



PATIENT

Duke Firestone

PRESENTING CLINICAL SIGNS

Patient presents for passing pencil thin stools. Unable to palpate prostate. On Purina NF diet. Abnormal PE/Chem/CBC/UA Results: Idexx SDMA 23, creat. 1.8.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Golden Retriever

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.

SEX

Intact Male

The prostate is large in size measuring 4.92 cm x 5.53 cm. It has a fairly regular shape and somewhat irregular external margins. The parenchyma is heterogeneous with numerous small cystic lesions. The prostatic urethra appears normal with no evidence of irregularity, mass effect or calculi. There is a pocket of fluid adjacent to the prostate and the neck of the urinary bladder. This likely represent either focal inflammation/peritonitis, or a prostatic cyst. As I do not see evidence of fluid elsewhere, I feel that this could be a prostatic cyst.

AGE

11 Years

The left kidney has a normal shape and size (6.75 cm). Overall echogenicity is slightly hyperechoic with poor 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

87.5 Pounds

The right kidney has a normal shape and size (6.73 cm). Overall echogenicity is slightly hyperechoic with poor 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.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
Medicine)

Adrenal Glands

The left adrenal gland is normal in size measuring 0.33 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.

IMAGING PERFORMED BY

Kelly Vazquez

The right adrenal gland is normal in size measuring 0.72 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.

HOSPITAL NAME

Brenda King Vet

Spleen

The spleen is large 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.

REFERRING VET

Dr. Brenda King

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. There is a 2.5 cm hypoechoic cystic structure within the liver parenchyma.

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



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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.

Other

The left and right testicles are visualized and appear normal. The left testicle measures 3.66 cm in length. The right testicle measures 3.6 cm in length.

ULTRASONOGRAPHIC FINDINGS

- Large, heterogeneous, mildly cystic prostate with a possible periprostatic cyst – Most consistent with benign prostatic hypertrophy +/- prostatitis.
- Heterogeneous liver with a small hepatic cyst – 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.
- Decreased corticomedullary distinction both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate is large and has the characteristics of benign prostatic hypertrophy. Recommend urinalysis and culture +/- prostatic aspirate to determine if there is concurrent prostatitis. Additionally, there is a small pocket of fluid adjacent to the prostate, which could be focal peritonitis or a periprostatic cyst. I



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recommend draining this structure at the time of surgical castration. While awaiting surgery, consider starting stool softeners.

SPECIES

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Correlate the findings of the liver and spleen to blood work changes. If liver enzymes are elevated, consider further evaluation for primary hepatopathy (no focal lesion was identified). The spleen is large and mottled. This could be age related change, or consistent with infiltrative disease. Cytology would be necessary to differentiate.

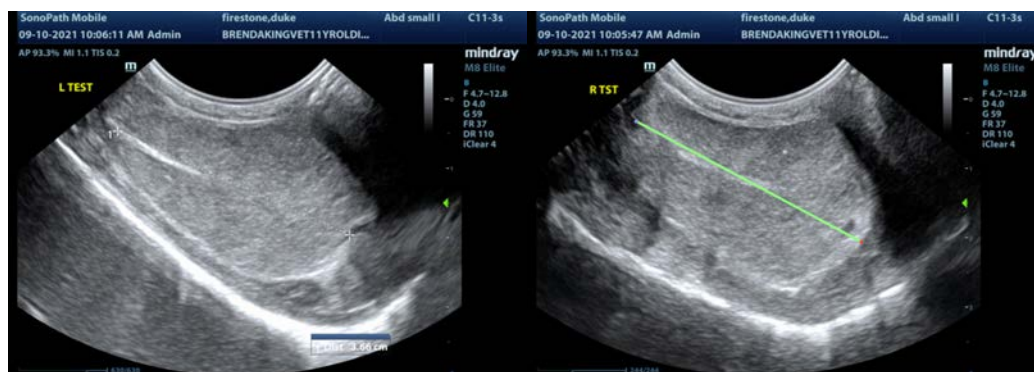
BREED

Golden Retriever

Continue to monitor the prostate closely post-neutering to ensure that the changes resolve. If there is not significant improvement, then recommend fine needle aspirate to look for any evidence of a neoplastic process. Recommend 3-view thoracic radiographs.

SEX

Intact Male



AGE

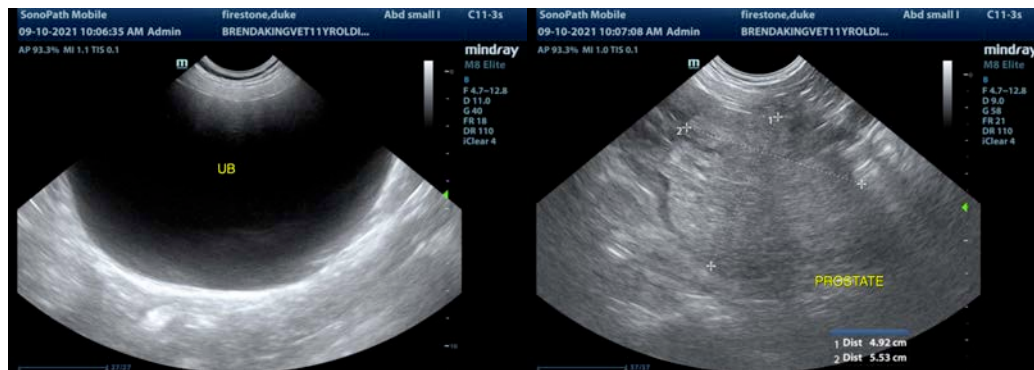
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WEIGHT

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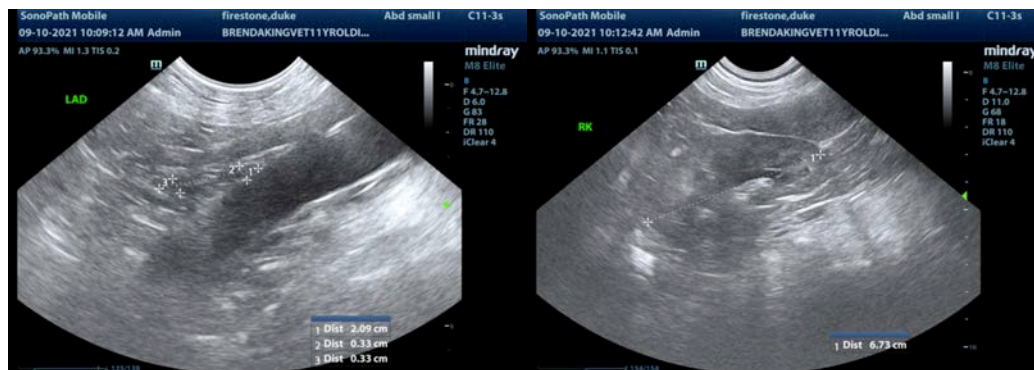
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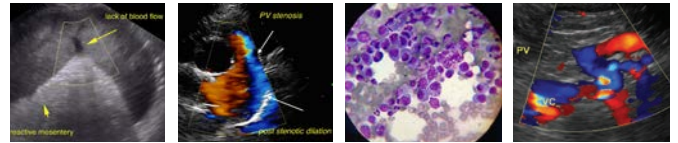
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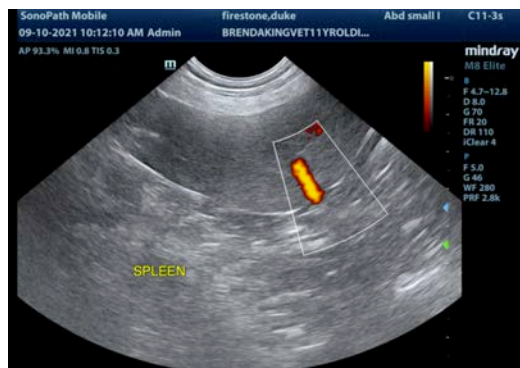
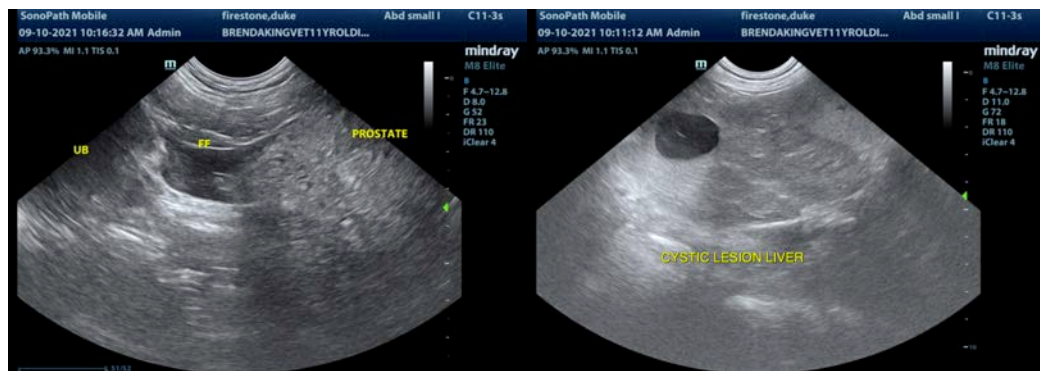
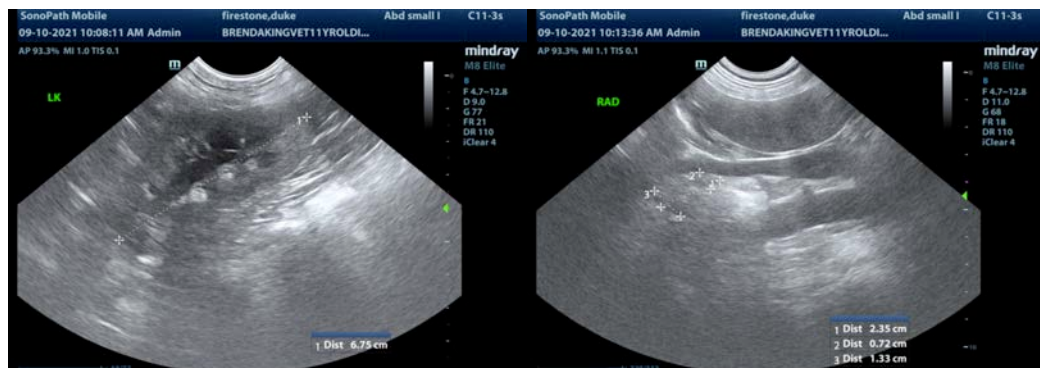
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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