



PATIENT

Duncan Becke

SPECIES

Canine

BREED

Sheltie

SEX

MN

AGE

12 y

WEIGHT

44

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brita Kiffney

HOSPITAL NAME

Northsore Veterinary
Hospital

REFERRING VET

Dr. Brita Kiffney

INVOICE

15330

DATE

11/2/22

PRESENTING CLINICAL SIGNS

Referred for ultrasound by colleague: He just seems off to the owner. At home he's gassy, restless, having a horrible allergy season (itchy/secondary dermatitis now) . Has Horner's syndrome His spleen felt firm, but not enlarged, on exam so I took x-rays and submitted labwork. x-rays are concerning for prostate enlargement.

Abnormal PE/Chem/CBC/UA Results: CBC WNL Mild hypercholesterolemia Mild amylase elevation Moderate lipase elevation Moderate CK elevation T4 WNL @ 2.4 4DX = Negative USG 1.027 pH 6.0 3+ protein - UPC 3.2 - slowly worsening (?? - no good reason for this) Inactive sediment Fecal = Negative X-rays: • Possible prostatomegaly versus soft tissue mass in pelvic canal • Degenerative osteoarthritis metacarpophalangeal joint second, third and fifth phalanx front paws bilaterally with accompanying articular swelling • Degenerative osteoarthritis carpal joints bilaterally with mild articular swelling • Spondylosis deformans • Normal thorax

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 mild prominent size yet subjective symmetrical prostatic capsule contour with subtle nonhomogeneous parenchyma and discrete parenchyma hyperechoic foci. The residual prostate measured 1.6 cm diameter. No evidence of periprostatic inflammation 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. Minor left kidney pyelectasia was present. The left kidney measured 5.6 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

The adrenal glands were overly normal in size, position and shape. The left adrenal gland measured 0.71 cm width at the caudal pole. The right adrenal gland measured 0.58 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, variably echogenic, nondisruptive nodules were present throughout the cranial to caudal parenchyma. 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. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.



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Liver/ Gallbladder

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The liver exhibited subjective mild enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. Intermittent discrete hyperechoic intraparenchymal nodules were noted with an example measuring 1.2 cm diameter. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, nondependent, mildly congealed, mildly hyperechoic luminal gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta / chyme without signs of obstruction or foreign material.

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.

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

Pancreas

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

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Mildly prominent residual prostate with nonhomogeneous pinpoint hyperechoic parenchyma
- Mild nonspecific chronic renal changes with minor left kidney pyelectasia
- Benign splenic nodules - consistent with probable myelolipomas
- Mild hepatomegaly exhibiting intermittent subjective benign intraparenchymal nodules - nodules likely consistent with areas of nodular hyperplasia or lipogranulomas
- Mild to moderate nondependent gallbladder debris - possibly very early gallbladder mucocele given the breed
- Sonographically unremarkable gastrointestinal tract with mild gastric ingesta - suspect recent meal ingestion
- Heterogeneous to mildly hyperechoic pancreas - patient / age variant, benign remodeling and possible early fibrosis potentially owing to previous inflammatory episode, low-grade to chronic pancreatitis all potentials



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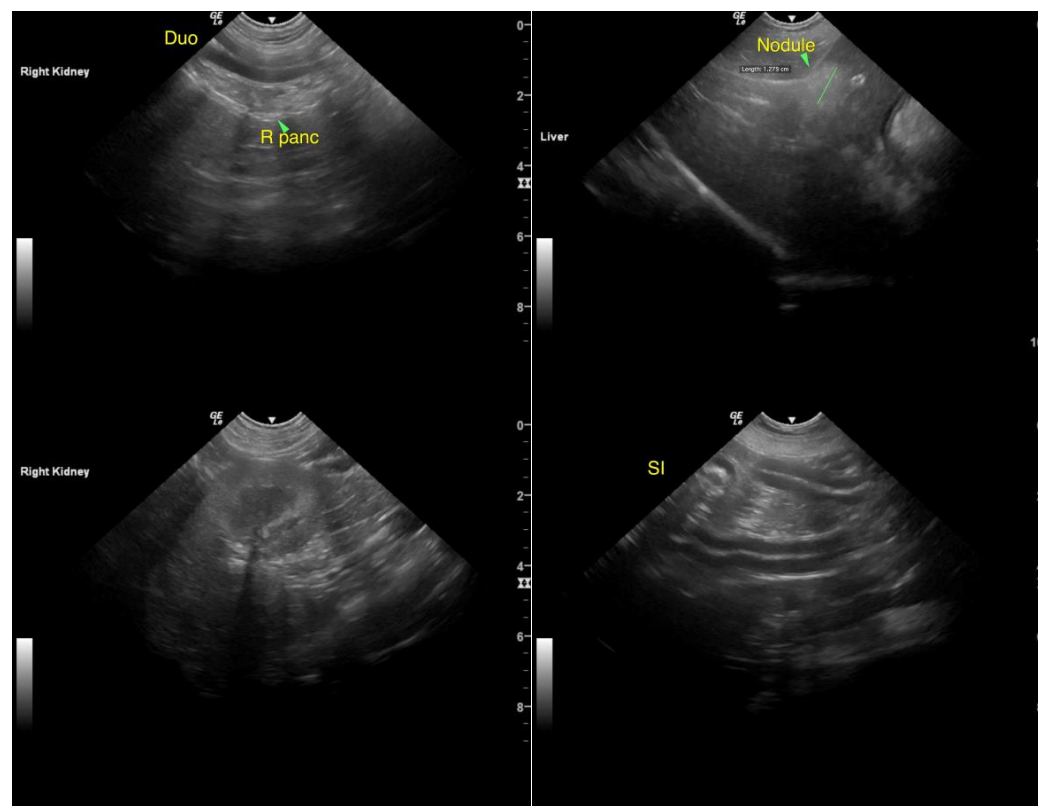
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mildly prominent residual prostate exhibiting potential focal areas of hyperechoic parenchyma is nonspecific. Some concern for potential emerging prostatic mineralization is warranted, which at times may be associated with emerging neoplastic process. Prostatic sampling is required for further assessment vs. sonographic monitoring of the residual prostate with initial recheck in 4 weeks.

The left kidney pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable), less likely pyelonephritis. Continued monitoring of UPC level with PLN therapy, which may include ACE inhibitor medication and renal diet with continued monitoring would be reasonable.

Sonographic monitoring of the gallbladder is recommended specifically if evidence of hepatic enzyme elevations or increasing cholestasis.

Potential for low-grade to chronic pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec cPL warranted.





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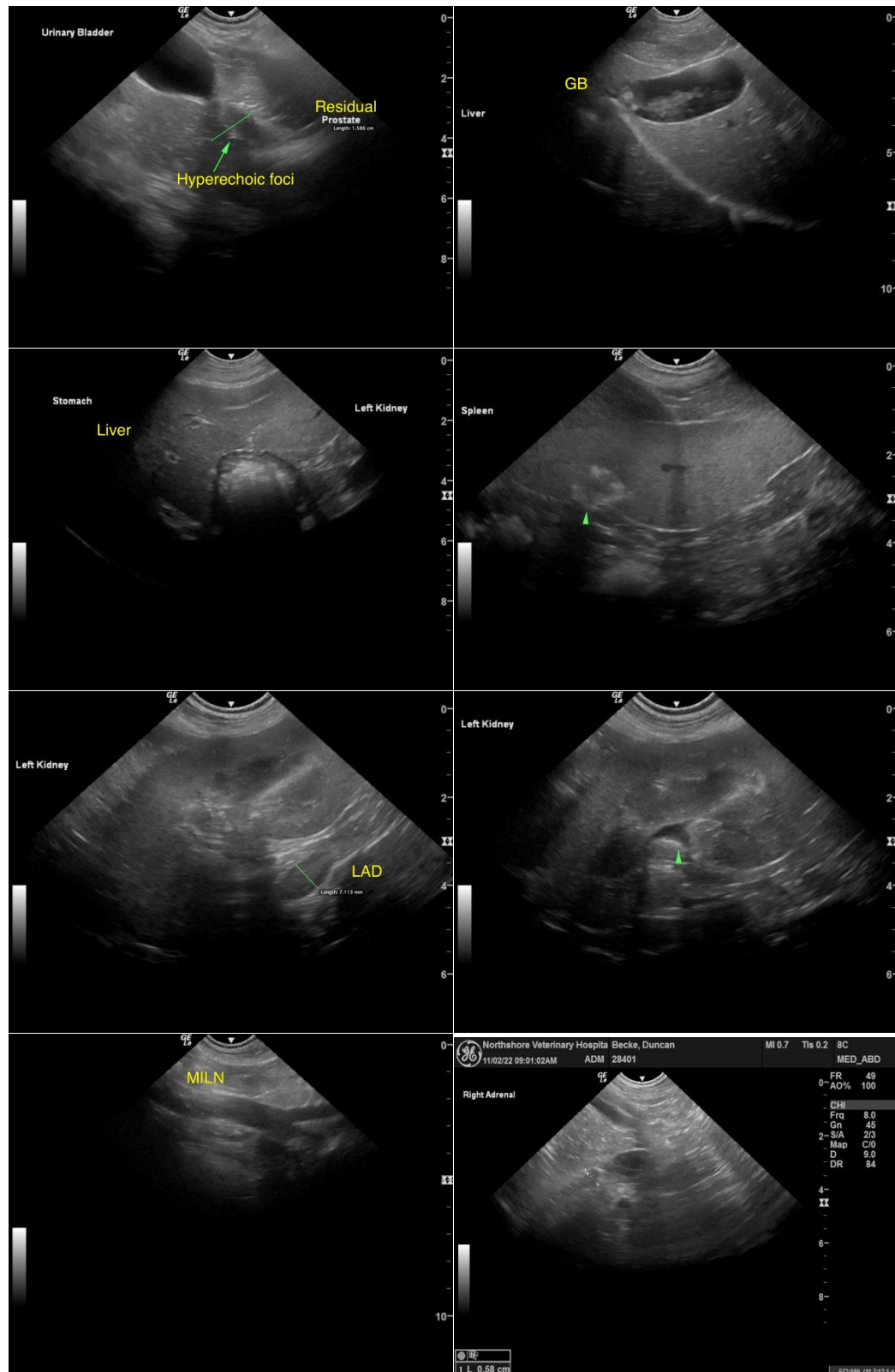
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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