



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Cloud Henneforth
SPECIES Canine
BREED Poodle
SEX MN
AGE 12 yr
WEIGHT 10.7 lb

History: O adopted approx 1yr ago. P ha always had a picky appetite but recently it is worse. P had hx of hookworms, treated w Panacur and currently on HG+. P also had hematuria and prostatomegaly which both greatly improved after neutering. P alos had recent hx of bacterial cystitis whic resolved w 2 week tx w enrofloxacin. P also has hx of grade 2/6 systolic HM.

Abnormal PE/Chem/CBC/UA Results: CBC: neut: 11172H, monos: 882H, Chem: creat: 1.0, T4: 1.8, UA: SG: 1.045, quiet sediment, RBC: 2-3/HPF, fecal: 1 hookworm egg noted. 4/25/2022: normal heart and pulm vessels on chest rads 4/5/22: UA: SG: 1.026, trace prot, quiet sediment, UCS: no growth, after 2 weeks on enrofloxacin 3/1/2022: UA: WNL, UCS: no growth while on enrofloxacin 2/15/2022: UA: SG: 1.015, 2+ prot, pyuria, hematuria, abcteria (natural voiding) UCS, cysto: E coli 10/2021: CBC: WBC: 19.9H, neut: 15522H, monos: 1592H, baso: 796H; Chem: glob: 4.9H, T4: 0.6L, UA: SG: 1.027, hematuria (natural voiding) Blood sample was obtained shortly after adoption, neuter and dental. P also had hookworms at the time.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 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 3.3 cm in length. The right kidney measured 3.3 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate was mildly prominent in size exhibiting subtle nonhomogeneous parenchyma measuring 1.7 cm in diameter. No evidence of overt inflammatory or neoplastic criteria.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole and 0.47 cm width at the cranial pole. The right adrenal gland was indistinctly visualized yet without overt pathology subjectively measuring 0.45 cm width.

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

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(Canine and Feline)

IMAGING PERFORMED BY

Megan Cassels-Conway
DVM

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Hospital

REFERRING VET

Dr. Lezcano

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walls and primarily anechoic luminal content with mild luminal debris. The cystic and common bile ducts were normal.

Gastrointestinal

SPECIES

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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 gastric body wall measured 0.25 cm in width.

BREED

Poodle

The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent submucosal layer. 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.

SEX

Pancreas

MN

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.

AGE

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Free Abdomen

No peritoneal effusion was present.

WEIGHT

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Intermittent focally enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 2.2 cm x 0.78 cm.

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ULTRASONOGRAPHIC FINDINGS

- Mildly prominent residual prostate
- Sonographically unremarkable urinary bladder
- Intact small bowel wall layering with propensity for mildly prominent submucosa layer
- Intermittent subjective benign/reactive mesenteric lymph nodes
- Mild gallbladder debris-incidental

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The residual prostate is likely normal or age-related variant given later in life castration. No overt evidence of prostatitis or prostatic neoplasia. This may also represent continued prostatic involution following neuter. The subjective mildly prominent small bowel submucosa is nonspecific, it may be a normal patient variant although this layer may tend to be more affected in dogs with underlying inflammatory enteropathy. Given the lack of reported GI signs or weight loss this finding is nonspecific. If clinically indicated a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Repeat Panacur protocol i.e. 50 mg/kg PO SID x 5 days with potential repeat protocol in 3 weeks could be considered if persistent evidence of parasites.

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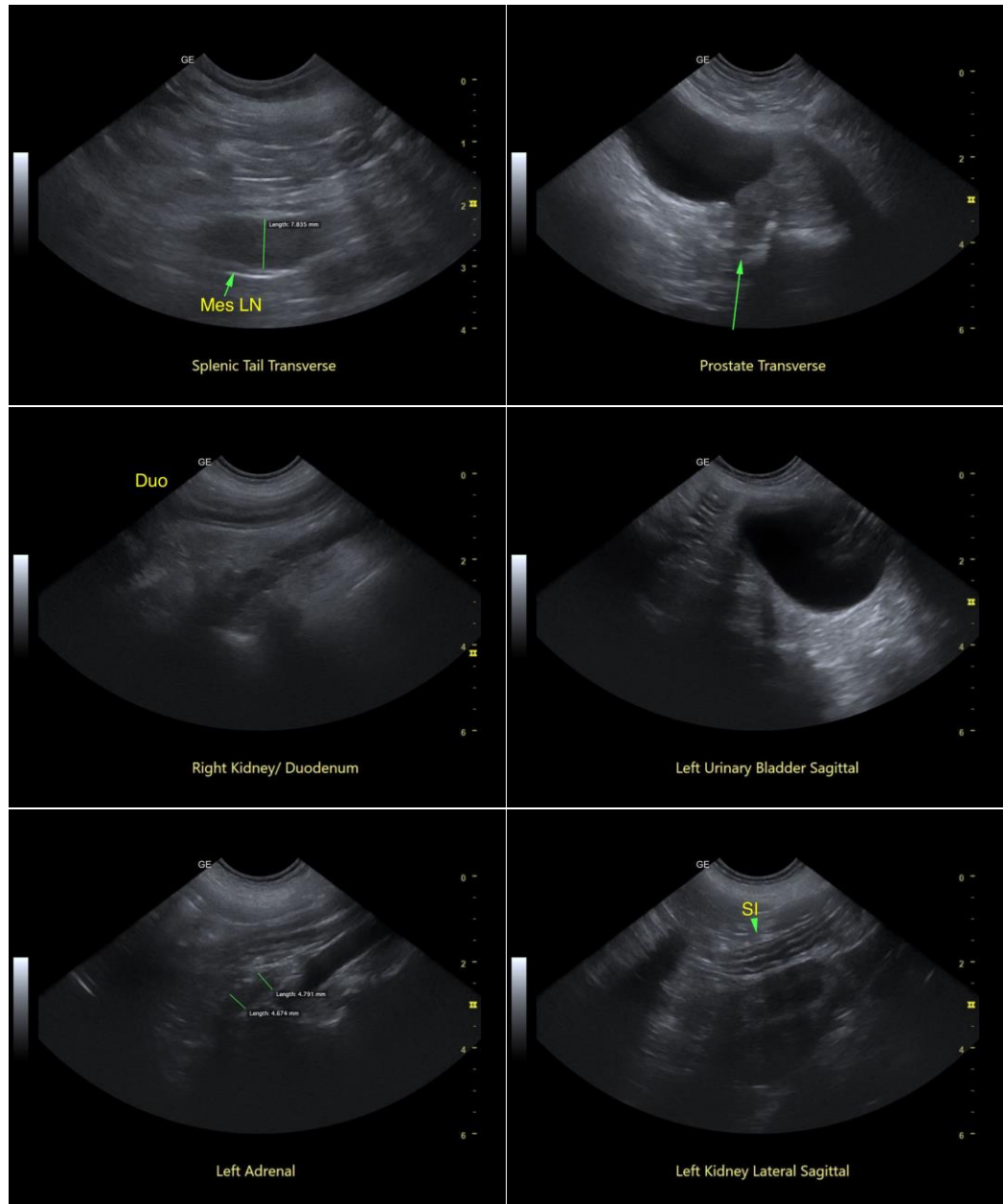
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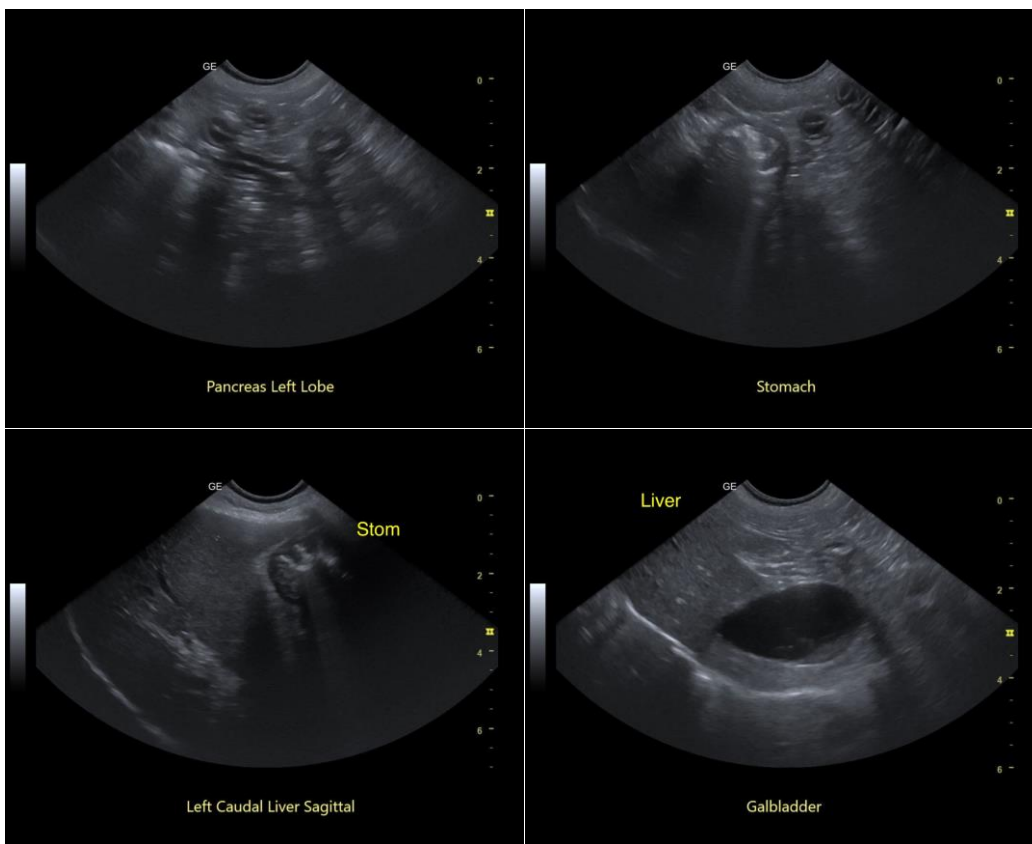
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Megan Cassels-Conway
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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.

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