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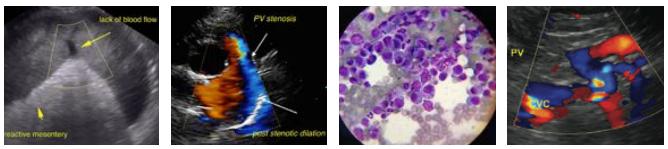


PATIENT
Trunks Chow

SPECIES
Canine

BREED
Min Schnauzer

SEX
Intact Male

AGE
6 years

WEIGHT
9.8kg

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

IMAGING PERFORMED BY
Dr. Sarah Barthelemy

HOSPITAL NAME
Britannia Kingsland Veterinary Clinic

REFERRING VET
Dr. Rondot

INVOICE
10173

DATE
4/11/23

PRESENTING CLINICAL SIGNS

Potential weight loss despite eating well. No other clinical signs.

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, hyperechoic, and heterogenous measuring 1.89 cm in height in the sagittal view and 3.86 cm in width in the transverse view. No discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect, or calculi.

The left kidney has a normal shape and size measuring 5.05 cm with multiple non-obstructive nephroliths visualized. Examples measure 0.51 cm and 0.27 cm. Overall echogenicity is normal with adequate 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.2 cm). Overall echogenicity is normal with adequate 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, and slightly irregular in shape measuring 0.46 cm at the cranial pole, 0.54 cm at the caudal pole, and 1.2 cm in length. It is visualized in its normal position cranial to the renal artery. The caudal pole is slightly irregular in shape with no focal mass lesion observed. There is no evidence of vascular invasion visualized.

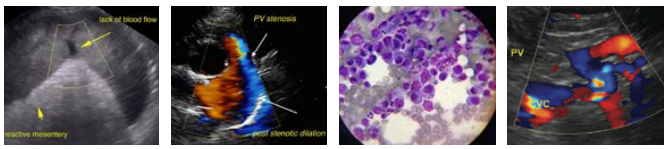
The right adrenal gland is normal in size and slightly irregular in appearance measuring 1.08 cm at the cranial pole, 0.48 cm at the caudal pole, and 1.08 cm in length. It is visualized in its normal position between the right kidney and the caudal vena cava. The cranial pole is slightly irregular in shape and has an ill-defined hypoechoic region measuring approximately 0.72 cm in diameter. There is no evidence of vascular invasion visualized.

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 mildly 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 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. The duodenum measured as normal (0.51 cm), and the jejunum measured as normal (0.36 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 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.

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.

PRIMARY FINDINGS

- Large hyperechoic heterogeneous prostate. Findings are most consistent with benign prostatic hypertrophy +/- prostatitis.
- Irregular-shaped caudal pole of the left adrenal, I suspect this represents normal anatomic variation. Recommend recheck with ultrasound in 2-3 months.
- Irregular area on the cranial pole of the right adrenal. This area is poorly defined and could represent a focal area of hyperplasia or an early mass lesion (Hyperplasia, adenoma, carcinoma, pheochromocytoma, etc.)
- Non-obstructive nephroliths are visualized in the left kidney. Hyperechoic foci are visualized in the kidney most consistent with nephroliths. There is no current evidence of obstructive disease. Correlate findings with abdominal radiographs, urinalysis, and culture. Continued monitoring is warranted for progression/obstruction.
- Mildly 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. The significance of this is unclear, correlate with liver enzymes. If there are no significant elevations in liver enzymes this is likely incidental.

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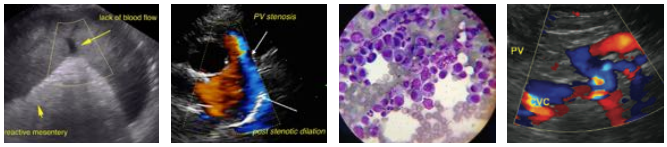

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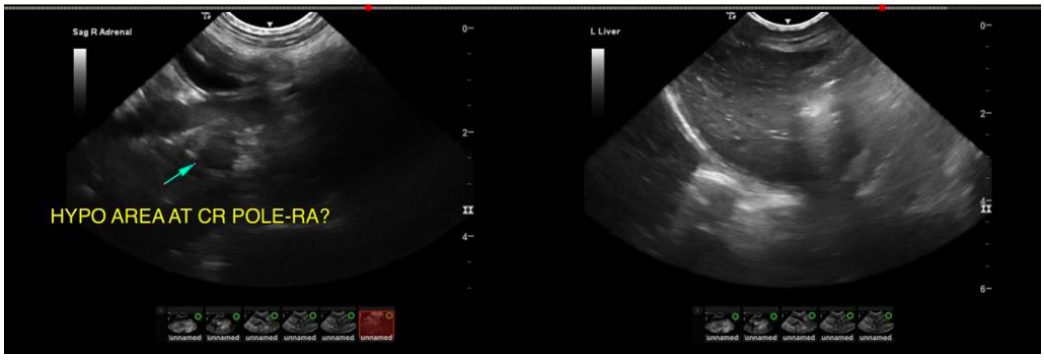
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

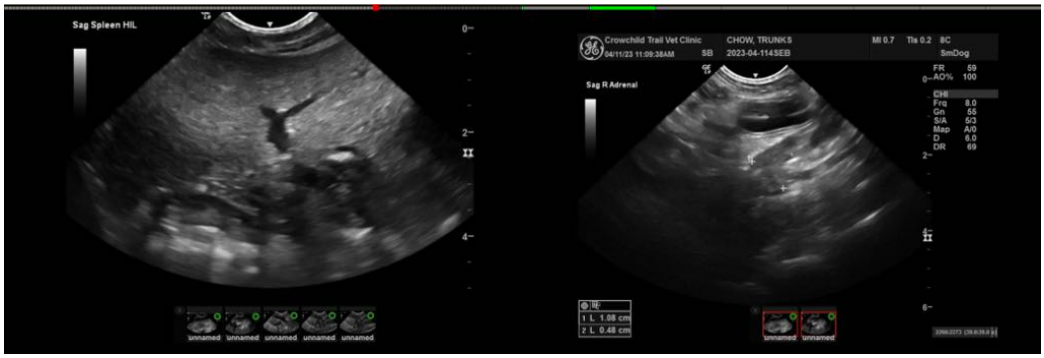
No focal lesions are visualized on today's exam to explain the weight loss reported. The prostate is large, hyperechoic, and heterogenous. Recommend a urine analysis and culture, looking for evidence of prostatitis. Changes observed are most likely consistent with benign prostatic hypertrophy, but underlying neoplasia cannot be ruled out. You could consider neutering which would likely normalize the prostate. If it does not normalize with neutering, then consider a fine needle aspirate.

Both adrenal glands appear slightly irregular, the left adrenal has an irregular caudal pole which I suspect is incidental but continued monitoring is warranted. Additionally, the right adrenal is irregular at the cranial pole with a hypoechoic region of unknown significance. Recommend a blood pressure evaluation. If hypertensive, consider measuring catecholamine levels. Additionally, recommend recheck of this region in approximately 8 weeks to look for any evidence of progression.

No lesions are visualized associated with the gastrointestinal tract but there still can be malabsorption despite normal findings. Correlate these findings with daily caloric intake, lifestyle, etc. Additionally, consider a GI panel to Texas A&M for a qualitative PLI/TLI/Cobalamin/Folate looking for exocrine pancreatic insufficiency and underlying gastrointestinal disease.

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





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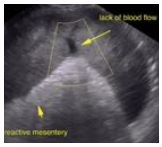
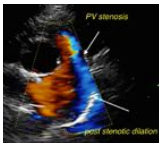
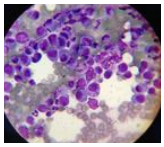
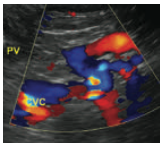

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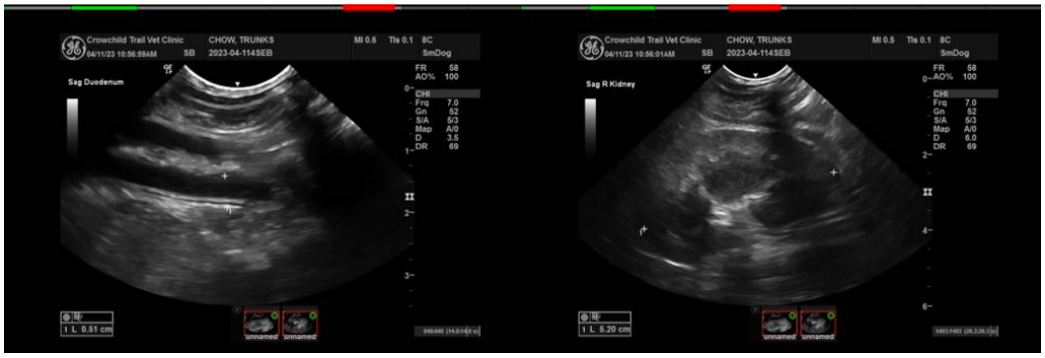

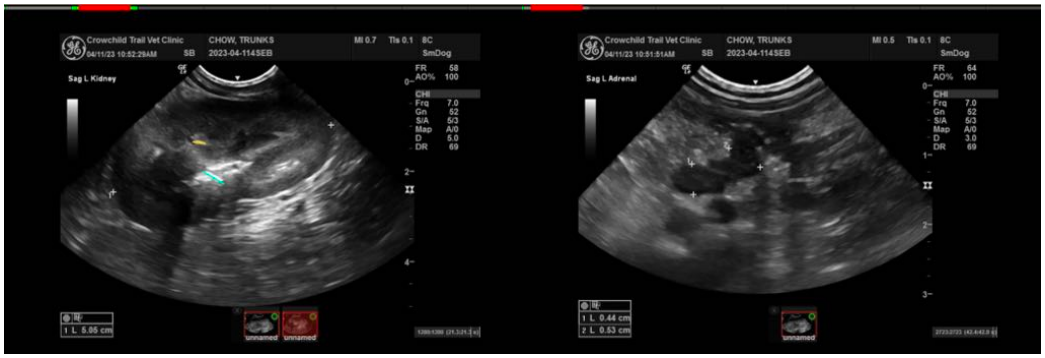

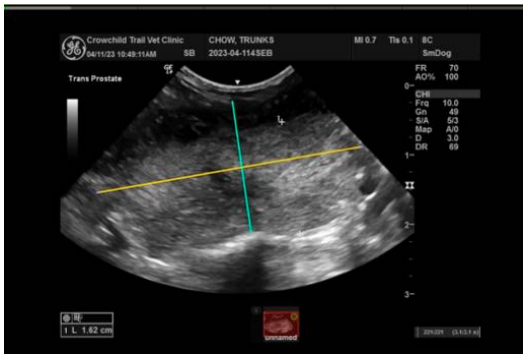

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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kathleen.sennello@sonopath.com