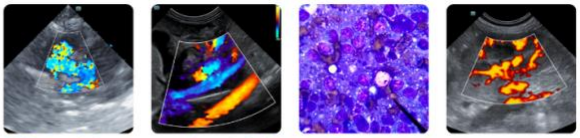


PATIENT

Lobo Terrill

SPECIES

Canine

BREED

Mix

SEX

Intact Male

AGE

13 Years

WEIGHT

38 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Smithfield Animal Hospital

REFERRING VET

Dr. Boe

INVOICE

14036

DATE

03/03/26

PRESENTING CLINICAL SIGNS

- neoplasia check
- enlarged prostate
- enlarged liver or spleen
- possible enlarged heart

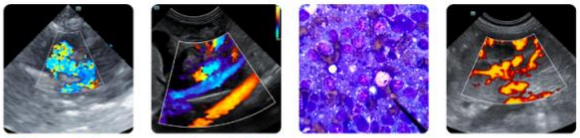
Abnormal PE/Chem/CBC/UA Results: RBC- 1.22; Hct-8.4; wbc-17.72; Neu-14.21; Mono-1.88; sdma-39; creat-5.1; Bun-88; Phos-10.2; glob-5.1; Alt-296; Alp-306

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

CANINE CARDIAC PARAMETERS	**MR VMAX** (m/s)	**TR VMAX** (m/s)	**LA/AO** (M-Mode)	**LA/AO** (Heart Base; Swe)	**FS** (%)	**EF** (%)	**EPSS** (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	--	--	1.1	1.1	35	65	03
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (lbs)	**LAD** LA MAX 4 Chamber	**LVIDd** Avg; 2D and m-mode short axis (cm)	**LVIDs** Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	118	1.2	0.7	38.0	3.1	2.7	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window.



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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 change were noted.

The prostate was asymmetrically enlarged in size with intact, asymmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. Variably nonhomogenous prostatic parenchyma with multifocal small to variably sized thinly walled prostatic cysts. No overt parenchymal mineralization. An example of cyst measured 0.71 cm in diameter. The prostate measured 4.8 cm in diameter. The bilateral testicles were sonographically normal.

Normal size and margination was 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Areas of mild medullary mineral were present bilaterally along with mild left kidney pyelectasia. The left kidney measured 6.0 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

The left adrenal gland was subnormal to flattened in appearance with mild parenchyma heterogeneity and no evidence of mineralization. The left adrenal gland measured 0.21 cm width at the caudal pole.

The right adrenal gland was mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present with pinpoint hyperechoic parenchyma foci. The right adrenal gland measured 0.61 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 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.

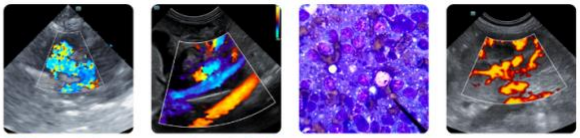
Liver & Gallbladder

The liver presented mild to moderately 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. Intermittent thinly walled intraparenchymal cysts were present containing anechoic fluid.

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 contained minor retained fluid 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 was evident.

Free Abdomen

A solitary visualized medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

ULTRASONOGRAPHIC FINDINGS

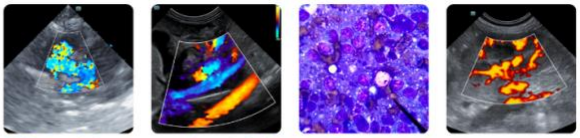
- Normal echocardiogram.
- Prostatomegaly with nonhomogenous cystic parenchyma- hyperplasia or prostatitis with prostatic cysts, probable mild potential for prostatic neoplasia.
- Chronic renal changes exhibiting medullary mineral and mild left kidney pyelectasia.
- Mildly enlarged nonhomogenous focally hyperechoic right adrenal gland with subnormal left adrenal gland.
- Normal spleen.
- Hepatomegaly with intraparenchymal cysts- subjective benign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, hepatic and prostatic FNA cytology is warranted for further clarification. The right adrenal gland is nonspecific with considerations including mild benign hyperplasia, adenomatous change with potential for emerging right adrenal tumor given subnormal left adrenal gland.

Serial blood pressure measurements are warranted. If hypertension is present i.e. systolic pressure >160 then urine metanephrine level is indicated to assess for pheochromocytoma. If the patient appears Cushingoid then work-up for adrenal dependent Cushing's is indicated.

Urinary workup including urinalysis, culture/sensitivity and UPC level for renal staging is recommended. Hepatosupportive medications with sonographic monitoring would be a more conservative approach.



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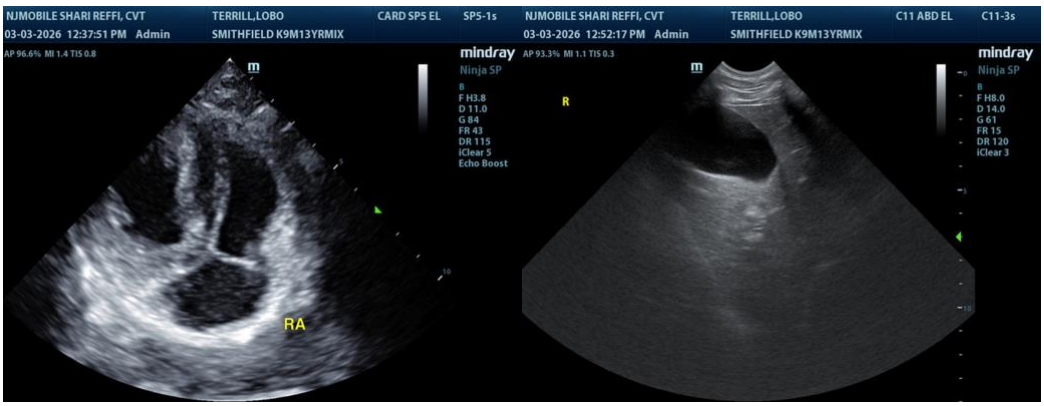

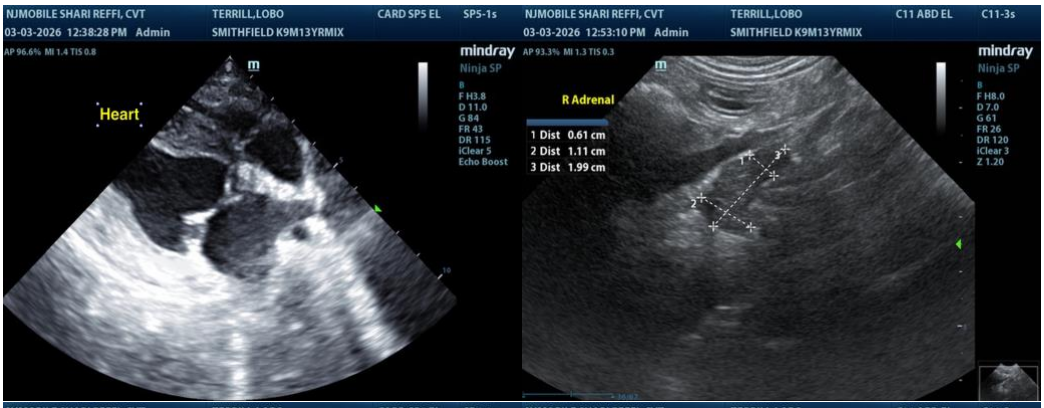

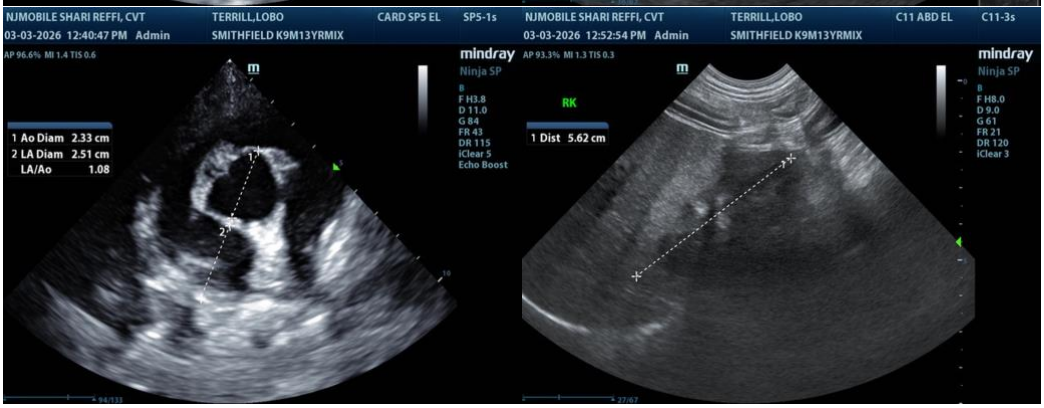

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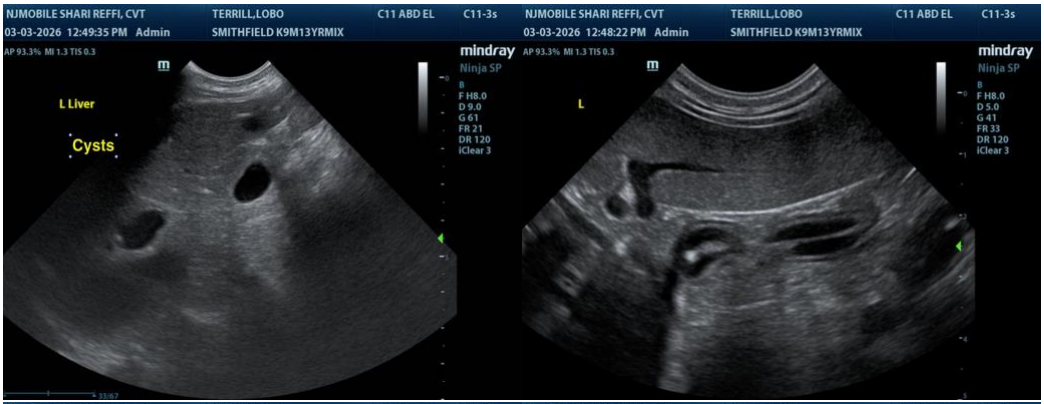

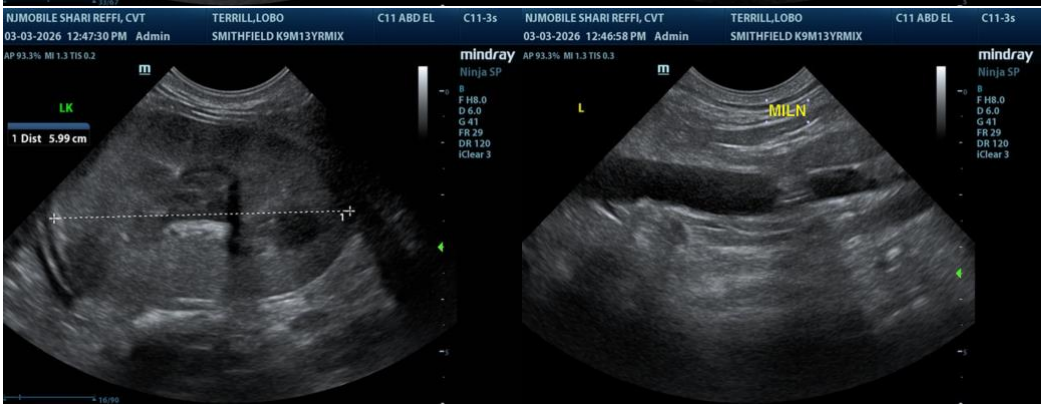

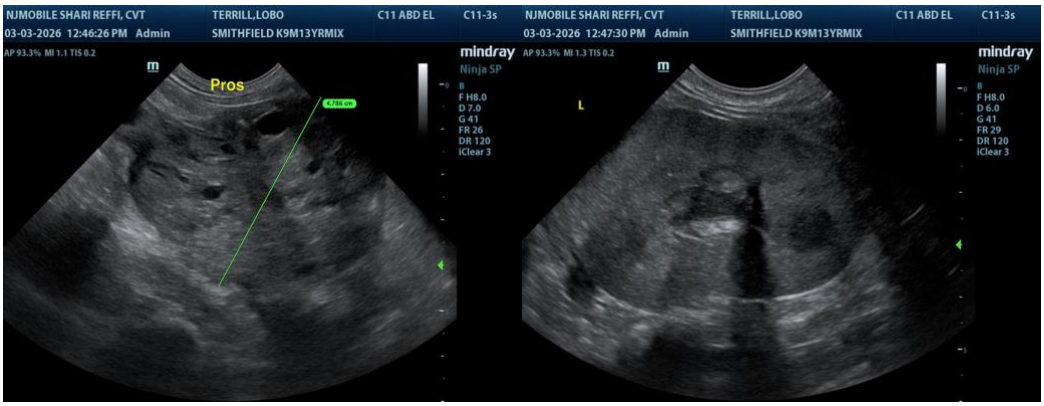

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com