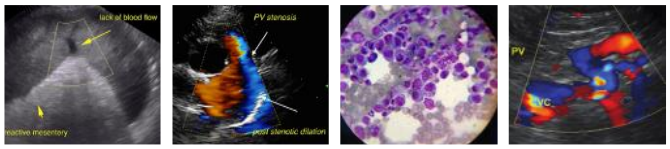
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Shadow Adams

SPECIES
Canine

BREED
Labrador Retriever

SEX
MN

AGE
10yr

WEIGHT
94lb

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

IMAGING PERFORMED BY
Dr. Ebersole

HOSPITAL NAME
Scanvet

REFERRING VET
Dr. Bennett

INVOICE
12323ag

DATE
11/29/2022

PRESENTING CLINICAL SIGNS

Recurrent UTIs for the past year. Responds to Baytril. Rafts of transitional cells in the urine sediment.

Abnormal PE/Chem/CBC/UA Results: UA: Few struvites, Rods, PH of 7, many transitional cells on sediment.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 were noted.

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 7.2 cm in length. The right kidney measured 6.7 cm in length

The area of the aortic trifurcation was free of pathology.

The residual prostate exhibited mild to moderate enlargement with mild asymmetrical capsule contour and non-homogeneous to mildly mixed echogenic parenchyma. Potential for very discrete hyperechoic foci which may indicate pinpoint areas of fibrosis or mineralization. No overt evidence of peripheral inflammation. The residual prostate measured 4.6 cm x 3.5 cm. The post prostatic urethra was not definitively visualized.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.62 cm width at the caudal pole and 3.2 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.95 cm width at the caudal pole and 3.3 cm length.

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 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.

Liver

The liver presented enlarged in size. 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. 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 with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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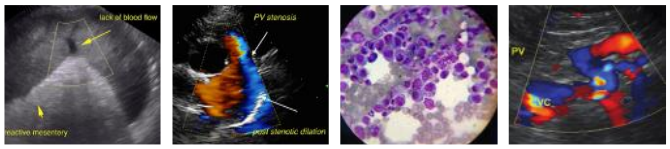

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, 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 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 was evident.

Free Abdomen

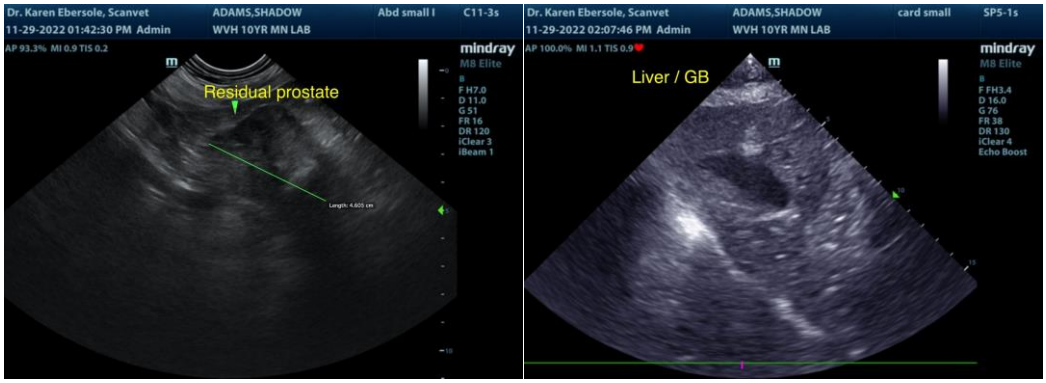
No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable urinary bladder
- Enlarged non-homogeneous residual prostate
- Mild chronic renal changes
- Minor hepatic parenchymal remodeling-benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding is the enlarged to non-homogenous residual prostate without overt evidence of unrainy bladder pathology. Considerations may include residual prostatitis with primary concern for residual prostatic neoplasia. Prostatic sampling via prostatic wash or ultrasound guided FNA for cytology +/- C/S as well as screening BRAF assay is required for further definition. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. A recheck urine C/S on a sterile urine sample via cystocentesis may be considered.



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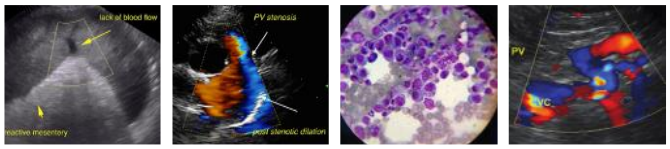

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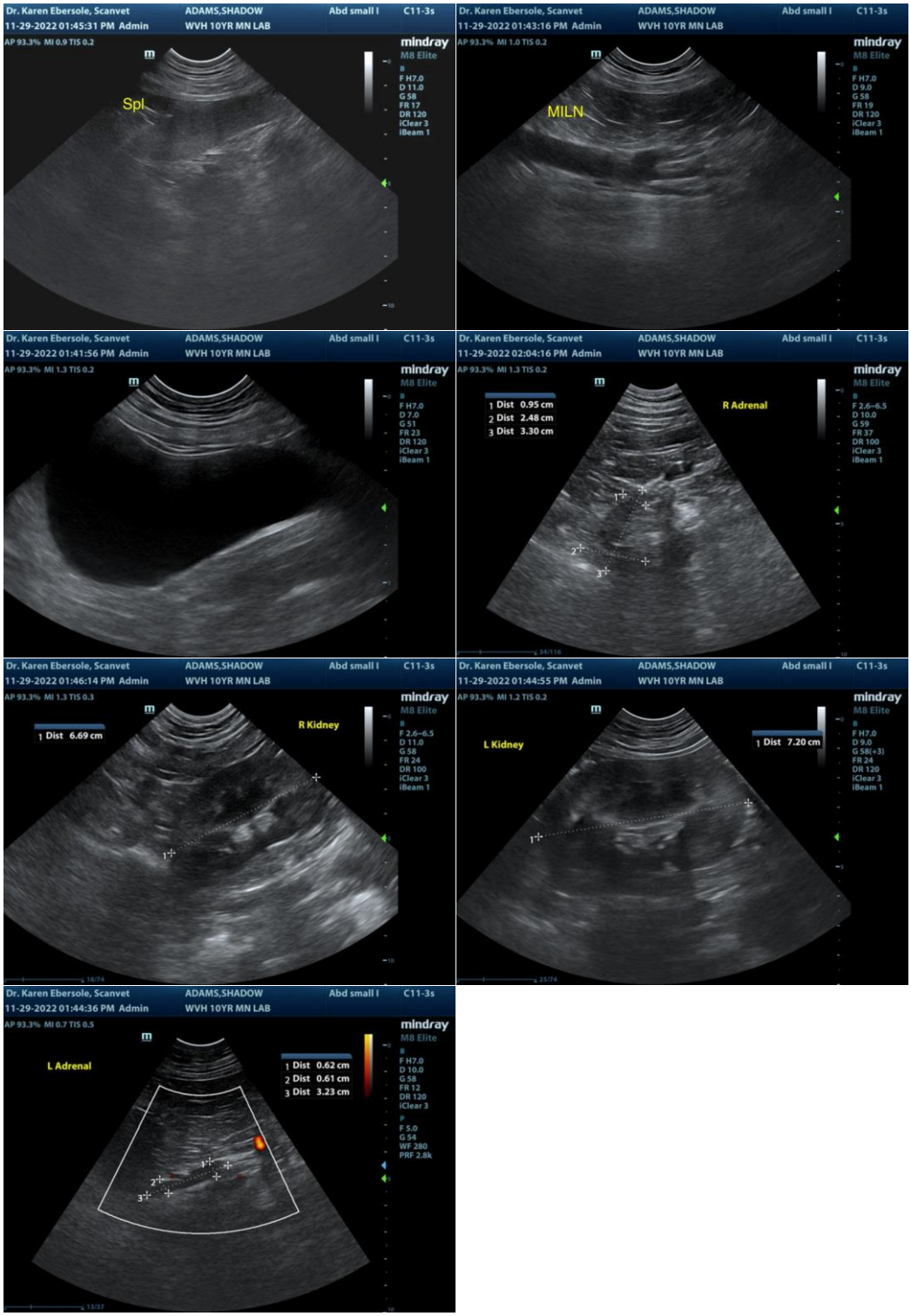
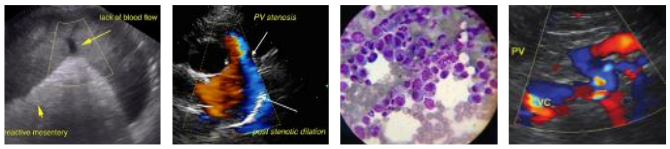


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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