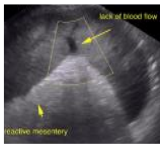
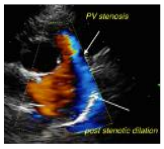
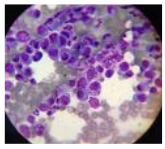
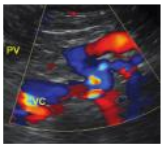
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Elvis Bessette

SPECIES

Canine

BREED

German Shorthaired Pointer

SEX

Intact Male

AGE

3 Years

WEIGHT

64.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Foster VC

REFERRING VET

Dr. Stacey Hattan, DVM

INVOICE

14037

DATE

2/21/22

PRESENTING CLINICAL SIGNS

History: Persistent hematuria, possible prostate enlargement, food allergies, chronic loose stool. Abnormal PE/Chem/CBC/UA Results: ALP 401; Chol 393; TT4/RT4 borderline low, but WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, 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 were noted.

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. Intermittent, small parenchymal cysts were present. The prostate measured 4.6 cm x 4.2 cm.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.6 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm width at the caudal pole and 0.58 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 0.51 cm width at the caudal pole and 0.54 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.

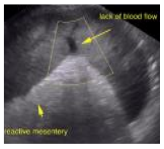
Liver

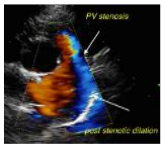
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

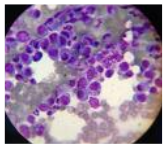
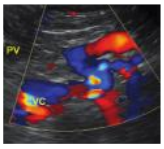
The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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.





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

PATIENT

Elvis Bessette

SPECIES

Canine

BREED

German Shorthaired Pointer

SEX

Intact Male

AGE

3 Years

WEIGHT

64.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Foster VC

REFERRING VET

Dr. Stacey Hattan, DVM

INVOICE

14037

DATE

2/21/22

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. The duodenum wall measured 0.42 cm. The jejunum wall measured 0.25 cm.

Normal visible colon wall layers were present with semi-formed feces. The descending colon wall measured 0.21 cm.

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

Intermittent focal, mildly prominent to enlarged mesenteric and medial iliac 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). An example of medial iliac lymph node measured 2.5 cm x 0.49 cm. An example of mesenteric lymph node measured 2.2 cm x 0.52 cm. The lymph nodes were not consistent with inflammatory or neoplastic criteria. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

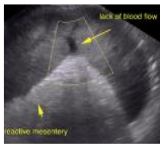
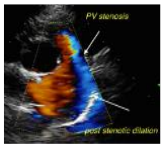
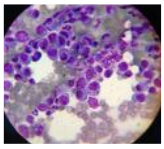
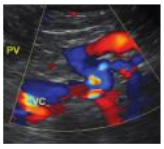
- Benign prostatic hyperplasia with small parenchymal cysts, potential for prostatitis possible
- Normal bilateral kidneys and urinary bladder- no evidence of pyelonephritis, cystic calculi, inflammatory changes, etc.
- Overtly normal gastrointestinal tract- dietary hypersensitivity/food intolerance, occult parasitism, structurally insignificant inflammatory enterocolonopathy possible.
- Intermittent benign/reactive mesenteric and medial iliac lymph nodes
- Benign hepatopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the lack of renal or urinary bladder pathology, the persistent hematuria in this patient is suspected to be secondary to prostatomegaly. Prostatic sampling would be required for further clarification yet no overt evidence of prostatic neoplastic criteria. Medical therapy for potential prostatitis or ideally, neuter could be considered, assuming no evidence of UTI, based on urine culture and sensitivity results. Hepatosupportive medications may prove beneficial. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Elvis Bessette

SPECIES

Canine

BREED

German Shorthaired Pointer

SEX

Intact Male

AGE

3 Years

WEIGHT

64.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Foster VC

REFERRING VET

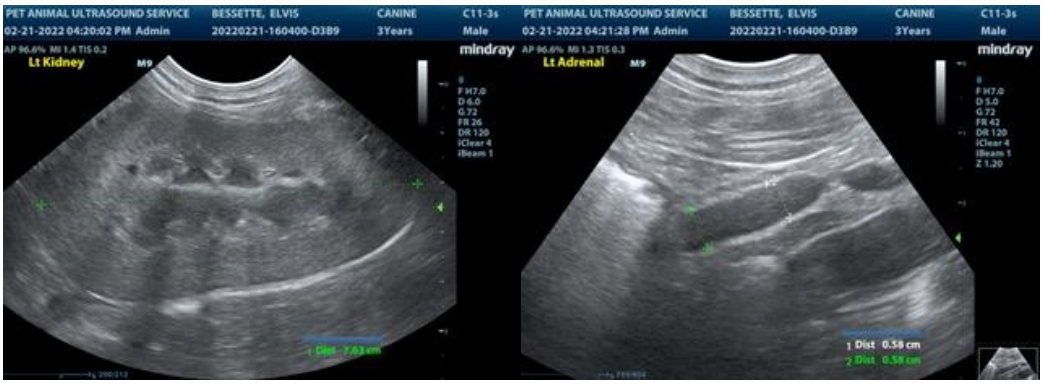
Dr. Stacey Hattan, DVM

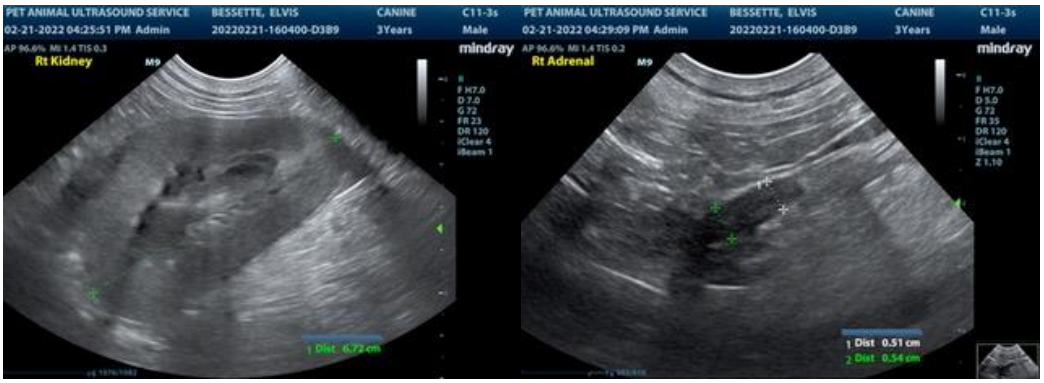
INVOICE

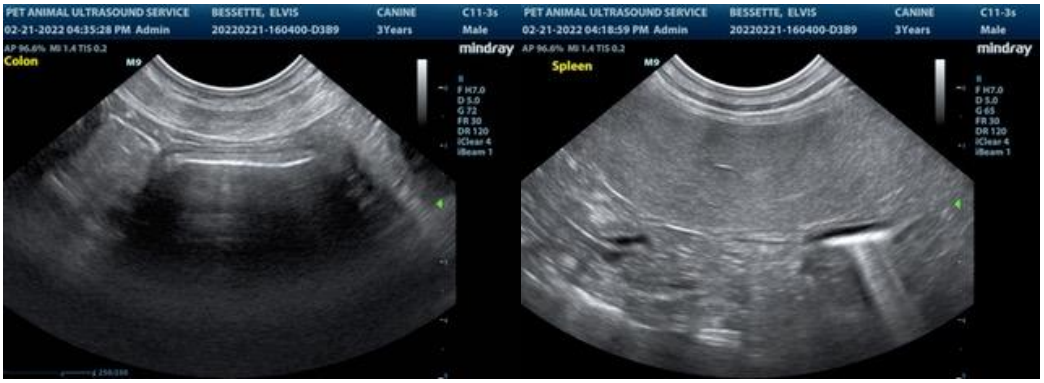
14037

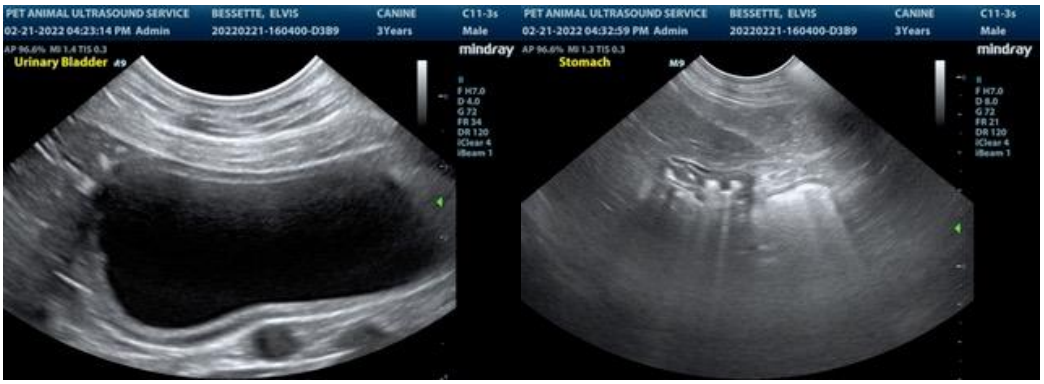
DATE

2/21/22

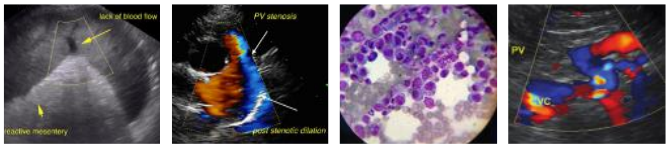








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Elvis Bessette

SPECIES

Canine

BREED

German Shorthaired Pointer

SEX

Intact Male

AGE

3 Years

WEIGHT

64.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Foster VC

REFERRING VET

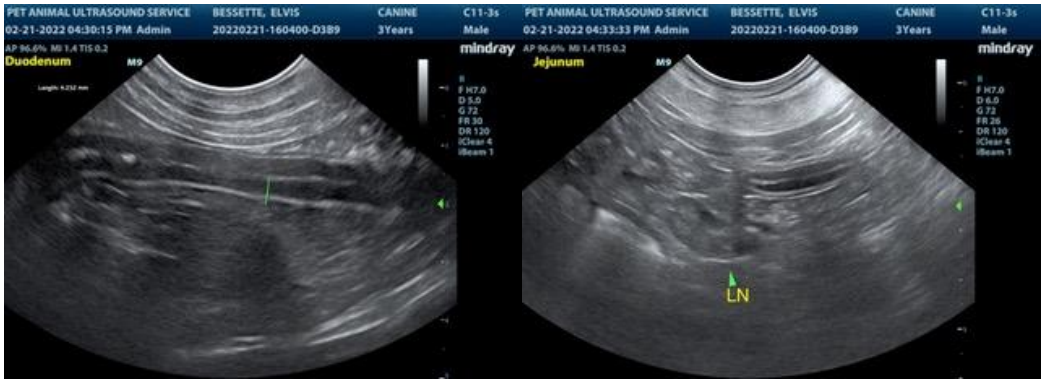
Dr. Stacey Hattan, DVM

INVOICE

14037

DATE

2/21/22



The information and recommendations provided are based on the images presented by the referring veterinarian. 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)
info@SonoPath.com