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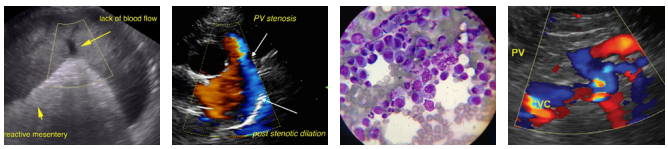

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1-800-838-4268 info@sonopath.com

PATIENT

Cezar Cieplak

SPECIES

Canine

BREED

German Shepherd

SEX

Intact Male

AGE

4 Years

WEIGHT

102.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Ringwood AH

REFERRING VET

Dr. DeSprito

INVOICE

35586

DATE

2/10/22

PRESENTING CLINICAL SIGNS

Recurring hematuria - suspect prostate issues, rec. neuter. Current meds: Trazodone, Gabapentin, Acepromazine, injectable sedation. Bloods: pending.
Abnormal PE/Chem/CBC/UA Results: U/A: pH 7.0, 2-5 WBC, USG 1.050.

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 and hyperechoic, measuring 4.06 cm x 4.08 cm when measured in cross sectional view. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (8.06 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 (7.59 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 normal in size measuring 0.41 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 0.58 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 very small, distinct, hypoechoic nodule in the mid body of the spleen measuring 0.56 cm x 0.82 cm

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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

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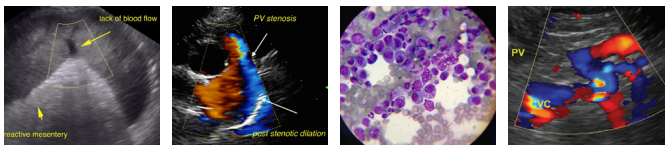

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Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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. Mesenteric lymph nodes appear normal. The sublumbar lymph node is normal at 0.78 cm. The omentum is of normal echogenicity.

Other

The right and left testicles are visualized and appear normal. Right testicle measures 4.86 cm. Left testicle measures 4.99 cm.

PRIMARY FINDINGS

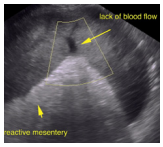
- Large, hyperechoic prostate – The prostatic changes are most consistent with benign prostatic hyperplasia. Other differentials include bacterial prostatitis and prostatic neoplasia.
- Small, hypoechoic nodular in the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

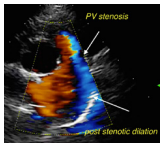
SECONDARY FINDINGS

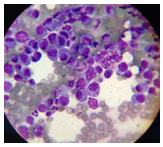
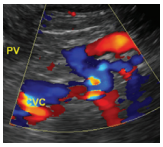
- Moderate amount of intraluminal material within the gastric lumen - Correlate with feeding history and abdominal radiographs. If this patient was adequately fasted consider such differentials as delayed gastric emptying, ingested foreign material or a partial outflow tract obstruction (none observed.)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate is large and hyperechoic with relatively smooth margins and no evidence of surrounding inflammation. These changes would be expected in an intact male dog, but given the symptoms of hematuria and a lack of a bladder mass or calculi, prostatic disease seems to be the likely cause.





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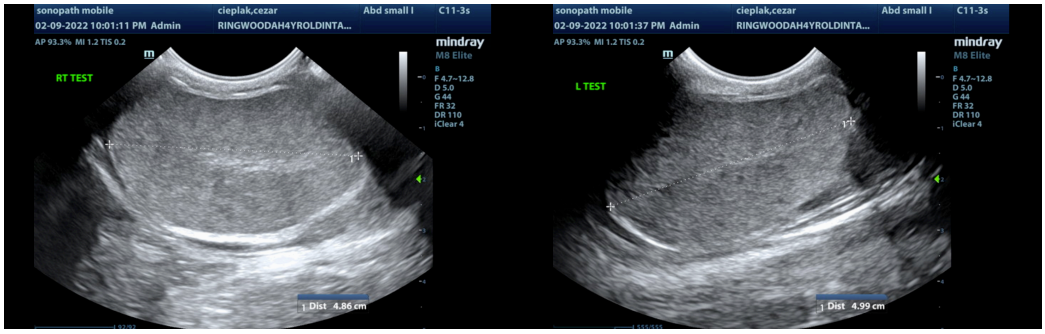
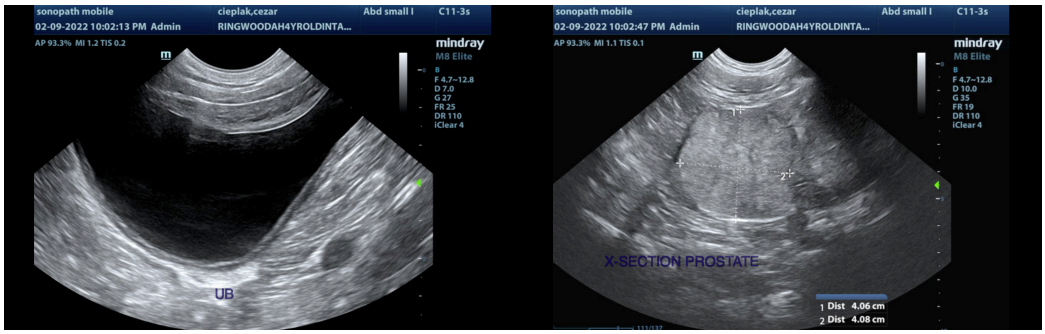
Differentials include benign prostatic hypertrophy, prostatitis, less likely prostatic neoplasia.

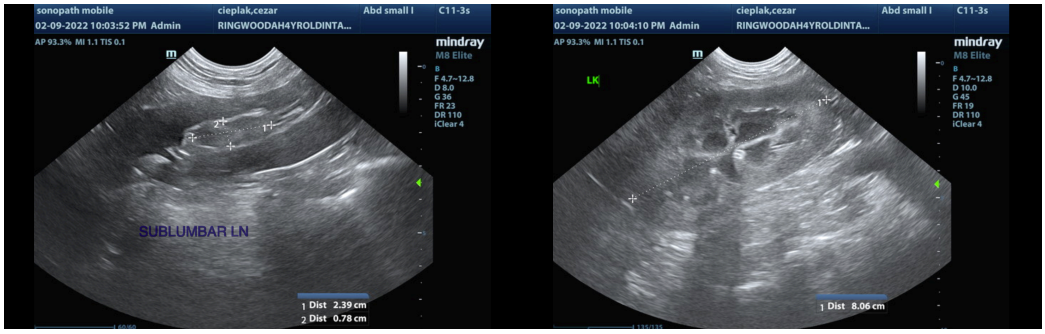
- Recommend urinalysis and culture.
- Therapeutic options include a fine needle aspirate of the prostate or neutering, and reevaluation if the hematuria persists.

In rare cases, testosterone blockers could be considered, but this would be a very temporary option.

There is a small nodule visualized in the spleen. This could represent a benign or early neoplastic lesion. Consider a fine needle aspirate of the splenic nodule, or recommend close continued monitoring with ultrasound (recheck in 4-8 weeks)







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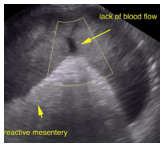

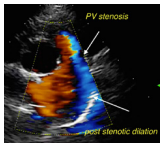

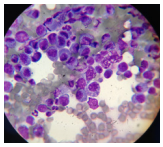
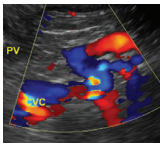

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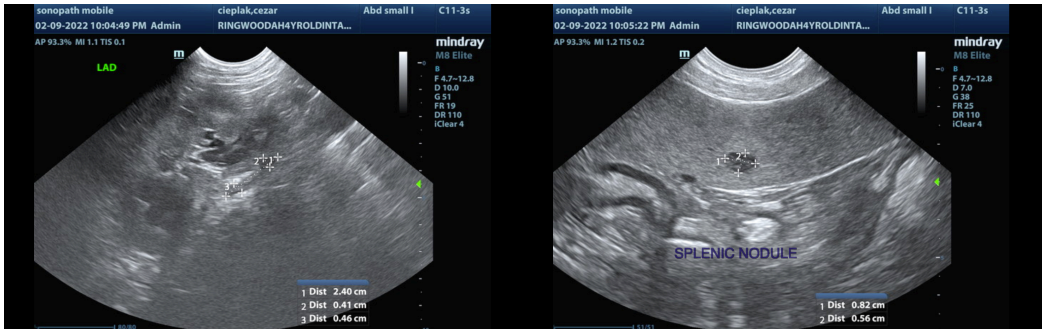

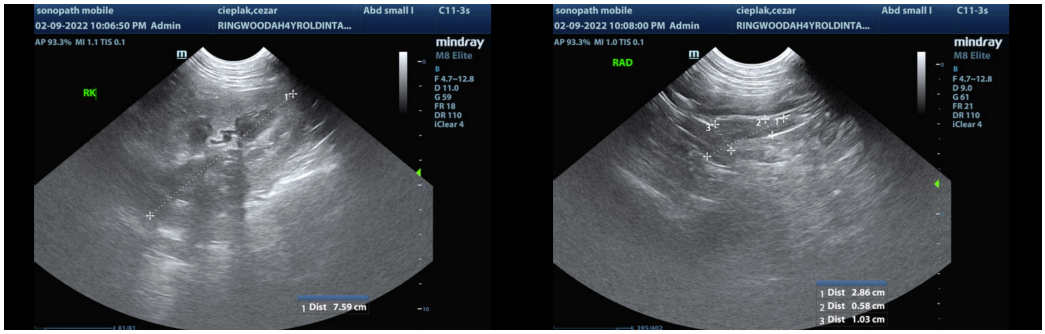

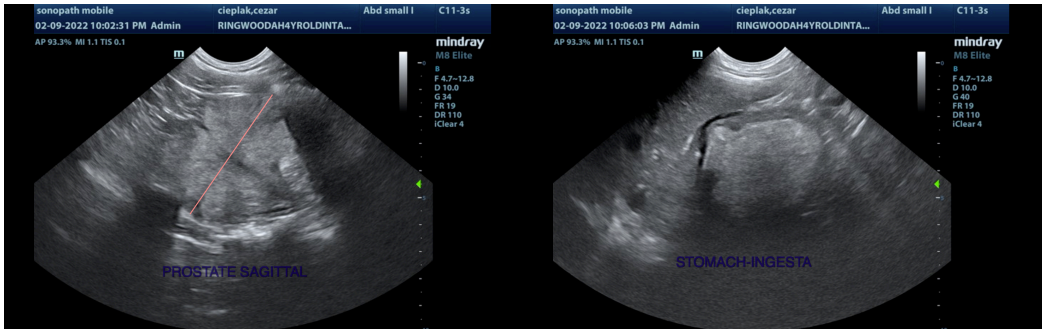

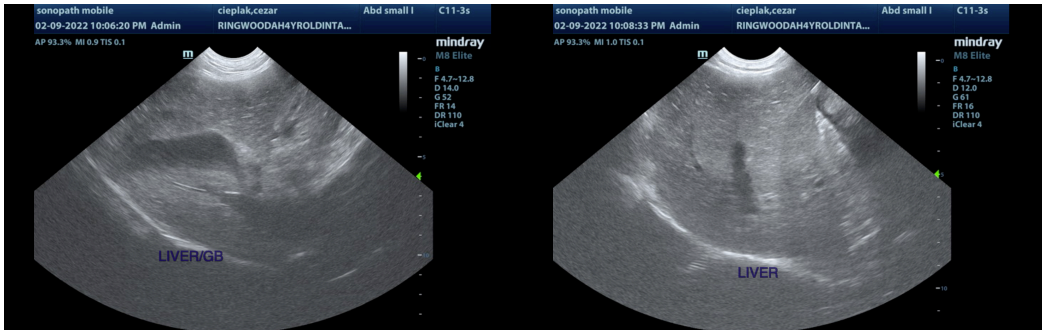

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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