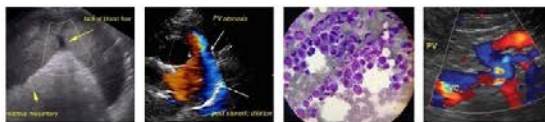




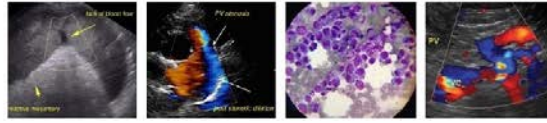
PATIENT	PRESENTING CLINICAL SIGNS
MacIntosh Nicholas	Chronic vomiting and weight loss, some proteinuria, mild increase in SDMA, otherwise bloodwork normal
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	Urinary bladder
Westie	The urinary bladder is inadequately filled, however, wall thickness appears to be within normal limits. The mucosa of the wall is mildly irregular. A soft tissue structure arising from the mucosa is noted along the dorsal wall, toward the trigone. It measures 2.6 mm in diameter x 3.1 mm. The structure is suggestive of a polyp. A mass is considered less likely, but cannot be excluded. No abnormalities are noted with the trigone, however, a large cystic structure is noted in the region of the proximal urethra (see prostate). There is no evidence of sediment or cystoliths.
SEX	Prostate
Intact Male	The prostate is severely heterogeneous, consisting of anechoic and hypo nodules, as well as hyperechoic foci. It measures approximately 3.6 cm in diameter. An anechoic structure, with a smooth, thin wall, measuring 0.99 cm in diameter and up to 1.3 cm in length, is visualized ventrally. The latter is most consistent with a cyst. The prostatic urethra is not visualized. The prostate is not vascularized.
AGE	Kidneys
13 Years	The left kidney measures 4.84 cm. The capsule is smooth. The cortex is mildly to moderately hyperechoic and mildly thicker than usual. A mild to moderate loss of the normal definition of the cortico-medullary junction is present. Mineralizations of the diverticulae and pelvis are present, without evidence of nephroliths or pyelectasia. Blood flow is difficult to assess due to panting artefact. The surrounding mesentery is very mildly hyperechoic.
WEIGHT	The right kidney measures 5.39 cm. The capsule is smooth. The cortex is moderately hyperechoic, i.e., it is hyperechoic to the liver. Focal hyperechoic areas are also observed throughout the cortex, which may be due to active inflammation, ischemia or fibrosis. Infarcts are not visualized. A moderate to severe loss of the normal definition of the cortico-medullary junction is present. Mineralizations of the diverticulae and pelvis are present, without evidence of nephroliths. However, mild pyelectasia is present (longitudinal = 2.2 mm). Blood flow is considered within normal limits. The surrounding mesentery is very mildly hyperechoic.
8.45 kg	
INTERPRETED BY	Aortic bifurcation/trifurcation
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	No abnormalities observed.
IMAGING PERFORMED BY	Adrenal Glands
Kelly Reschny	The left adrenal gland measures 0.55 cm at the cranial pole, 0.54 cm at the caudal pole and 1.66 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.
HOSPITAL NAME	The right adrenal gland measures 0.49 cm at the cranial pole, 0.50 cm at the caudal pole. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.
Graham AH	
REFERRING VET	
Dr. Lukacs	
INVOICE	
37989	
DATE	
5/25/22	



PATIENT	<i>Spleen</i>
MacIntosh Nicholas	The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. Occasional well-defined hyperechoic punctate foci are noted throughout the parenchyma. The latter are suggestive of mineralization, fat and/or fibrosis. Mild perivascular cuffing, consistent with myelolipomas is observed; these are not considered clinically significant. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.
SPECIES	
Canine	
BREED	<i>Liver</i>
Westie	There are no obvious signs of hepatomegaly and its borders are smooth and sharp. A diffuse, mildly coarse or granular echotexture is observed, in addition to occasional very mildly hypoechoic (almost isoechoic) nodules throughout the parenchyma. No abnormalities are observed with the hepatic vessels visualized.
SEX	
Intact Male	The gallbladder (GB) is moderately distended with a moderate amount of free floating and gravity dependent echogenic material. The GB wall is within normal limits in thickness and echogenicity. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.
AGE	<i>Gastrointestinal</i>
13 Years	The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.
WEIGHT	
8.45 kg	The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. Abnormally dilated loops of bowel are not observed.
INTERPRETED BY	Gas is present within the transverse colon.
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	The colonic wall is not thickened and mural detail is considered normal.
IMAGING PERFORMED BY	There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction in the gastrointestinal tract.
Kelly Reschny	<i>Pancreas</i>
HOSPITAL NAME	The pancreas has a mildly coarse echotexture, which is considered secondary to age related changes. Fibrosis due to previous episodes of pancreatitis cannot be excluded. There are no signs of active pancreatitis or neoplasia.
Graham AH	Other
REFERRING VET	Lymph nodes
Dr. Lukacs	No abnormalities are observed
INVOICE	Abdominal effusion is not visualized.
37989	Testicles
DATE	Left testicle: two hypo to anechoic, ill-defined lesions are observed at the cranial and caudal poles. Cranial pole approximately 3.1 mm in diameter x 7.3 mm in length.
5/25/22	Caudal pole approximately 6.2 mm in diameter x 3.3 mm in length
	Right testicle: no lesions are observed.



PATIENT	ULTRASONOGRAPHIC FINDINGS
MacIntosh Nicholas	<ul style="list-style-type: none"> Prostate: the abnormalities are suggestive of prostatitis with small prostatic cysts. A suppurative component cannot be excluded. The contents of the cysts do not appear abscessed. There are no obvious signs of neoplasia, however, a fine needle aspirate or traumatic aspiration via catheterization and culture are suggested.
SPECIES	
Canine	<ul style="list-style-type: none"> Left testicle: lesions may be due to an interstitial cell tumour and/or seminoma. Nodular hyperplasia is also possible. They do not show characteristics of malignancy.
BREED	
Westie	<ul style="list-style-type: none"> Urinary system including kidneys: A urinary tract infection is strongly suspected based on the irregular mucosa of the urinary bladder. A secondary polyploid cystitis may also be emerging. Neoplasia is considered less likely, but cannot be excluded. Pyelonephritis must also be considered based on the presence of pyelectasia and other renal abnormalities observed. Glomerulonephritis or interstitial nephritis or nephrosis may be contributing to some of the abnormalities observed, in addition to age-related changes.
SEX	
Intact Male	<ul style="list-style-type: none"> Liver: A reactive hepatopathy is suspected, in addition to very mild nodular hyperplasia, a benign age related change. "Target lesions" are not visualized, i.e., there are no obvious signs of neoplasia.
AGE	
13 Years	<ul style="list-style-type: none"> Spleen: Mineralization, fat and/or fibrosis are the likely causes of the punctate, hyperechoic foci observed. Myelolipomas are not considered clinically significant.
WEIGHT	
8.45 kg	<ul style="list-style-type: none"> Pancreas: Age related changes are noted. There are no signs of active pancreatitis or neoplasia.
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	The presence of proteinuria may be due to a urinary tract infection, pyelonephritis, presence of sperm, as well as glomerulonephritis (GN). A urine protein: creatinine ratio is not recommended until a UTI or pyelonephritis is confirmed and treated.
IMAGING PERFORMED BY	The following are suggested/recommended
Kelly Reschny	Arterial blood pressure
HOSPITAL NAME	A fine needle aspirate of the prostate or traumatic aspiration via catheterization and culture of the material obtained.
Graham AH	Antibiotic therapy and/or neutering depending on cytology results. However, intravenous fluid therapy for a few hours before and 24 hours following the procedure is suggested to ensure renal function is not affected by general anesthesia.
REFERRING VET	Although a UPCR is not suggested at the moment, other diagnostic tests may help exclude GN, for example, a SNAP 4Dx (or equivalent test), <i>Leptospira</i> PCR and/or serology, +/- testing for <i>Bartonella</i> spp., as well as PCR tests for other vector borne diseases, depending on risk of exposure, including travel history. A SNAP 4Dx is recommended as the minimum data base.
INVOICE	Treatment for pain, other than a non-steroidal anti-inflammatory, is also suggested.
37989	
DATE	
5/25/22	



PATIENT
MacIntosh Nicholas

SPECIES
Canine

BREED
Westie

SEX
Intact Male

AGE
13 Years

WEIGHT
8.45 kg

INTERPRETED BY
Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

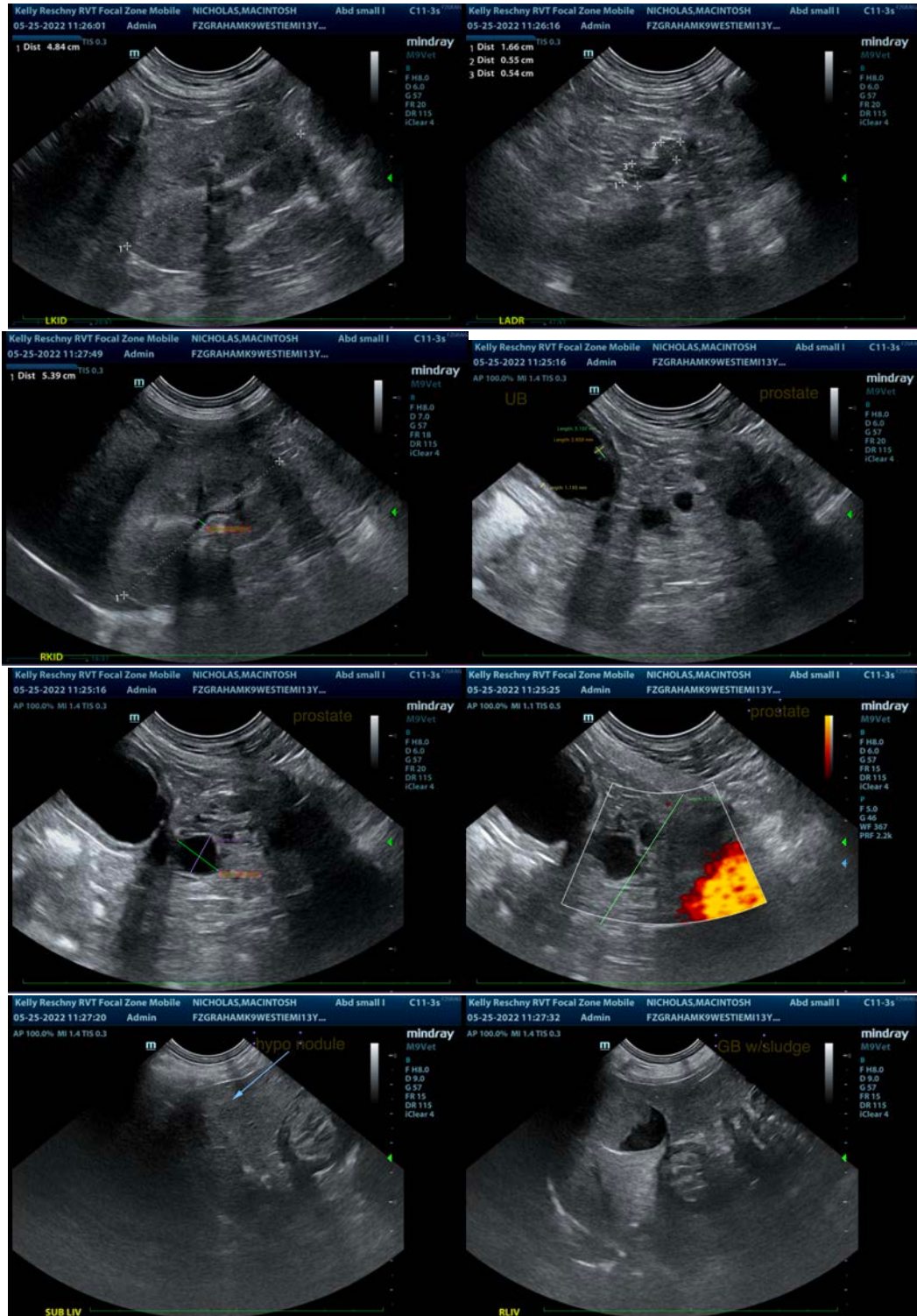
IMAGING PERFORMED BY
Kelly Reschny

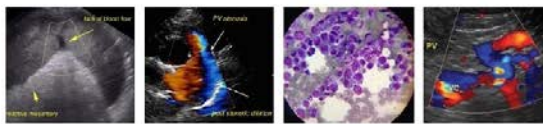
HOSPITAL NAME
Graham AH

REFERRING VET
Dr. Lukacs

INVOICE
37989

DATE
5/25/22





PATIENT

MacIntosh Nicholas

SPECIES

Canine

BREED

Westie

SEX

Intact Male

AGE

13 Years

WEIGHT

8.45 kg

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Graham AH

REFERRING VET

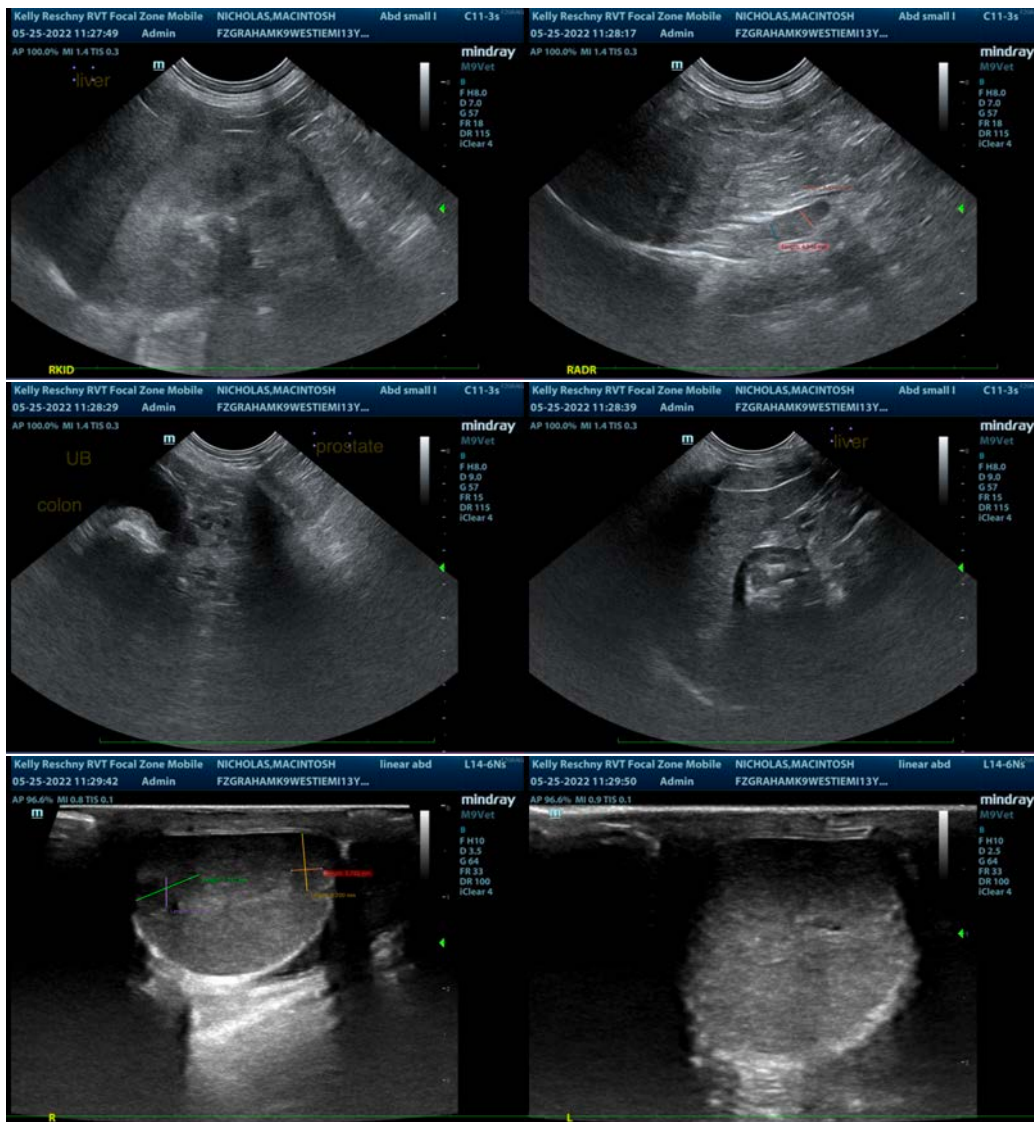
Dr. Lukacs

INVOICE

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DATE

5/25/22



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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

Lisa.Carioto@sonopath.com