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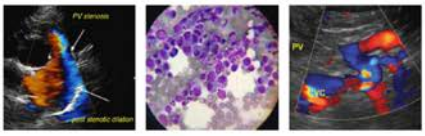

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Bear Forey

SPECIES

Canine

BREED

Bulldog X

SEX

Neutered Male

AGE

8 Years 11 Months

WEIGHT

73.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Hartrick Vet Clinic

INVOICE

44136

DATE

7/19/23

PRESENTING CLINICAL SIGNS

P was presented after he urinated in the home 1.5 weeks ago and O thinks he has been drinking more water at night. O said this all began when fireworks started. Diarrhea has resolved. No other concerns. No c/s/v/d. Normal e/u/def. No panting, no blood in urine, no lethargy.

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 slightly prominent, measuring 1.2 cm in height in the sagittal view with smooth peripheral margins and mildly heterogeneous parenchyma with occasional small pinpoint mineralizations. The area of the prostate urethra appears normal with no evidence of calculi or mass effect.

The left kidney has a normal shape and size (6.67 cm). There are pinpoint mineralizations visualized within the cortex. 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 (7.12 cm). There are pinpoint mineralizations visualized within the cortex. 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.64 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 0.60 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. No focal parenchymal abnormalities are visualized.

Liver

The liver is large with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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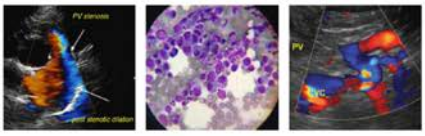

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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.49 cm 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 meaures 0.63 cm. Jejunum wall measures 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. Colon wall measures 0.16 cm.

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. There is no evidence of a diffuse lymphadenopathy, but there is a large, irregular, solid mass effect in the right dorsocaudal abdomen measuring approximately 7.5 cm x 4.39 cm. An association with other structures is not visualized. This could possibly be an effaced sublumbar lymph node (?). The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Prominent prostate with pinpoint mineralizations – Correlate the age of neutering. If this patient was neutered after 6 months of age, this could be within normal limits in this individual. The mineralization is somewhat concerning, as this could increase the likelihood for prostatic neoplasia.
- Pinpoint mineralizations visualized within the renal cortices – This likely represents dystrophic mineralization.
- Large, hyperechoic liver – The diffuse hepatic changes are non-specific and can be seen with vacuolar hepatopathy, reactive change, nodular hyperplasia or, less likely, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy.
- Large, solid, irregular mass effect visualized in the right caudodorsal abdomen – The source of this lesion is uncertain. This could represent an enlarged sublumbar lymph node.

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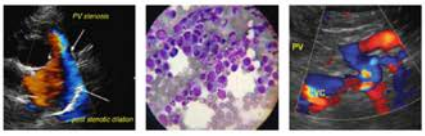

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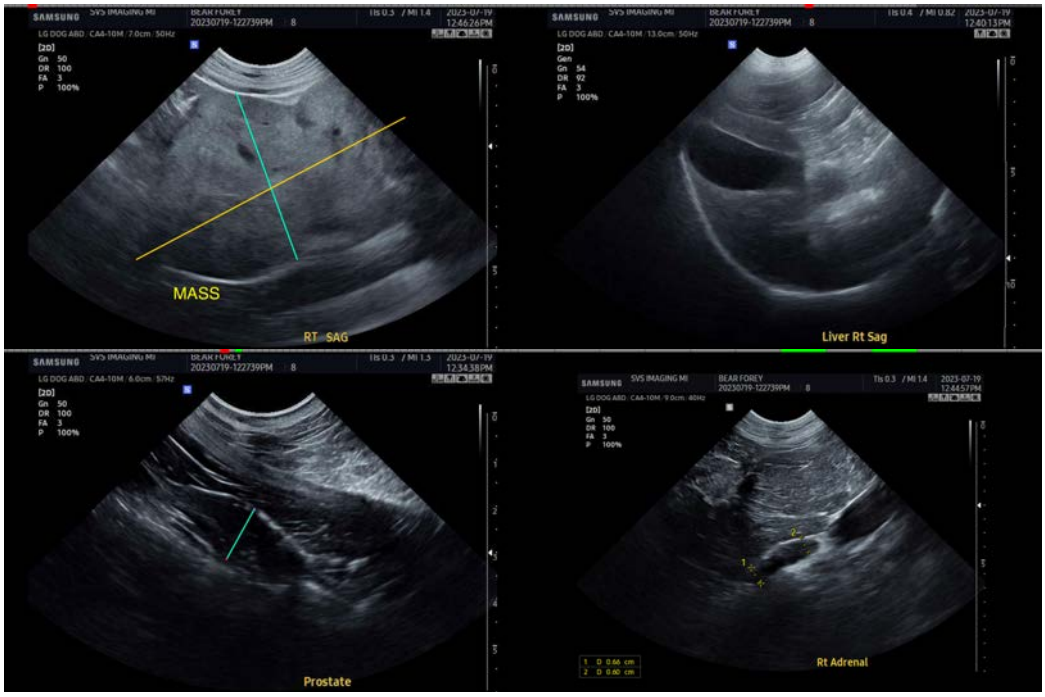
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is large mass effect visualized in the right caudodorsal abdomen. An association between this mass and other structures is not clearly visualized, although an association with bowel, etc. cannot be definitively ruled out. Recommend a fine needle aspirate to further evaluate. Additionally, recommend a digital rectal exam, palpating both anal glands, looking for a possible anal gland tumor.

Both kidneys have pinpoint mineralizations in the cortices and there are pinpoint mineralizations visualized associated with the prostate. This could be associated with dystrophic mineralization and be a benign change, but the prostate is slightly prominent, so there could be concern for an early neoplastic lesion. Options moving forward would include continued monitoring (digital rectal exam and ultrasound) or ideally a fine needle aspirate of the prostate.

The liver is large and hyperechoic with no focal lesions identified. Given the elevation in ALP noted, this could be consistent with a diffuse vacuolar hepatopathy. Alternately, you could have infiltrative disease and a fine needle aspirate could be considered.

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



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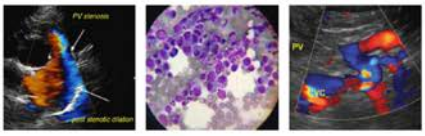

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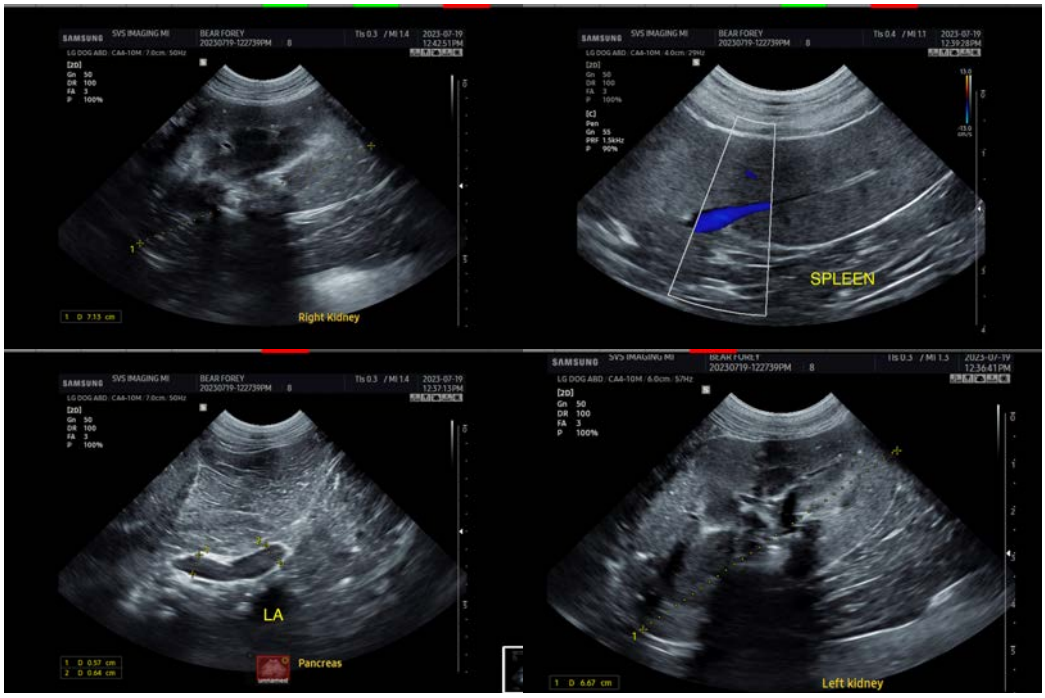

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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