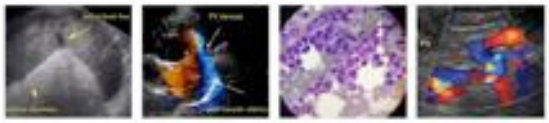

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The left and right testicles are visualized and appear within normal limits.

Heart

A brief view of the heart was submitted. No pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Large, hyperechoic, mildly cystic prostate with a hypoechoic focal lesion. The findings are most consistent with BPH +/- prostatitis. The significance of the hypoechoic lesion is unknown and may be a focal abscess, tumor, hemorrhage, etc.
- Hyperechoic nodule in the cranial pole of the left adrenal gland. Left adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other.
- Heterogenous liver. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate is large and irregular with small, cystic lesions and a larger, hypoechoic lesion. These findings are most consistent with BPH +/- prostatitis +/- abscess or other lesion. Options moving forward include urinalysis and culture. If a previous culture is negative you can consider a prostatic wash where a red rubber catheter is placed with the collection tip just distal to the prostate and the prostate is rectally massaged to obtain a more representative sample of urine. Lastly you can also consider a FNA of the prostate. I recommend neutering in conjunction with these evaluations as a disease process is unlikely to resolve while the prostate is under the influence of testosterone.

A nodule is visualized in the cranial pole of the left adrenal gland. This may be a benign lesion, cancerous lesion and can secrete hormones or be non active. Consider these recommendations:

- If signs of Cushing's are present, consider adrenal function testing. I prefer an ACTH stimulation test combined with an adrenal panel to the University of Tennessee's endocrine lab to look for atypical adrenal hormones as well as cortisol. (other testing can suffice)
- If adrenal dependent Cushing's is suspected and supported by adrenal function testing consider medical therapy with Lysodren or Trilostane or consider surgical removal (recommend referral to a board certified veterinary surgeon and possible pre op CT)
- Recommend blood pressure evaluation-if hypertensive consider testing catecholamine levels for a possible pheochromocytoma
- If no symptoms of Cushing's are present, consider either referral for surgery or continued monitoring with ultrasound (in 3-4 months).
- Many of these nodules can be benign and incidental in nature, unfortunately that is difficult to determine with a single ultrasound.
- I recommend three view thoracic radiographs.

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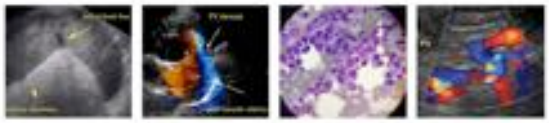

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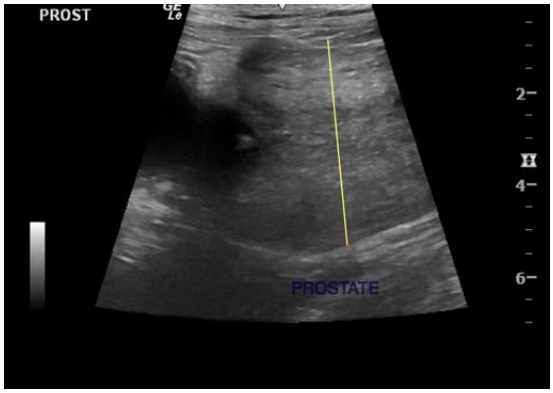

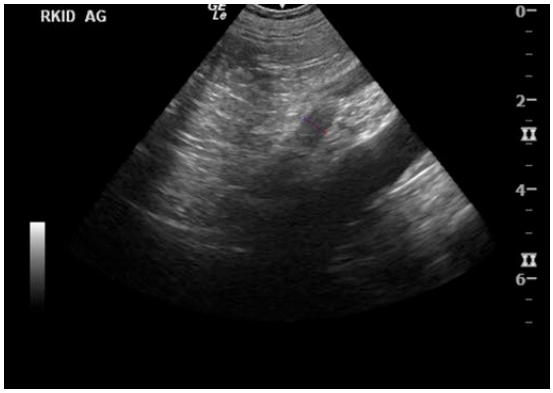

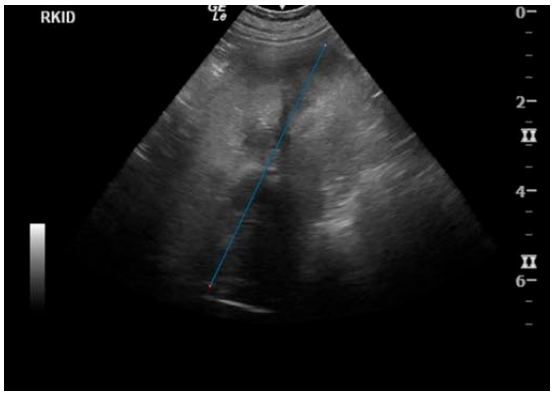

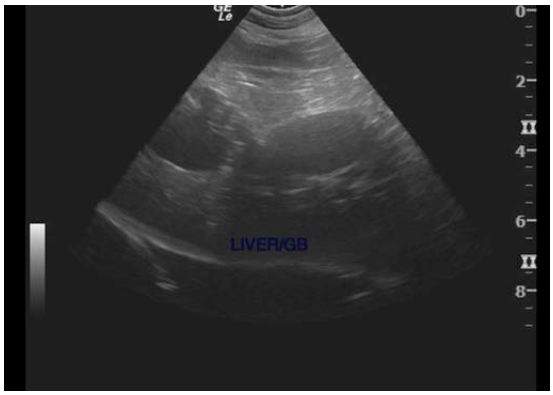

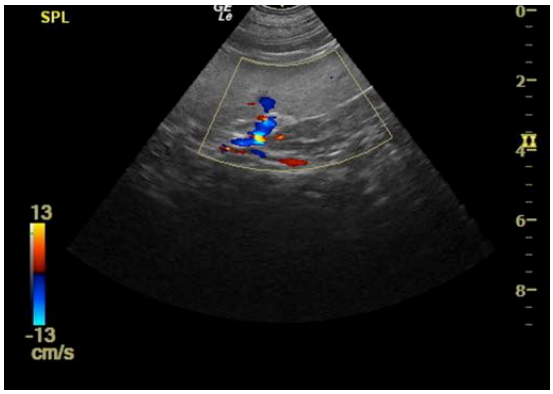

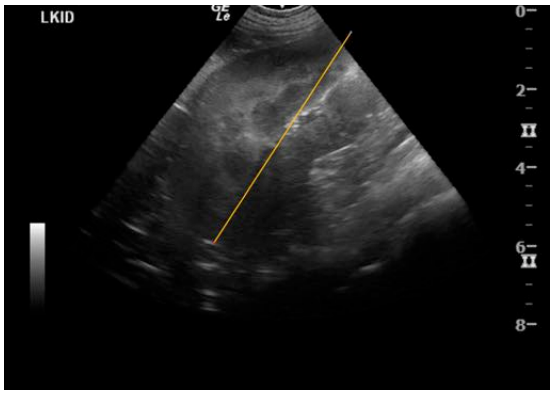

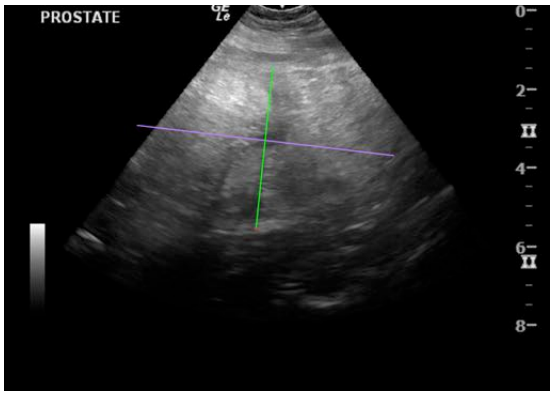

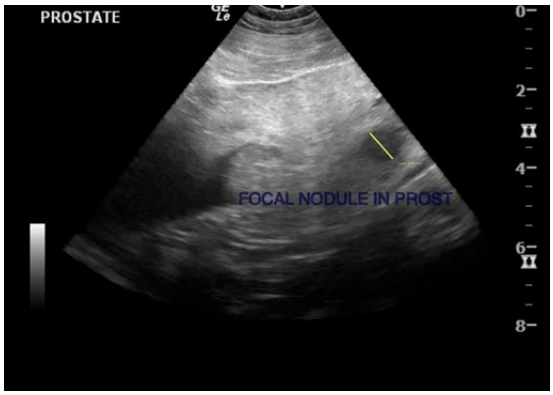

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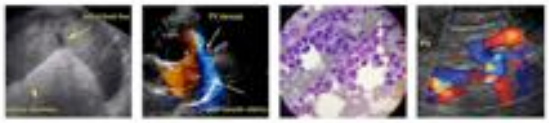

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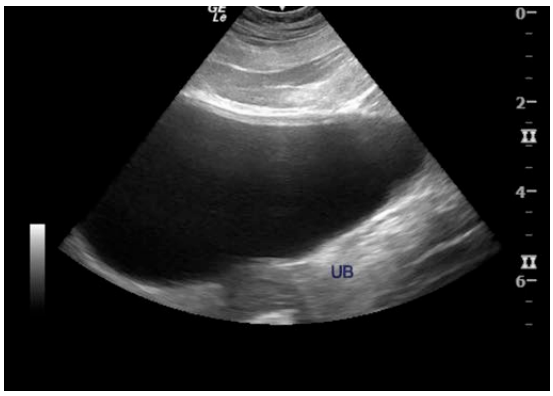

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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