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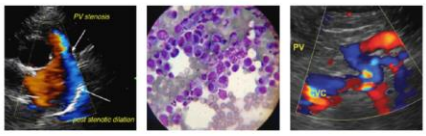

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Trip Bedy

SPECIES

Canine

BREED

German Short Hair Pointer

SEX

Male

AGE

9.5 years

WEIGHT

64 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Family Pet Practice

INVOICE

10261ag

DATE

04/01/2022

PRESENTING CLINICAL SIGNS

History: Suspect fluctuant perianal hernia on right side (was reduced yesterday, has been larger than golfball in the past) has surgical consult to address this month. Presents for recent hematuria for past 10 days, with suspect straining.

Abnormal PE/Chem/CBC/UA Results: See attached BW and UA. Urine culture is pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily 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 ventral apical urinary bladder wall measured 0.43 cm at estimated 40% repletion. Subjective mildly prominent yet structurally normal proximal prostatic urethra was noted. Anechoic free fluid noted in the caudal abdomen primarily around the urinary bladder and prostate. Concurrent mild regional reactive mesentery noted around the urinary bladder.

The prostate was enlarged in size with intact, primarily symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was heterogeneous with a mixed pattern of varying echogenicity without evidence of parenchymal mineralization. A small thinly walled intraparenchymal cyst containing anechoic fluid was present in the ventral prostate measuring 0.63 cm. The prostate measured 6 cm x 4.5 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 7.3 cm in length. The right kidney measured 7.9 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 0.54 cm width at the caudal pole and 0.56 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 0.57 cm width at the caudal pole.

Spleen

The spleen exhibited subjective mild enlargement with subtly diffuse mild parenchyma heterogeneity. 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. The cystic and common bile ducts were normal.

Gastrointestinal

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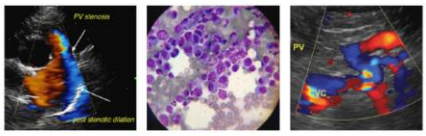

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

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

A solitary mildly prominent to enlarged medial iliac 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). The lymph node measured 2.3 cm x 0.7 cm. The node was not consistent with inflammatory or neoplastic criteria and is suggestive of mild hyperplasia.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Prostatomegaly exhibiting mixed echogenic to focally cystic non mineralized parenchyma-benign prostatic hyperplasia or prostatitis with solitary intraparenchymal cyst possible, no overt prostatic neoplastic criteria.
- Overtly normal urinary bladder, mildly prominent proximal prostatic urethra-suspect mild concurrent cystitis/urethritis.
- Focal minor benign reactive medial iliac lymphadenopathy.
- Normal bilateral kidneys-no evidence of pyelonephritis.
- Subjective nonspecific mild splenomegaly exhibiting subtle parenchyma heterogeneity-incidental, hyperplasia, hematopoiesis or splenitis possible. No overt evidence of splenic neoplastic criteria.
- Mild free fluid and reactive mesentery around the urinary bladder/prostate.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary cause of the patient's urinary signs including hematuria are likely secondary to the prostate which may indicate prostatitis or benign prostatic hyperplasia both of which may present in a similar sonographic manner. Neutering is strongly recommended for this patient. Alternatively, pending urine C/S, prostatic sampling for further clarification +/- prostatitis therapy if clinically indicated could be considered. Although splenic neoplastic criteria is considered unlikely, assuming normal clotting status a screening splenic FNA using a 25g needle could be considered primarily to insure only benign changes are present.

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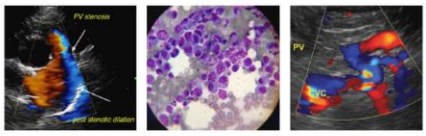

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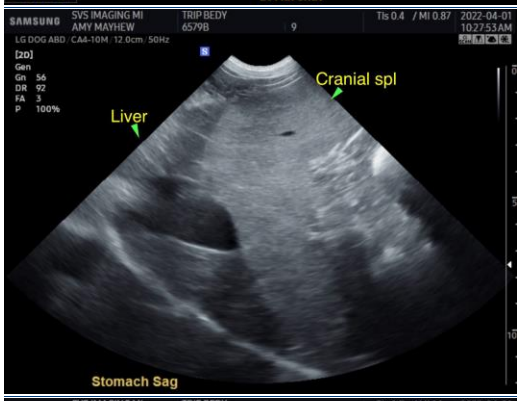

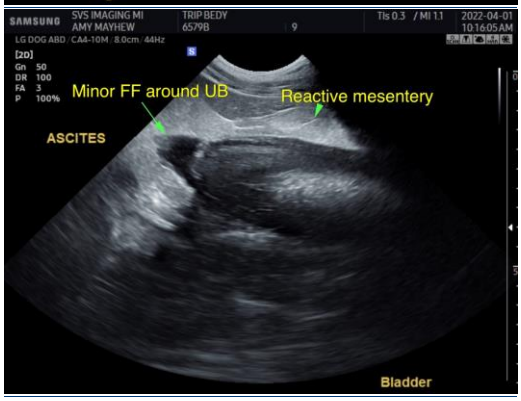

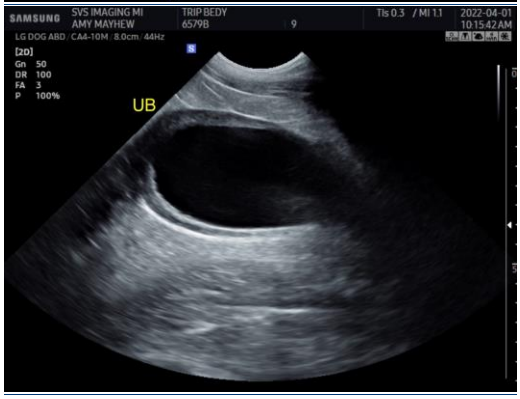

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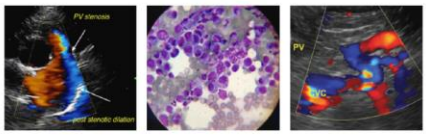

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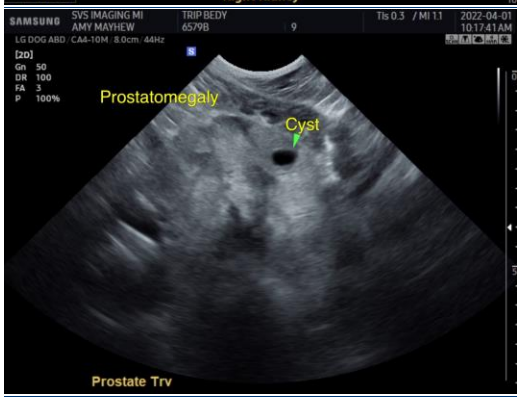

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com