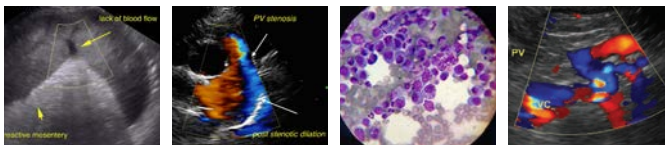
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Willie Michalski

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
Neutered Male

AGE
14 Years

WEIGHT
7.6 Pounds

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

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
All Creatures Great & Small Denville

REFERRING VET
Dr. Ashmore

INVOICE
44372

DATE
1/19/23

PRESENTING CLINICAL SIGNS

Anorexic x 5 days, occ vomiting. Hx of pancreatitis from AERA, hepatomegaly. Current meds: Famotidine, Cerenia, IVF, Ampicillin

Abnormal PE/Chem/CBC/UA Results: CPL abn, elevated Amylase and Lipase @ AERA

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall largely appears smooth with no irregularity and no wall thickening. The region of the trigone appears normal, but the proximal urethra appears somewhat prominent and thickened, most consistent with wall thickening (inflammation, neoplasia, etc.) or possibly extension of the abnormal prostatic tissue into the pre-prostatic urethra. There are small hyperechoic densities visualized in the dependent portion of the urinary bladder, consistent with very small stones/sandy debris.

The prostate is large and irregular in shape, measuring approximately 1.3 cm in height in the sagittal view. The parenchyma is heterogeneous with irregular margins and two hypoechoic regions, one measuring 0.67 cm in diameter, the other measuring 0.65 cm x 0.78 cm, most consistent with cystic lesions or hypoechoic nodules. Additionally, there is some pinpoint mineralizations associated with the prostatic tissue. There is a soft tissue density visualized in the region of the prostatic urethra and up to the cystourethral junction. This could represent thickened wall of the pre-prostatic urethra and cystourethral junction, or invasion of the abnormal prostatic tissue into this region.

The left kidney has a normal shape and size (3.42 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (3.74 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

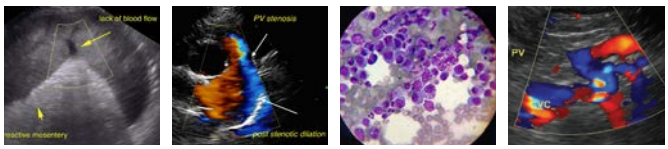
The left adrenal gland is normal in size measuring 0.62 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.51 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. There is a discrete hyperechoic nodule in the parenchyma measuring 0.41 cm x 0.51 cm.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Willie Michalski

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

14 Years

WEIGHT

7.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

All Creatures Great & Small Denville

REFERRING VET

Dr. Ashmore

INVOICE

44372

DATE

1/19/23

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. 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 gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and 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. Duodenum wall measures 0.42 cm. Jejunum wall measures 0.22 cm. 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 prominent and mottled compared to the surrounding isoechoic 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.

Other

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

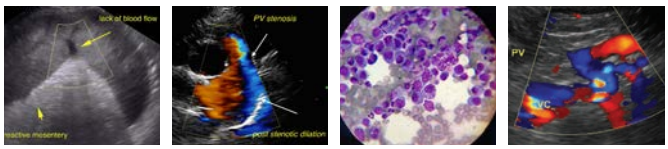
PRIMARY FINDINGS

- Large, irregular, cystic and mineralized prostate with possible invasion into the pre-prostatic urethra – Correlate findings with age of neutering. These findings are concerning for possible prostatic neoplasia, abscesses, etc.

SECONDARY FINDINGS

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

- Small hyperechoic nodule within the splenic parenchyma – Findings are most consistent with a benign myelolipoma. Recommend continued monitoring.



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

PATIENT

Willie Michalski

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

14 Years

WEIGHT

7.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

All Creatures Great & Small Denville

REFERRING VET

Dr. Ashmore

INVOICE

44372

DATE

1/19/23

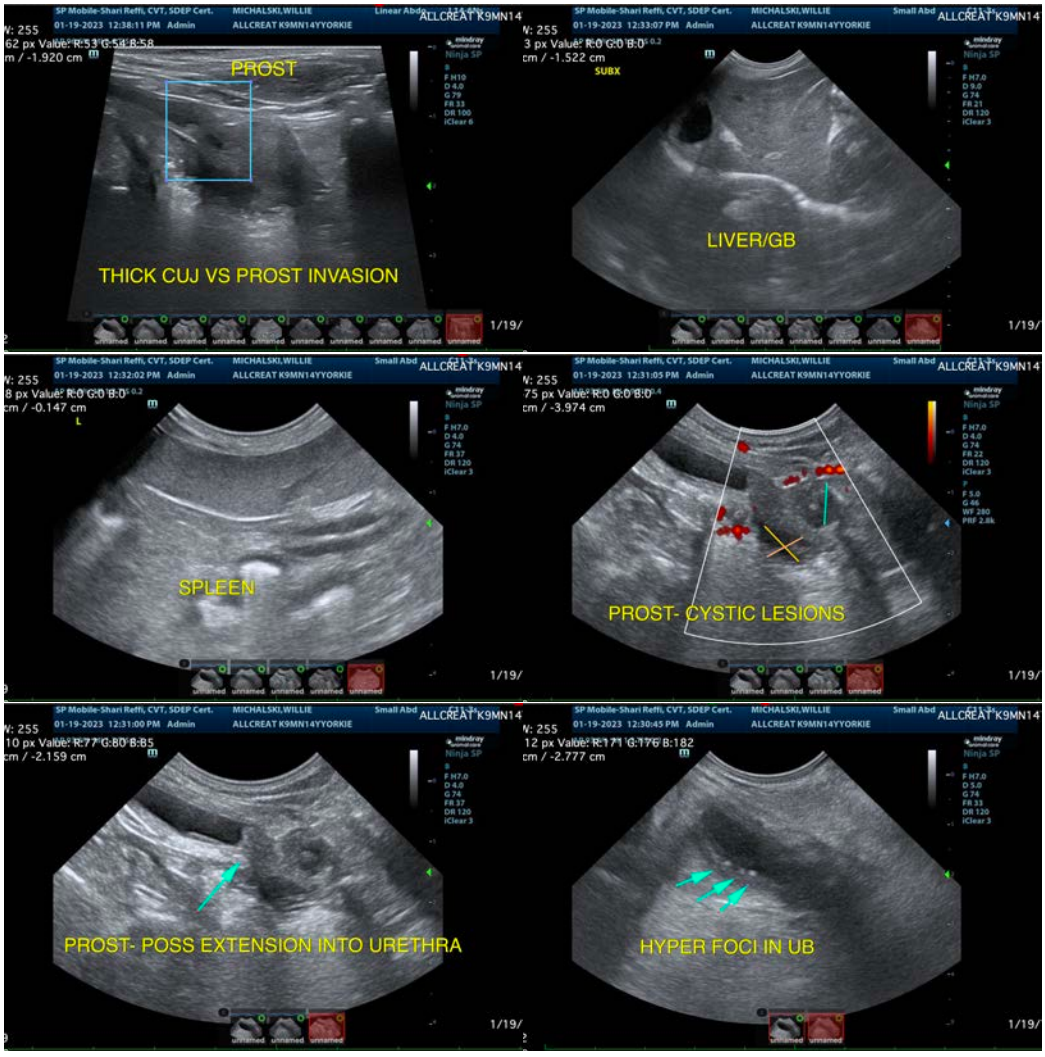
- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

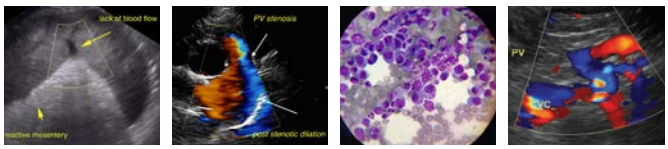
The prostate appears very abnormal. Correlate these findings with the age of neutering. If this patient was neutered at an advanced age due to prostatic disease, some irregularities could be expected, but I'm concerned that with the mineralization and the focal hypoechoic regions, and the abnormal tissue in the prostatic urethra, this could represent an invasive prostatic carcinoma. Recommend urinalysis, culture, and a fine needle aspirate of the prostate.

A lesion obviously responsible for the acute anorexia is not observed. The prostate could be contributing, but I'm concerned there also could be some other concurrent factor at play. Consider the possibility of concurrent gastroenteritis/mild pancreatitis, but there is minimal evidence of this on today's scan.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Willie Michalski

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

14 Years

WEIGHT

7.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

All Creatures Great & Small Denville

REFERRING VET

Dr. Ashmore

INVOICE

44372

DATE

1/19/23

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.

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

kathleen.sennello@sonopath.com