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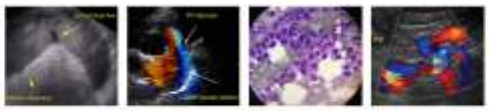

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PATIENT

Homer Bucaria

SPECIES

Canine

BREED

American Bulldog

SEX

MN

AGE

12 years

WEIGHT

65 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Norfolk County VS

REFERRING VET

Christina Poor, BVetMed

INVOICE

12602

DATE

11/11/21

PRESENTING CLINICAL SIGNS

Weight loss. History mass cell tumor remover 2017. Presents PU/ PD. HCT 36.2%, slightly anemia. History UTI.

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate exhibited subjective normal size and contour. The potential for emerging parenchymal mineralization was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. A moderately sized yet thinly walled cyst was present in the caudal lateral left kidney, measuring 2.6 cm in diameter. The cyst contained anechoic fluid. Concurrent small right kidney cortical cysts were present. No evidence of pelvic dilation was present. The left kidney Itself measured 7.9 cm in length. The right kidney measured 7.8 cm in length.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 3.4 cm length x 1.0 width in the caudal pole.

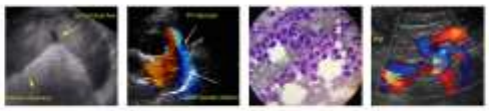
The right adrenal gland was mildly enlarged with asymmetrical contour primarily owing to discreet isoechoic to mildly nonhomogeneous, mildly expansive nodule occupying the mid-right adrenal gland. The nodule measured 1.8 cm in diameter. The overall right adrenal gland measured 3.8 cm length x 1.0 cm width at the caudal pole and 1.98 cm width at the cranial pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity to indistinct cystic parenchyma was present without evidence of nodular changes. Medial folding of the caudal spleen was present. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen exhibited generalized enlargement.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance



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without signs of congestion. The gallbladder was non-distended in size with mild congealed gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio with minor retained nonshadowing ingesta / chyme. The gastric body wall width measured up to 0.60 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall width measured 0.56 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Possible indistinct to emerging residual prostate mineralization - nonspecific
- Bilateral chronic renal changes with left kidney cyst
- Mild right adrenomegaly with discreet yet mildly expansive nodule - adenomatous change, hyperplasia, or emerging neoplasia such as pheochromocytoma, adenocarcinoma, or other possible
- Splenomegaly with heterogeneous to Indistinct cystic parenchyma - age-related splenic changes, hyperplasia, hematopoiesis, splenitis, with areas of parenchymal remodeling, previous infarction, or possible primary vs. metastatic neoplasia is possible
- Sonographically unremarkable gastrointestinal tract with mild gastric ingesta

Secondary Findings

- Mild gallbladder debris - Incidental

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographic monitoring of the prostate for evidence of increasing mineralization is warranted at this time. Potential for emerging prostatic pathology give the potential for emerging mineralization possible. Prostatic sampling either via prostatic wash or ultrasound-guided FNA for cytology could be considered.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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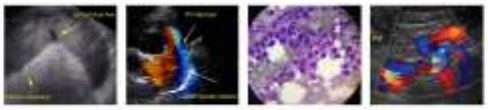

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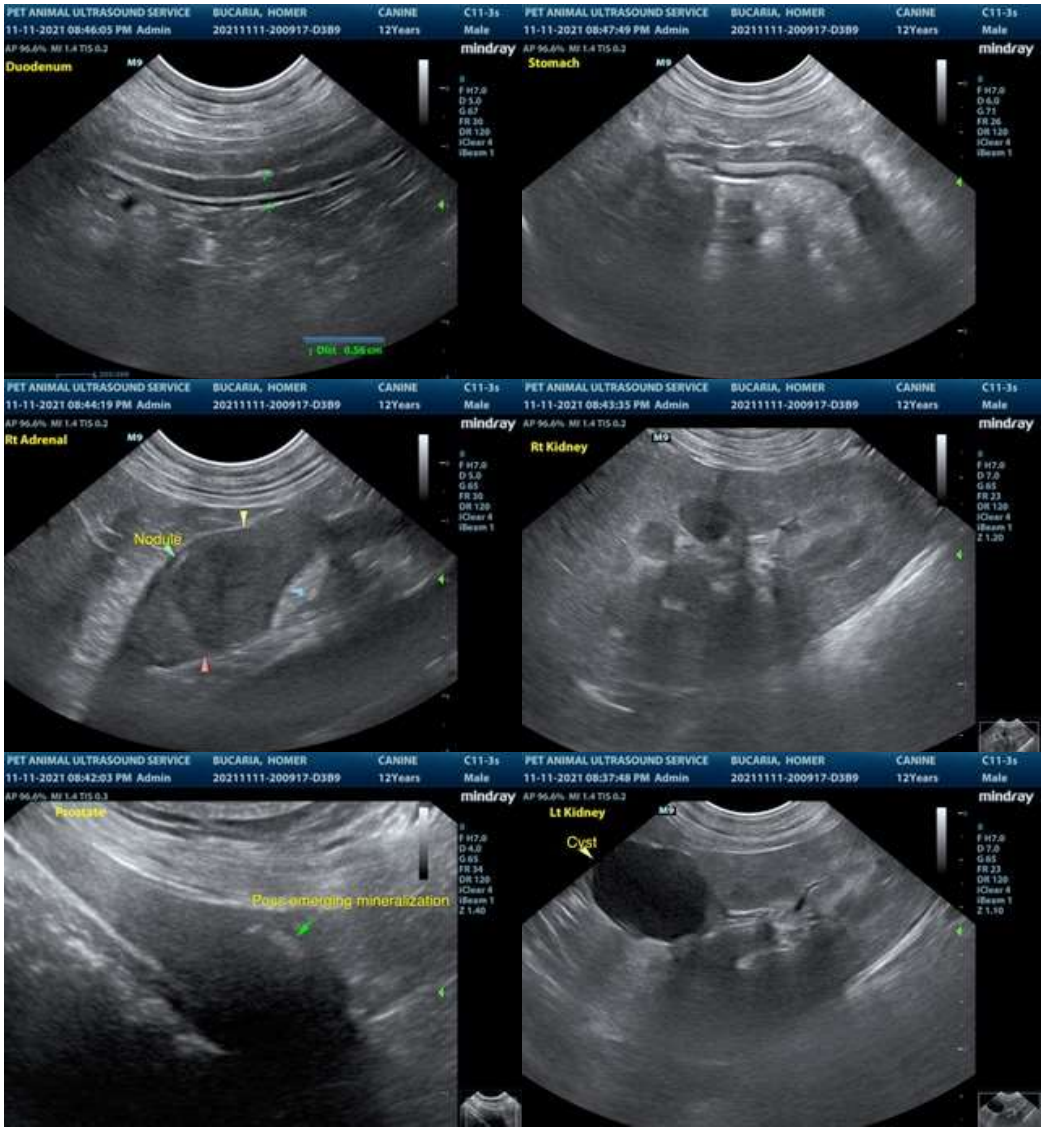
Screening blood pressure is recommended. In addition to prostatic sonographic monitoring, monitoring of the right adrenal gland for evidence of progressive enlargement or nodular changes is indicated. Full adrenal work up could be considered if clinical signs of adrenal disease are present.

Assuming normal clotting status, splenic FNA using a 25-gauge needle is warranted for screening cytology, given the patient's history of mast cell disease.

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.



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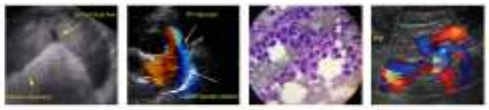

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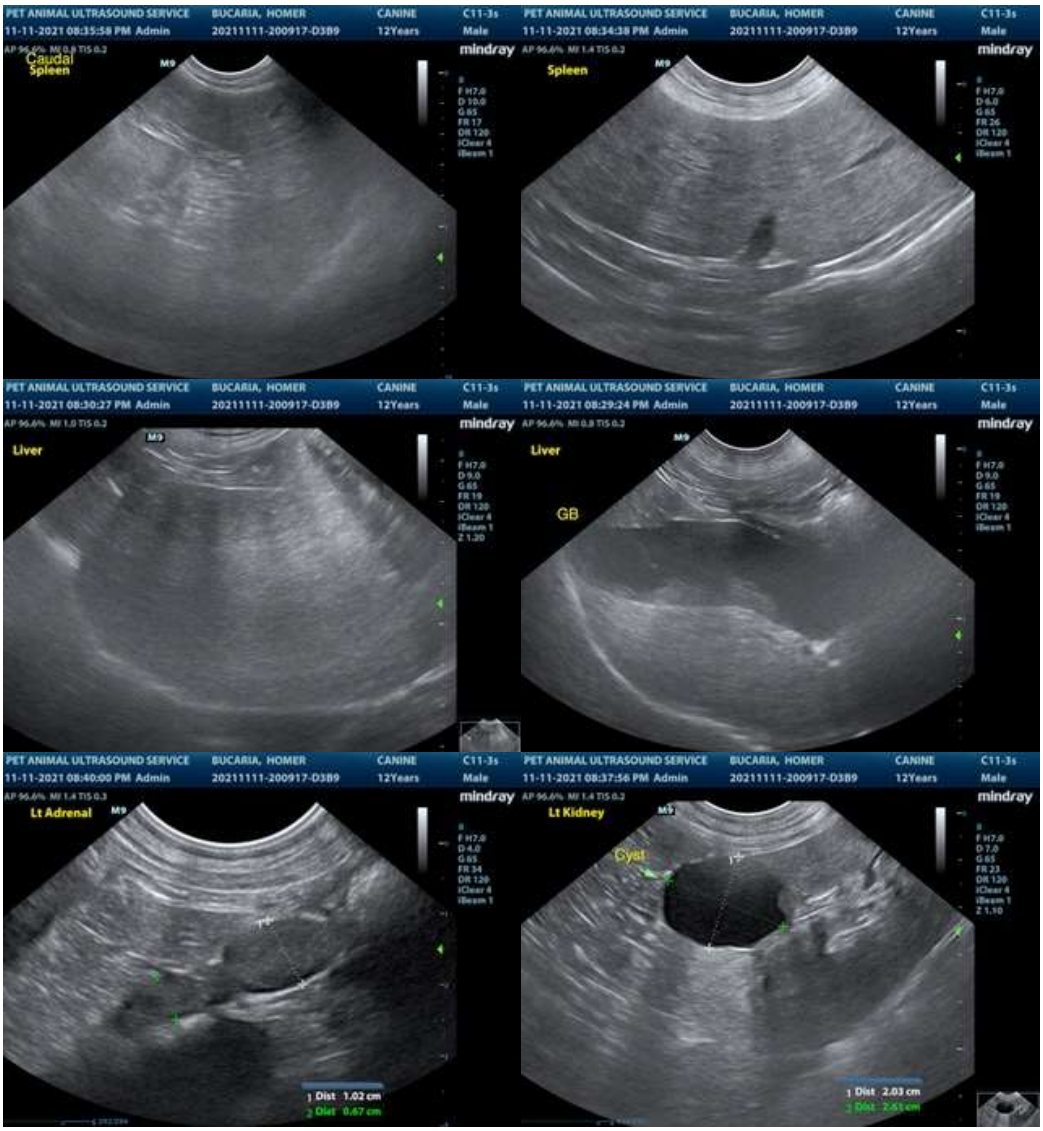

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com