

PATIENT PRESENTING CLINICAL SIGNS

Tucker Martrich Significant weight loss, recent diarrhea, UTI's, Marbofloxacin, Cranmate.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine 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.

BREED

Pit Bull

The prostate is large measuring 2.3 cm in height in the sagittal view, but has a relatively regular shape with smooth external margins. The parenchyma is heterogeneous and mottled with small, discrete, focal cystic lesions. The prostatic urethra appears relatively normal with no evidence of invasion, mass effect or calculi.

SEX

Male

The left kidney has a normal shape and size (7.49 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.

AGE

2008

The right kidney has a normal shape and size (7.65 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.

WEIGHT

55.3 Pounds

Adrenal Glands

INTERPRETED BY

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

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.36 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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Spleen

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled, 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.

HOSPITAL NAME

Stanglein VC

Liver

The liver is large in size, and normal in 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.

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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

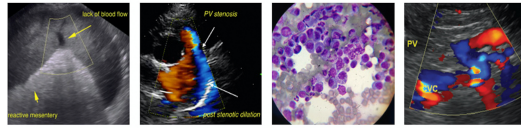
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Gastrointestinal

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The stomach is dilated with a large amount of fluid and irregular shadowing material most consistent with normal ingesta and gas. It largely measures at a normal thickness of <0.7cm with some variability



PATIENT

Tucker Martrich

due to the presence of rugal folds. In some areas, the cranial aspect of the gastric mucosa appears somewhat thickened, measuring up to 1.27 cm. This could be consistent with focal gastric wall thickening or a prominent rugal fold. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity.

SPECIES

Canine

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 measured 0.42 cm. Jejunum wall measured 0.37 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

Pit Bull

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.

SEX

Male

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.

AGE

2008

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.

WEIGHT

55.3 Pounds

Other

Both the left and right testicles are visualized. Both testicles have heterogeneous, mottled, irregular parenchyma with ill-defined, hyperechoic nodules, most consistent with remodeling. The right testicle measures 2.4 cm x 1.6 cm. The left testicle measures 2.4 cm x 1.3 cm.

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Medicine)

ULTRASONOGRAPHIC FINDINGS

- Large, hyperechoic heterogeneous prostate with occasional small cortical cysts – Findings are most consistent with benign prostatic hypertrophy and likely prostatitis. Prostatic neoplasia is thought less likely.
- Mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Large, heterogeneous 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. If liver values are normal, this could be normal age related change.
- Moderate gallbladder sludge – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.
- Large amount of shadowing intraluminal gastric material and questionable focal gastric wall thickening or prominent rugal fold – Correlate with feeding history. If adequately fasted, considered such differentials as delayed gastric emptying or an outflow tract obstruction (none observed).

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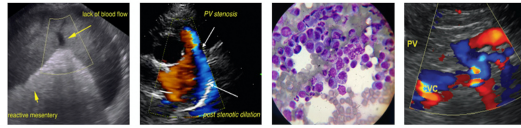
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- Heterogeneous, irregular testicles with ill-defined, hyperechoic nodules – most consistent with remodeling and nodular change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

The prostate is large and bright with some small cortical cysts. This is the likely source of the recurrent urinary tract infections, which will be difficult to control without either neutering (optimal) or with a testosterone blocking medication combined with long-term antibiotics based on culture and sensitivity testing. Additionally, the testicles are somewhat abnormal. This very likely is benign change, but if neutering is considered, recommend submission of both testicles for histopathology.

BREED

Pit Bull

The spleen is somewhat mottled, and the liver is heterogeneous. These are non-specific findings. Correlate with bloodwork changes and consider fine needle aspirate of the spleen and liver if clinically appropriate.

SEX

Male

On some views, the cranial aspect of the gastric wall appears somewhat thickened focally. This is difficult to assess, as there is a large amount of intraluminal gastric material. Options moving forward include upper GI endoscopy to further evaluate this area, or serial imaging, ideally in a fasted patient.

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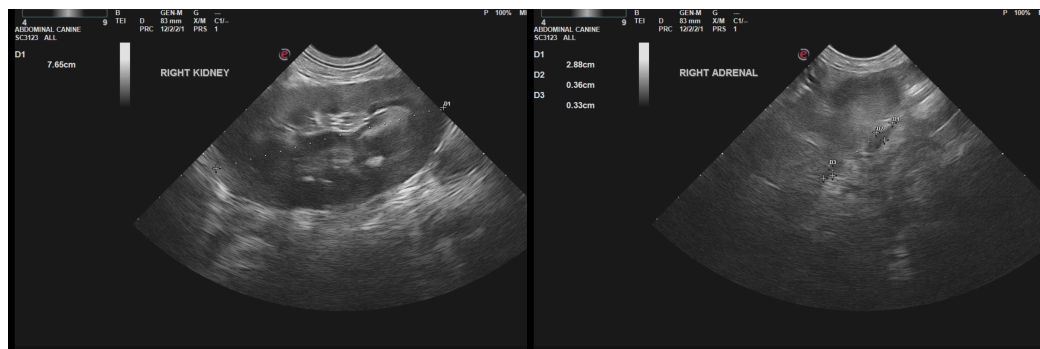
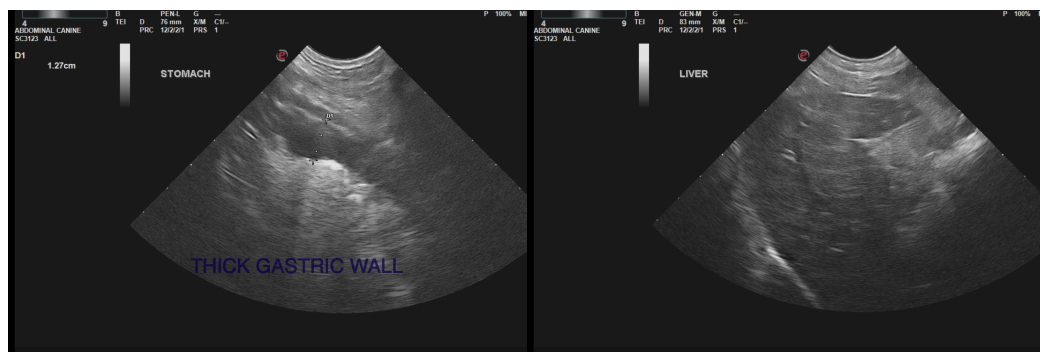
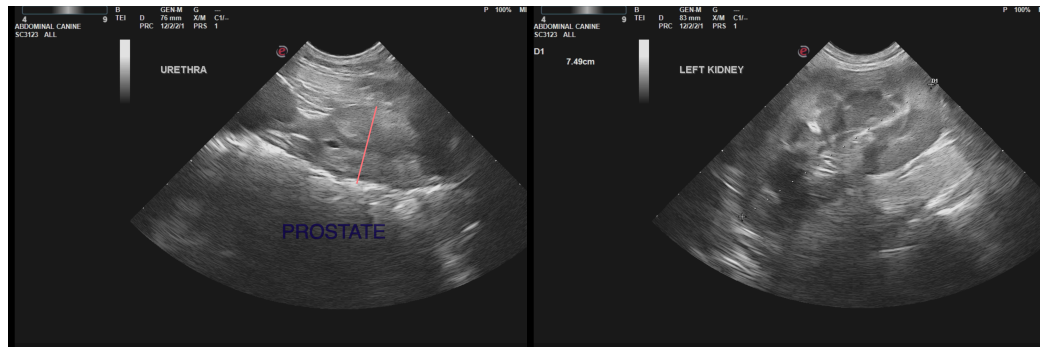
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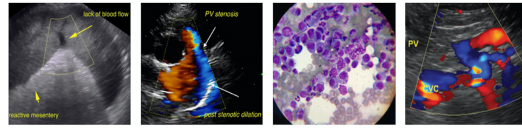
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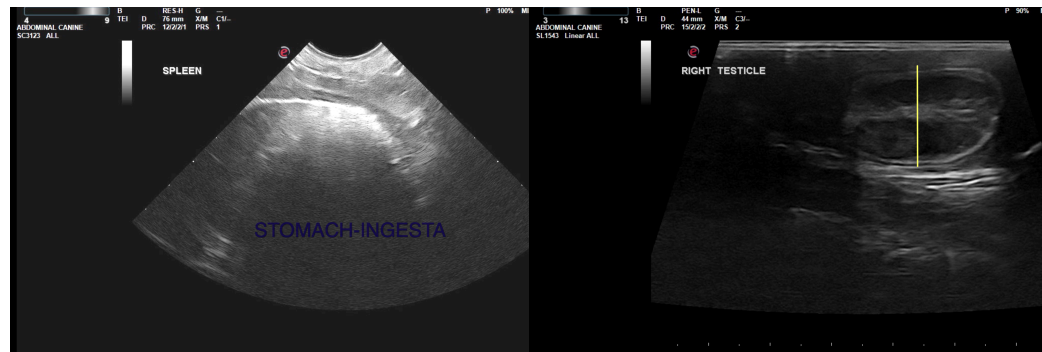
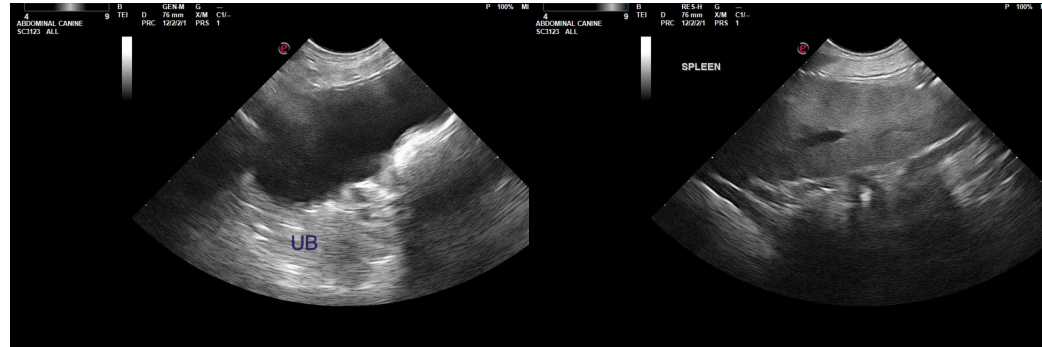
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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