SonoPath
Clinical Sonography & Telecytology
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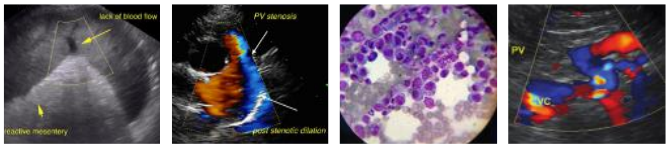


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Dillon Blatchford

SPECIES

Canine

BREED

Shih Tzu X

SEX

Male

AGE

14 Years

WEIGHT

7.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Alastair Westcott

HOSPITAL NAME

Dr. Alastair Westcott, DVM

REFERRING VET

Dr. Alastair Westcott

INVOICE

14881

DATE

4/25/22

PRESENTING CLINICAL SIGNS

History: Presented for tenesmus with scant production of diarrheic, mucoid stool with sometimes hematochezia. Appears quite uncomfortable when defecating. This has been progressively getting worse in the last 6 months. He has maintained a good appetite with normal drinking levels. Did vomit the morning of presentation. He does have an historical heart murmur and is on occasional courses of prednisone and doxycycline for suspected mainstem bronchi compression due to suspected LAE. Abnormal PE/Chem/CBC/UA Results: Heart murmur grd III/VI systolic Tense abdomen Soft tissue swelling in the left perianal region Otitis externa left ear. episodic hypertension in hospital Stress lymphopenia Thrombocytosis Mild hyperglobulinemia Normal cPL Review of the thoracic radiographs - sent by rDVM Possible mild LAE, mild bronchointerstitial patterning Dilation of the descending colon through to the rectum

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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. Aortic trifurcation was normal.

The prostate was mildly 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 4.3 cm in diameter. The prostate appeared to subtly impinge upon the ventral aspect of the distal colon and colorectum yet without evidence of obvious obstruction to fecal outflow. Anechoic, thinly walled parenchyma cysts were present.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Pinpoint areas of medullary mineral and intermittent cortical cysts were present. The left kidney measured 5.3 cm in length. The right kidney measured 5.2 cm in length.

Adrenal Glands

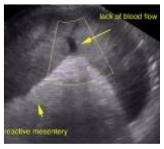
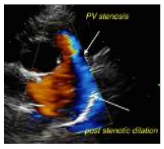
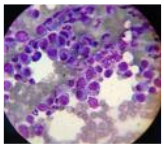
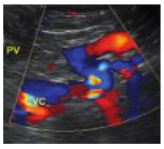
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width at the caudal pole and 0.32 cm width at the cranial pole.

A spherical appearing, mildly nonhomogeneous mass was present in the area of the right adrenal gland, measuring 2.7 cm x 2.0 cm. The mass exhibited evidence of subjective early to mild vascular invasion, either phrenicoabdominal vein invasion or early caudal vena cava invasion. No overt evidence of regional periadrenal or right hepatic metastasis.

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

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The liver presented enlarged in size. Generalized mild hepatic parenchymal remodeling was present. 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. 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.

The colon walls presented intact yet mild prominent wall layering with mild thickened to echogenic submucosa. Non-formed to liquid fecal matter was present in the colon lumen with lumen dilation. The distal descending colon to colorectum did not exhibit overdistention with retained fecal matter or evidence of constipation.

Pancreas

The pancreas exhibited generalized mildly prominent size with normal contour and isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

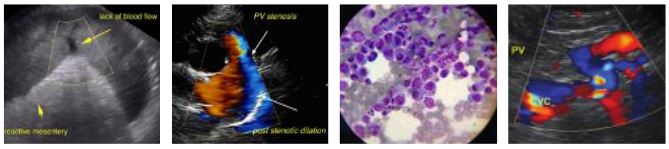
ULTRASONOGRAPHIC FINDINGS

- Moderate prostatomegaly, exhibiting nonhomogeneous to cystic parenchyma- benign prostatic hyperplasia suspected. Potential for prostatitis or early prostatic neoplasia possible.
- Chronic renal changes with pinpoint medullary mineral and small cortical cysts
- Right adrenal mass with evidence of vascular invasion- consistent with likely neoplastic criteria (i.e., pheochromocytoma, adenocarcinoma or other). Potential for mixed pathology is possible.
- Vacuolar hepatopathy pattern
- Prominent to heterogeneous pancreas- potential for concurrent low-grade or chronic active pancreatitis
- Subjective mild colitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prostatic sampling is required for further assessment (prostatic FNA cytology pending). Subjectively, the degree of prostatomegaly was not to the extent as to result in obstruction to fecal outflow secondary to colonic impingement.

Conservative therapy for colitis is recommended. Full adrenal work up, including LDDST, if clinical signs consistent with adrenal hyperfunction, as well as assessment and monitoring of systemic blood



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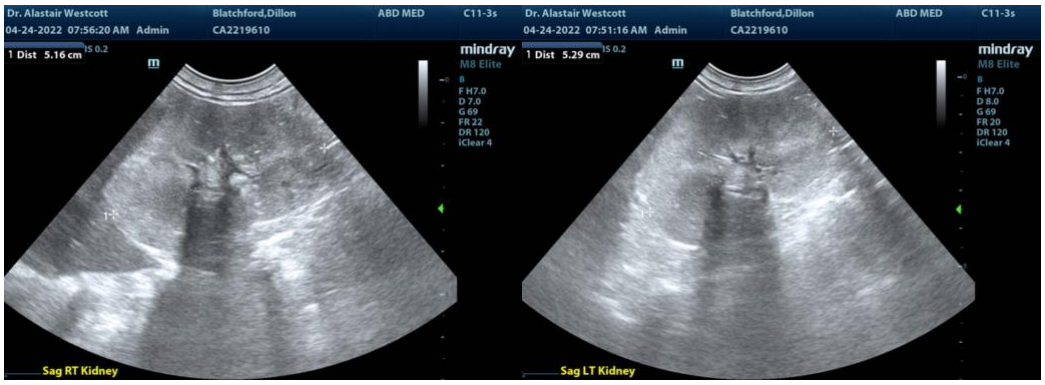
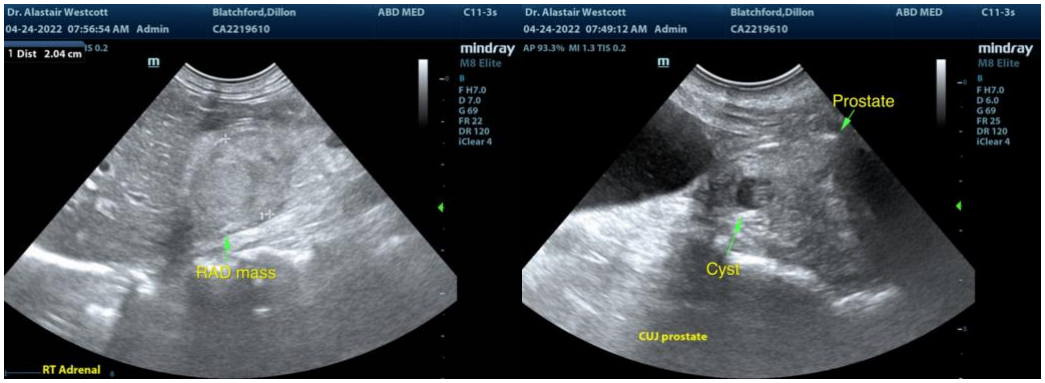
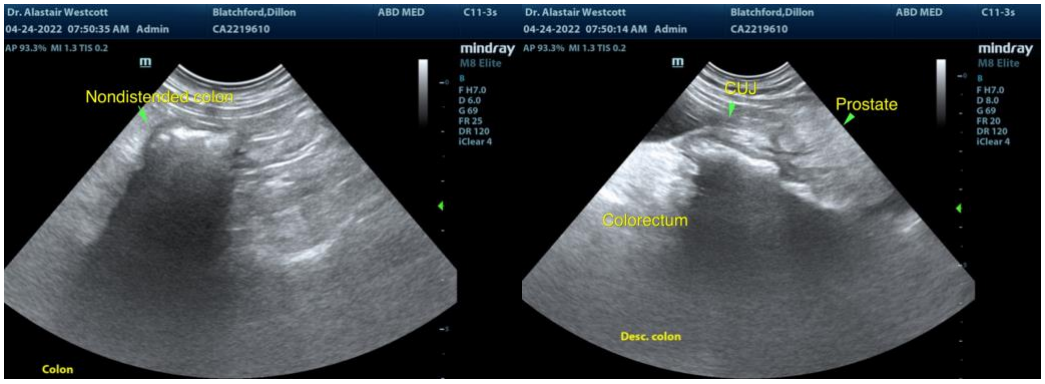
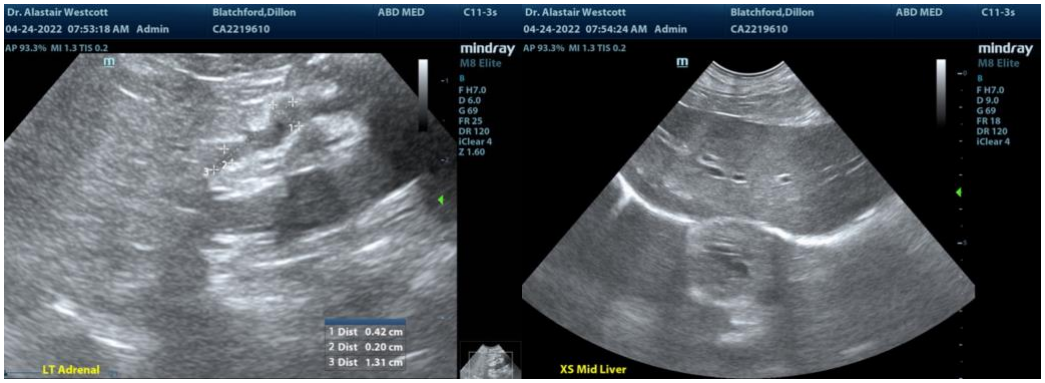
pressure for evidence of hypertension, which may allude to a pheochromocytoma, is recommended. CT assessment of the right adrenal mass is likely ideal of surgical options are a potential in this case.









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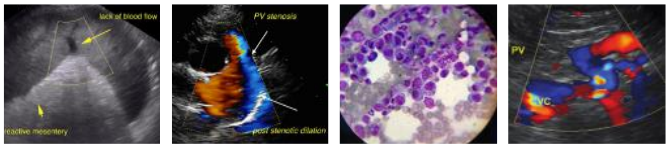

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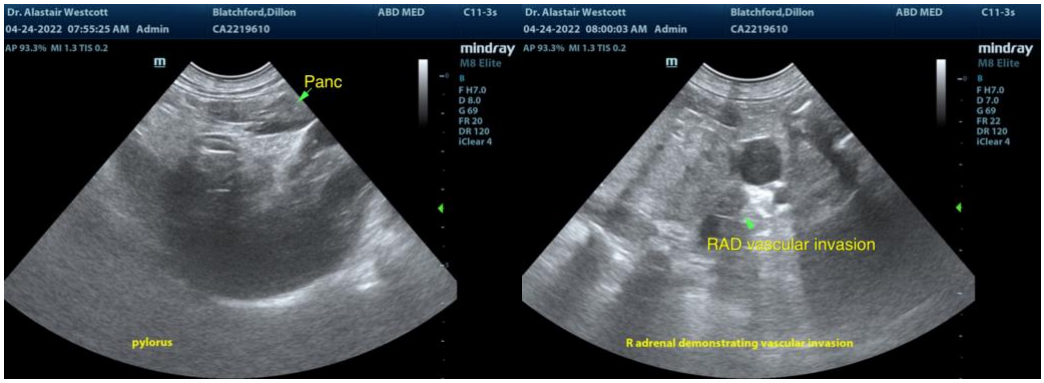

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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