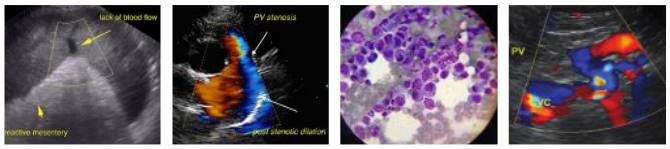
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Jordan Figueroa

SPECIES

Canine

BREED

Dachshund

SEX

MN

AGE

15yr

WEIGHT

19.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC Veterinary Hospital

REFERRING VET

Dr. Feldt

INVOICE

13350ag

DATE

03/31/2023

PRESENTING CLINICAL SIGNS

History: 15 y/o n,m dachshund presents for a surgery consult exam. P previously had an ultrasound to check his prostate and are looking into surgery. P is still active and acting normally. Was neutered 8/3/22 because has mucopurulent prepucial discharge. When the prepucial discharge did not resolve after neutering they came her for an Ab US but no exam. No hematuria/stranguria/pollakiuria. No difficulty defecating. Completely normal other than mucoid prepucial discharge. Ab US 10/2022 - Enlarged cystic residual prostate - r/o prostatic cysts, prostatitis Minor Micropylypoid bladder mural changes Bilateral chronic renal changes with right kidney cysts Benign hepatopathy Radiologist rec Urine culture, FNA/cytology/cytology of prostate and rec monitoring prostate/bladder with follup US

Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: N EENT: Nucl scl ou. 2mm transluscent iris cyst at 6 oclock position OD 2mm black dermal mass left lower lid and 5mm pink dermal mass temporal left lower lid. Oral Cavity: severe periodontal dz Lymph Nodes: N Skin: patchy alopecia lower back and caudal thighs (had fleas recently) CV/Respiratory: N Abd/GI: N Rectal exam - prostate moderately enlarged, not painful, no palpable LN enlargement Uro/Perineum: No visible prepucial discharge. Exteriorized penis which looks normal. No palpable masses noted length of prepuce. Musculoskeletal: N Neurological: N Recheck Ab US, FNA/cytology/culture of prostate, Urine culture - Assessment: 1) Prepucial discharge - r/o normal for male dog (most likely) vs FB, mass, chronic prostatic/lower urinary dz 2) Polypoid bladder changes - r/o polypoid cystitis 3) Chronic renal changes, right kidney cyst 4) Enlarged prostate - r/o prostatic cysts, prostatitis, residual enlargement after neuter (was 7 months ago), less likely cancer 5) Severe periodontal dz 6) Age related eye changes

RECHECK ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1 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 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. A right kidney corticomedullary cyst was present measuring 1.8 cm in diameter along with concurrent smaller cortical cysts. Bilateral pinpoint medullary mineral was present. The left kidney measured 5.3 cm in length. The right kidney measured 5.2 cm in length.

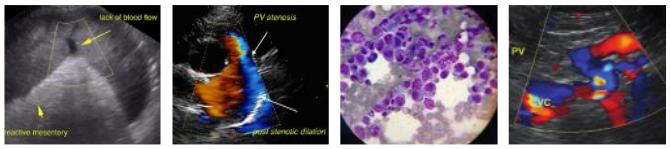
The area of the aortic trifurcation was free of pathology.

The residual prostate exhibited persistent mild enlargement. Variably sized intraparenchymal vs periprostatic cysts containing anechoic fluid were present. The cysts were subjectively thinly walled. No evidence of associated regional inflammation. The residual prostate measured ~ 4.8 cm x 2.6 cm. An example of a cyst measured 4.3 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen



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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 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 and minor incidental echogenic 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.

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

- Persistent mild prostatomegaly with intraparenchymal vs periprostatic cysts.
- Sonographically normal urinary bladder.
- Static chronic renal changes with right kidney cysts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the lack of echogenic fluid within the prostatic cysts and no evidence of parenchymal mineralization or peripheral inflammation, persistent residual prostatic cystic changes are likely. The residual prostate is of unclear clinical significance yet not overtly suspected as a contributing factor to the preputial discharge. Further clarification may include residual prostate cystic fluid analysis +/- C/S. As needed sonographic monitoring of the residual prostate would be reasonable.

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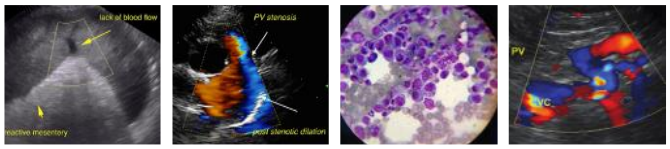

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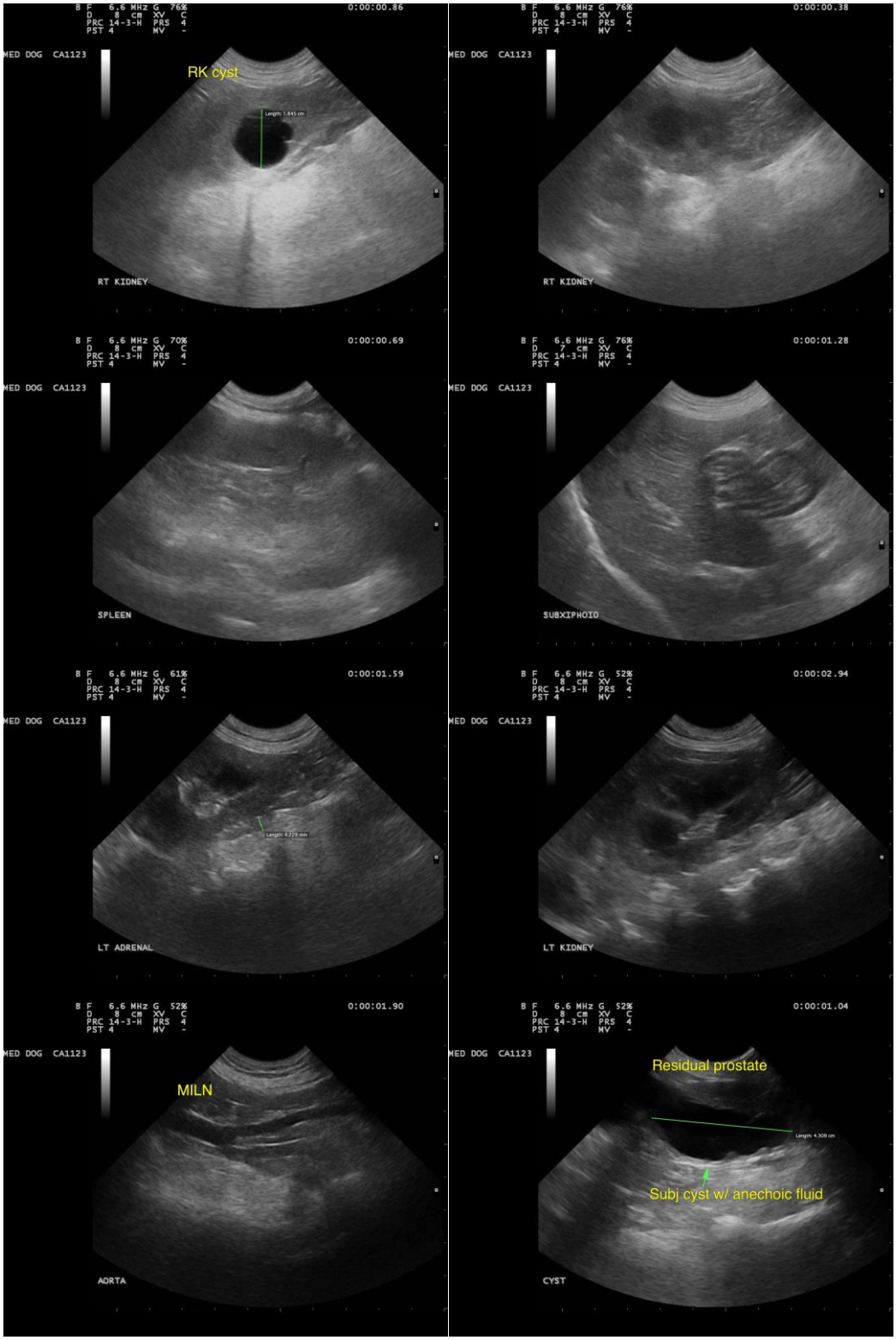

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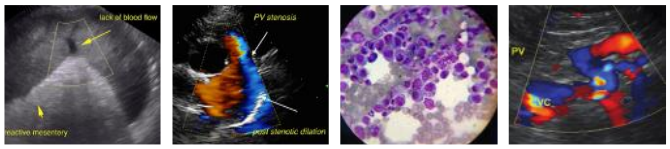

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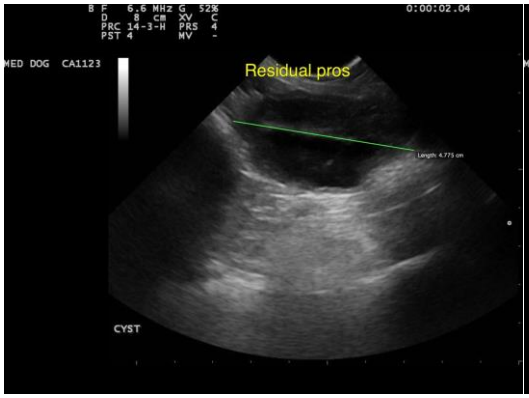

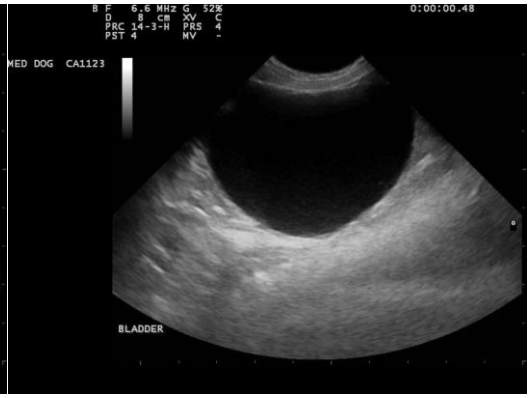

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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