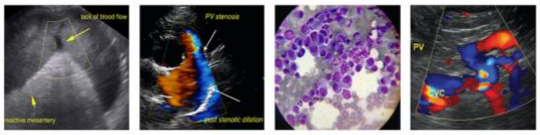


PATIENT

Wolfgang Zeldin

SPECIES

Canine

BREED

German Shepherd

SEX

M

AGE

2013

WEIGHT

77

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Maple Hills VH

REFERRING VET

Dr. Banzhof

INVOICE

20906

DATE

2/1/23

PRESENTING CLINICAL SIGNS

Hematuria

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 post-prostatic urethra was overtly normal in structure and tone to a depth of 5.0 cm. No evidence of medial iliac or sublumbar lymphadenopathy.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 5.2 cm x 4.0 cm. Anechoic, thinly walled parenchyma cysts were present.

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 7.0 cm in length. The right kidney measured 7.9 cm in length. A moderately sized, thinly walled cyst was present in the caudomedial right kidney, containing anechoic fluid, measuring 4.2 cm.

Adrenal Glands

The left adrenal gland was indistinctly visualized yet normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland subjectively measured 0.67 cm width in the cranial pole and 0.58 cm width in the caudal pole.

No overt pathology was noted in the area of the right adrenal gland, although not definitively visualized.

Spleen

The spleen revealed generalized enlargement with maintained symmetrical to variably rounded splenic contour. Maintained finely textured homogenous splenic parenchyma was noted. No splenic masses or nodules were noted. Splenic vascularity was normal.

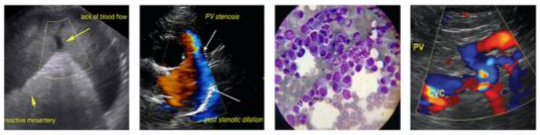
Liver/ Gallbladder

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 anechoic content and mild dependent nonorganized hyperechoic debris. 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 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.

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal urinary bladder
- Mild asymmetrical prostatomegaly, exhibiting nonhomogenous to cystic parenchyma- benign prostatic hyperplasia with parenchymal cysts, potential for prostatitis, parenchymal abscess, or less likely prostatic neoplasia
- Bilateral mild chronic renal changes- no evidence of pyelonephritis
- Generalized mild to variable splenomegaly- subjectively benign, potential for breed associated hypersplenism, incidental hyperplasia, hematopoiesis or splenitis. No evidence of splenic neoplastic criteria.
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prostatic sampling, either via ultrasound guided FNA or prostatic wash, is required for further assessment. Neutering is likely ideal in this patient. Urine culture and sensitivity on sterile urine sample is recommended to rule out underlying UTI. Screening splenic FNA cytology, using 25-gauge needle and assuming normal clotting status, could be considered if persistent/progressive splenomegaly or if evidence of weight loss.

The gallbladder debris is likely incidental. Ursodiol therapy could be considered if future evidence of cholestasis.

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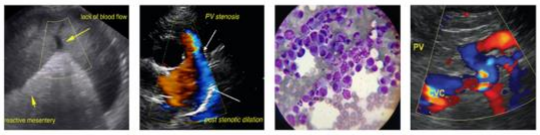

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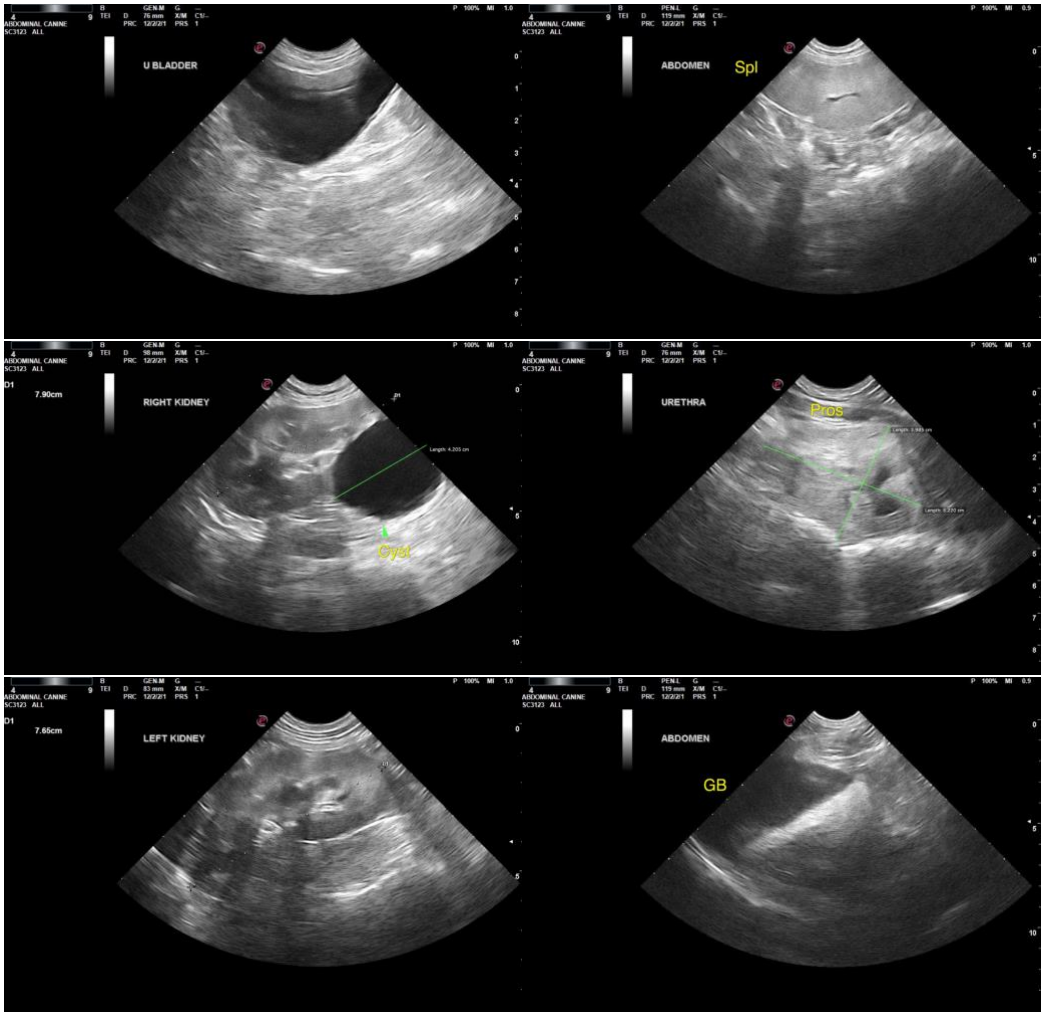

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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mac.daniel@sonopath.com