



PATIENT

Maxwell Guajardo

SPECIES

Canine

BREED

Bull Terrier

SEX

MI

AGE

12 years

WEIGHT

20 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

La Paw AH

REFERRING VET

Stephanie Sur DVM

INVOICE

17939

DATE

11/2/22

PRESENTING CLINICAL SIGNS

Patient presented on 10/31 for ~ 2 days duration of lethargy, inappetance, 1 episode of vomiting and reduced defecation. Following diagnostic tests, patient was started on Clavamox PO Patient was sedated for AUS using dexdomitor/torb (mixed) IV

Abnormal PE/Chem/CBC/UA Results: PE: Mild lean muscle atrophy over the pelvic limbs, dry mm's
CBC: - WBC: 17,950/uL (high) - RBC: 5.31 (low) - PLT: 160,000/uL (low) CHEM: - ALP 156 U/L (high) - BUN 12 mg/dl (high) - CREAT: 1.7 mg/dL (high) - CHOL: 375 mg/dL (high UA (free catch) - USG: 1.027 - pyuria, >500 WBC/HPF - hematuria, >250 RBC/HPF - bacteriuria; rods and cocci noted - 2+ proteinuria Urine C/S: Pending (collected via cysto) RADS: - large, caudal abdominal mass; possibly urinary bladder or prostate

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 prostate was moderately enlarged in size with intact, primarily symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was heterogeneous with a mixed pattern of varying echogenicity without evidence of parenchymal mineralization. The prostate measured 9.0 cm x 5.5 cm. Intermittent thinly walled intraparenchymal cysts were present, containing anechoic fluid. No overt evidence of parenchymal mineralization.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.8 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.48 cm width in the cranial pole and 0.68 cm width in the caudal pole.

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. A solitary nondisruptive cranial pole nodule was noted in the left adrenal gland. The nodule was mildly nonhomogenous to hyperechoic without evidence of mineralization. The left adrenal nodule measured 0.85 cm in diameter. The overall left adrenal gland measured 0.77 cm width in the cranial pole and 0.72 cm width in the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The



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splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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Liver/ Gallbladder

The liver exhibited potential for mild generalized enlargement with normal structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent small thinly walled benign intraparenchymal cysts were present.

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The gallbladder was non distended in size with mild nondependent fairly echogenic yet nonorganized debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria. The cystic duct and common bile ducts were normal without evidence of dilation.

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Gastrointestinal

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The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Minor retained anechoic fluid was present without evidence of retained ingesta, foreign material or mechanical pyloric outflow obstruction.

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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.

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

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

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Free Abdomen

No peritoneal effusion was present. Intermittent, mildly prominent to enlarged medial iliac lymph nodes were present. The lymph nodes were mildly nonhomogenous without evidence of peripheral inflammation, exhibiting a normal width: length ratio (<0.5). An example measured 2.0 cm x 0.9 cm.

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ULTRASONOGRAPHIC FINDINGS

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Stephanie Sur DVM

- Moderate prostatomegaly, exhibiting nonhomogenous to cystic parenchyma- suspect prostatitis, potential for prostatic neoplasia is possible.
- Intermittent nonspecific yet subjective benign mild medial iliac lymphadenopathy
- Bilateral chronic renal changes
- Nonspecific yet subjective benign left adrenal nodule- probable adenoma
- Minor hepatic parenchymal remodeling- subjective vacuolar hepatopathy pattern
- Mild gallbladder debris (non-mucocele)
- Gastritis pattern with mild gastrophypomotility, sonographically unremarkable small bowel

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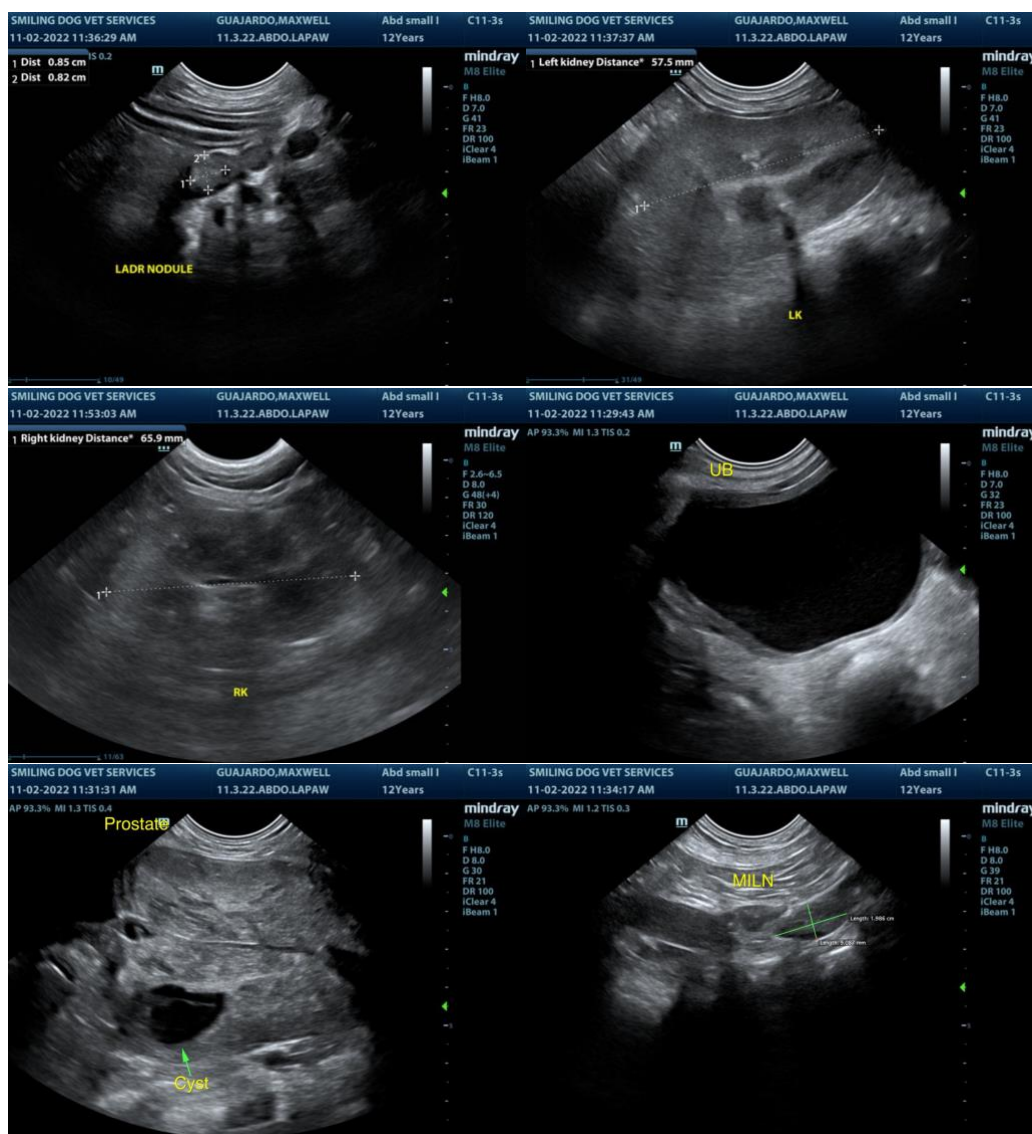
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prostatic sampling, either via ultrasound guided FNA or prostatic wash for cytology +/- culture and sensitivity required for further assessment. Empirical prostatitis protocol with fluoroquinolone and, ideally, neuter with sonographic monitoring of prostatic involution is recommended. Monitoring of the medial iliac lymph nodes for evidence of progressive enlargement is suggested. Correlation with pending urine culture and sensitivity is recommended. No obvious evidence of urinary bladder neoplastic criteria, although potential for concurrent cystitis is possible. As needed gastrointestinal support and empirical therapy for gastritis/gastroenteritis is suggested.





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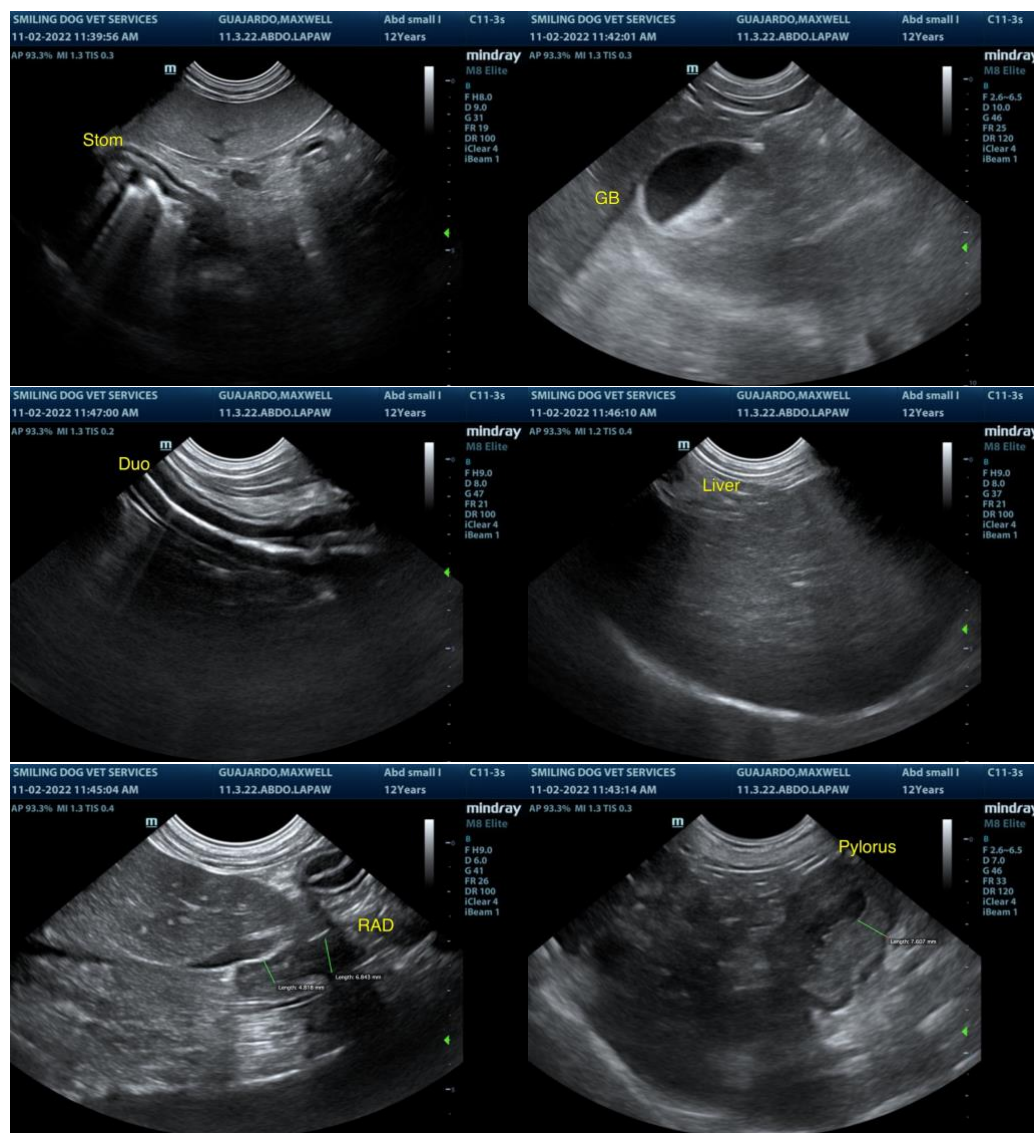
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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