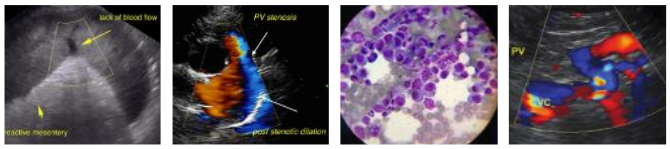
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Jasper Frank

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

12 Years

WEIGHT

20 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Michelle Roche

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Linda Grau

INVOICE

37319

DATE

5/3/22

PRESENTING CLINICAL SIGNS

inappetence, lethargy. had some colitis in april resolved with metro and proviable now stools a different color.
Abnormal PE/Chem/CBC/UA Results: starting to have muscle loss. calcium 13.1, alkphos 345

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall largely appears normal in thickness with no significant mucosal irregularities. The area of the trigone and ureteral papillae appear normal with no evidence of wall thickening, mucosal irregularities, or masses. There is a small amount of shadowing debris in the dependent portion of the urinary bladder, most consistent with a pile of small calculi and/or mineralized debris.

Additionally, the proximal urethra appears slightly prominent, and there are mineralizations in the area of the prostate, making the exact borders difficult to determine. These mineralizations measure 0.51 cm, 0.65 cm, and a larger one measures 2.21 cm. There is the suspicion of prostatic enlargement and irregularity with some mineralization. The more normal visible area of prostate measures at 1.6 cm in diameter.

The left kidney has a normal shape and size (4.36 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 (4.48 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 0.70 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

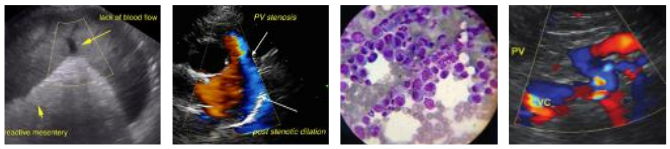
Spleen

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 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.



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

PATIENT

Jasper Frank

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

12 Years

WEIGHT

20 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Michelle Roche

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Linda Grau

INVOICE

37319

DATE

5/3/22

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.

ULTRASONOGRAPHIC FINDINGS

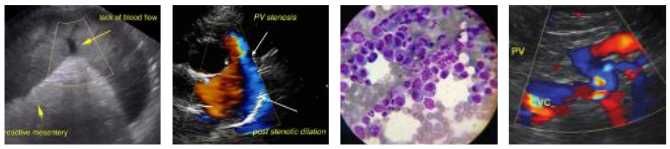
- Large, irregular prostate with focal mineralizations – This could be consistent with mineralized prostatic neoplasia, less likely stones in the prostatic urethra, etc. Visualization is impaired by shadowing of these stones in this area and the intrapelvic location.
- Dependent shadowing debris in the urinary bladder – most consistent with small sandy debris/stones.
- Subjective mild thickening of the proximal urethra
- Mildly heterogeneous liver – The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I'm concerned about the mineralization in the area of the prostate and the elevated calcium reported. Recommend a hypercalcemia malignancy panel and a thorough digital rectal exam to palpate the prostate to better determine its dimensions and shape. Visualization of this area is difficult, because the shadowing stones/mineralizations impair visualization of this area. Additionally, correlate with abdominal radiographs. A fine needle aspirate of the prostate should be considered along with a urinalysis and culture. Additionally, a urine BRAF test could be considered. If this test were positive, it would increase my suspicion for an underlying neoplastic process. If this test is negative, it is non-diagnostic and additional diagnostics are necessary.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Jasper Frank

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

12 Years

WEIGHT

20 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Michelle Roche

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Linda Grau

INVOICE

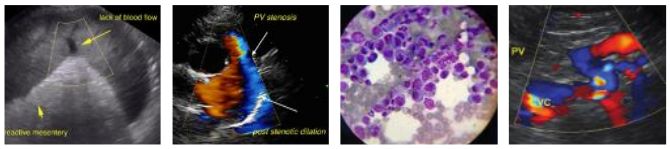
37319

DATE

5/3/22

The liver is mildly heterogeneous. This is not an unusual finding for an older dog. No focal lesions are visualized, and the gallbladder appears relatively normal. Options moving forward would be to consider continued monitoring while further evaluating the prostatic area, or you could consider a liver function test and a fine needle aspirate of the liver.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Jasper Frank

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

12 Years

WEIGHT

20 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Michelle Roche

HOSPITAL NAME

Fredon AH

REFERRING VET

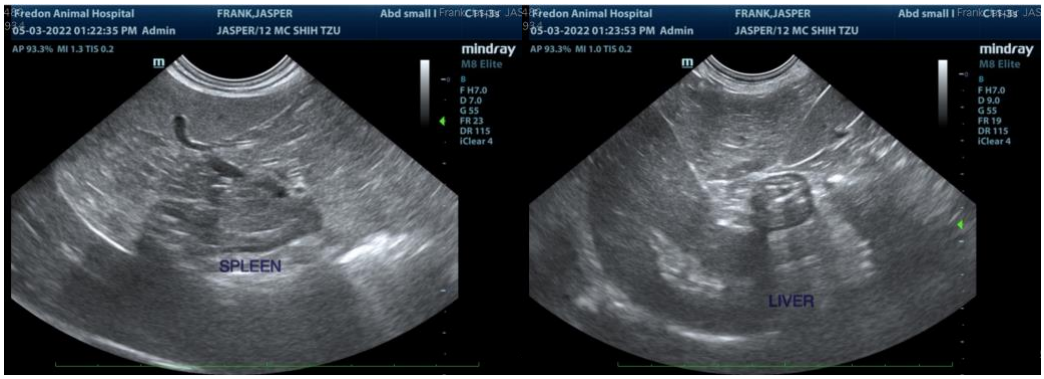
Dr. Linda Grau

INVOICE

37319

DATE

5/3/22



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