



PATIENT

Marty Waters

SPECIES

Canine

BREED

Terrier Chihuahua
Mix

SEX

MN

AGE

12

WEIGHT

5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Glamorgan Animal
Clinic

REFERRING VET

Dr. Waters

INVOICE

12573ag

DATE

12/30/2022

PRESENTING CLINICAL SIGNS

Blood and WBC in urine sample suspect chronic prostatitis/ cystitis. Has a history of IBD that is managed and now has elevated liver enzymes

Abnormal PE/Chem/CBC/UA Results: Severe elevation of liver enzymes. Prostatic wash done at time of scan

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral pinpoint areas of medullary mineral were present. The left kidney measured 4.0 cm in length. The right kidney measured 3.9 cm in length

The area of the aortic trifurcation was free of pathology.

The residual prostate was mildly enlarged with mild capsule asymmetry. No evidence of peripheral inflammation was noted. Non-homogenous non-mineralized parenchyma was present. Central cystic component containing anechoic fluid was present measuring 0.8 cm in diameter. Overall, the residual prostate measured 2.1 cm x 1.7 cm.

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 0.47 cm width at the caudal pole and 0.39 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width at the caudal pole and 0.44 cm width at the cranial 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 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/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild echogenic non-organized debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The common bile duct was not definitively visualized without evidence of dilation, stasis or post hepatic obstructive criteria.



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Gastrointestinal

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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.

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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.

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

BREED

Pancreas

Terrier Chihuahua
Mix

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.

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Free Abdomen

No omental masses or peritoneal effusion was present.

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Intermittent focal, mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). This finding is considered incidental and is not consistent with inflammatory or neoplastic criteria.

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ULTRASONOGRAPHIC FINDINGS

- Mild residual prostatomegaly exhibiting non-homogenous to cystic parenchyma
- Sonographically unremarkable urinary bladder
- Non-specific subjectively benign hepatopathy
- Mild gallbladder debris (non-mucocele)
- Sonographically unremarkable GI tract
- Intermittent minor benign/reactive incidental mesenteric lymphadenopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The residual prostatomegaly was non-specific with considerations including residual chronic inflammation with suspect centralized intraparenchymal cyst while the possibility of residual prostatic abscess or neoplastic criteria cannot be excluded. Correlation with pending prostatic sampling is recommended. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology could be considered for further assessment. Empirically hepatosupportive medications such as Denamarin and Ursodiol and therapy for residual prostatitis pending prostatic sampling results would be reasonable.

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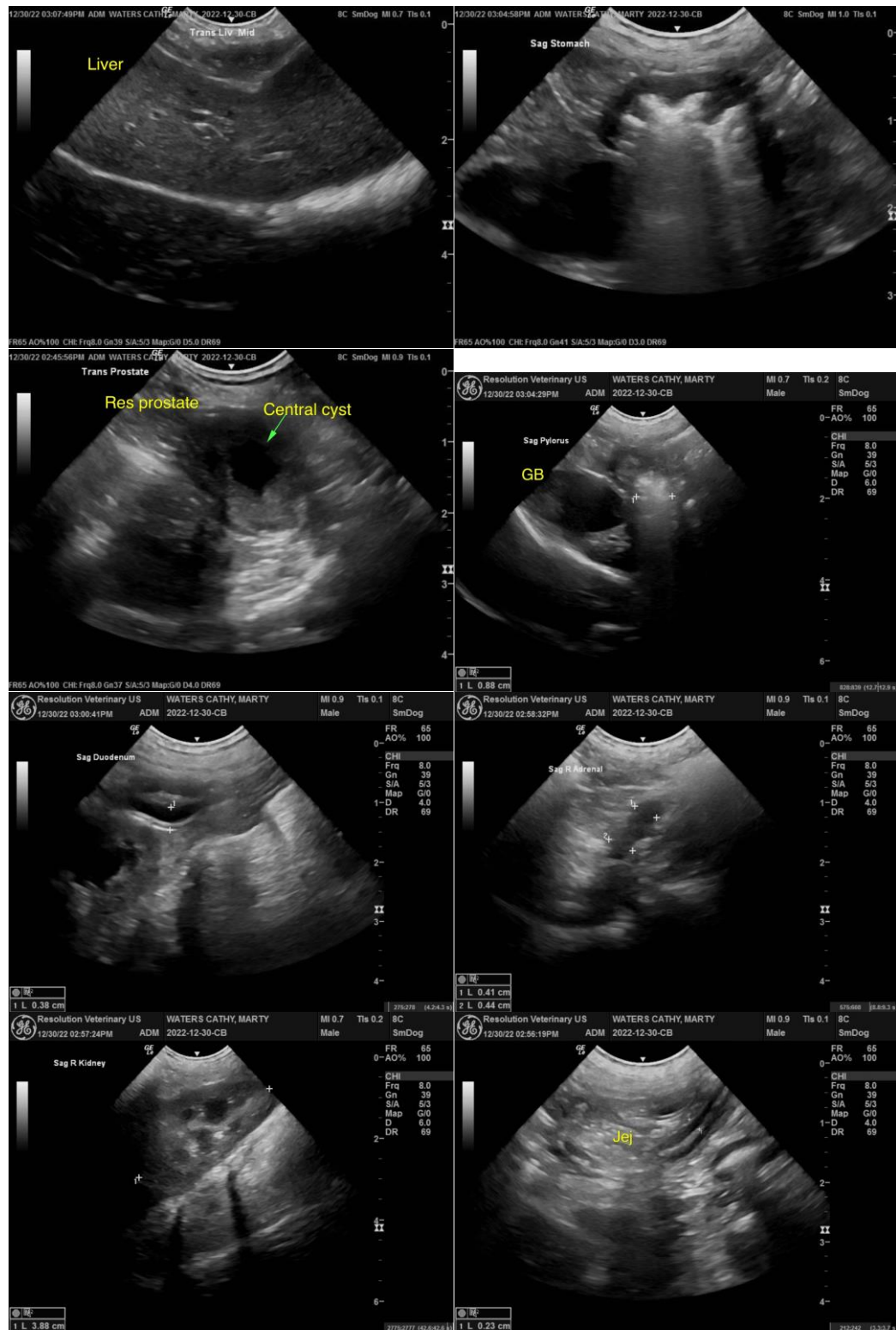
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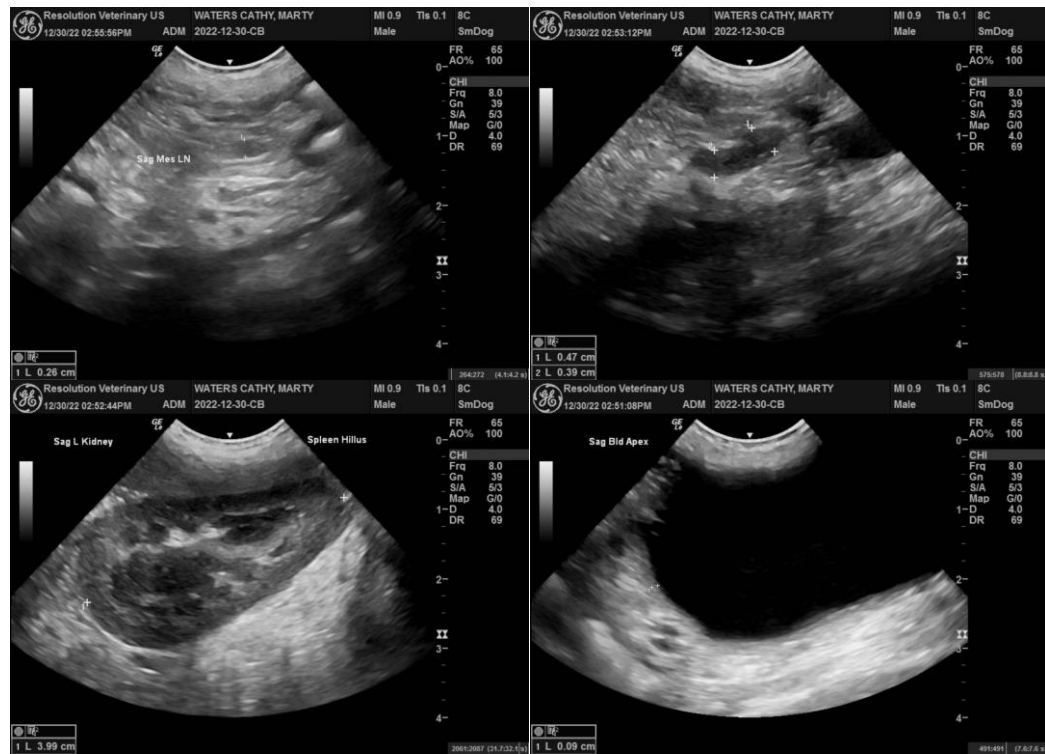
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com