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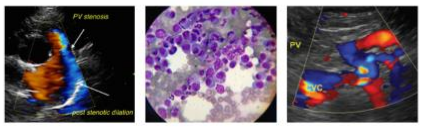
svsimaging.net 309-737-3070



SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Tyson Parker

SPECIES

Canine

BREED

Boxer Mix

SEX

Intact Male

AGE

11 Years

WEIGHT

67 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Haenni

INVOICE

15027

DATE

5/2/22

PRESENTING CLINICAL SIGNS

History: recurring bladder infections that are not improving.
Abnormal PE/Chem/CBC/UA Results: thin and getting thinner, blood has been off scale after multiple tests and rounds of antibiotics. Specific gravity has been consistently around 1034 and PH has been 6.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented ventral to apical variably thickened urinary bladder, exhibiting asymmetrical luminal surface with potential for minor luminal polypoid component. The urinary bladder all exhibited mild nonhomogeneous echogenicity without evidence of mural mineralization. Mild anechoic urine was present in the lumen with mild cellular component, which may indicate cellular debris/protein, minor crystalline debris or mucus. The ureteral papillae were normal. The ureters were not visible which is normal.

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. Potential for indistinctly visualized central parenchymal cyst possible. The prostate measured 7.4 cm x 5.0 cm.

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 pyelectasia was present. The left kidney measured 8.7 cm in length. The right kidney measured 7.9 cm in length.

Adrenal Glands

The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 3.1 cm in length x 0.79 cm width in the caudal pole.

A well-defined, isoechoic to mildly nonhomogeneous nodule was present in the left adrenal gland with mild associated symmetrical capsule expansion. The left adrenal nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.1 cm x 1.0 cm. Overall, the left adrenal gland measured 3.2 cm in length x 1.1 cm at the caudal pole.

Spleen

The spleen exhibited normal subjective size with maintained subjective size with maintained symmetrical capsule contour and finely textured homogeneous parenchyma. A solitary, non-expansive to disruptive hypoechoic to mixed echogenic mid parenchymal nodules was present, measuring 1.1 cm in diameter.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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.

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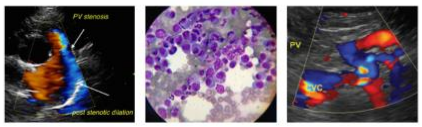

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Gastrointestinal

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

Focal, mildly prominent to enlarged medial iliac and suspect hypogastric lymph nodes were present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of medial iliac lymph node size measured 2.9 cm x 1.1 cm.

ULTRASONOGRAPHIC FINDINGS

- Thickened ventral to apical urinary bladder, exhibiting potential for mild luminal polypoid component, mild particulate urinary bladder sediment- chronic cystitis with potential for bacterial cystitis, emerging neoplastic criteria (i.e., transitional cell carcinoma) possible.
- Prostatomegaly, exhibiting nonhomogeneous to potential focal cystic parenchyma- benign prostatic hyperplasia versus prostatitis both of which may present in similar sonographic manner, prostatic neoplastic criteria considered less likely
- Mild chronic renal changes
- Nonspecific, non-expansive, splenic nodule- benign etiologies, such as hyperplasia, hematopoiesis, small hematoma, acute infarct, focal splenitis or similar suspected. Neoplastic criteria considered less likely.
- Subtle left adrenal nodule- nonspecific, suspect adenoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prostatic sampling, either via ultrasound guided FNA or prostatic wash for cytology and culture and sensitivity warranted. Recheck urine culture and sensitivity, ideally, on sterile urine sample is suggested, if not recently done. Based on prostatic and urine culture and sensitivity results, a higher dose/shorter frequency antibiotic combination, given potential for chronic cystitis, i.e., enrofloxacin 20 mg/kg PO SID for 7-10 days may prove more effective at eliminating underling infection. Screening BRAF assay would be warranted. Ideally, urinary bladder biopsies for histopathology and tissue culture and sensitivity would be required for a definitive diagnosis. Given the concurrent urinary bladder mural pathology, the therapeutic benefit of neutering at this time is unclear. However, neutering as a long-term therapeutic may be considered. Screening blood pressure to assess for evidence of hypertension, which may allude to emerging left adrenal pheochromocytoma suggested. Sonographic

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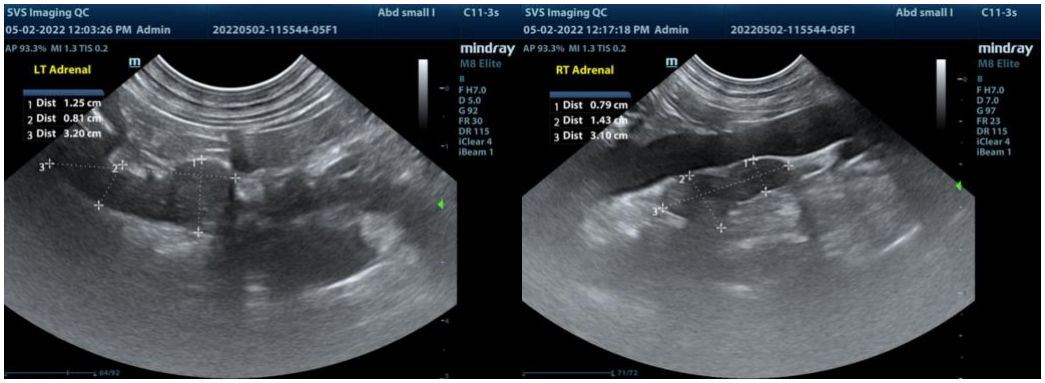
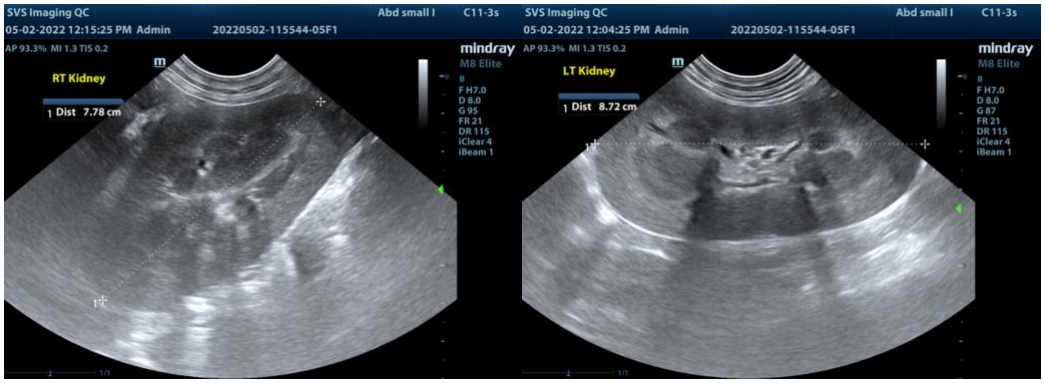
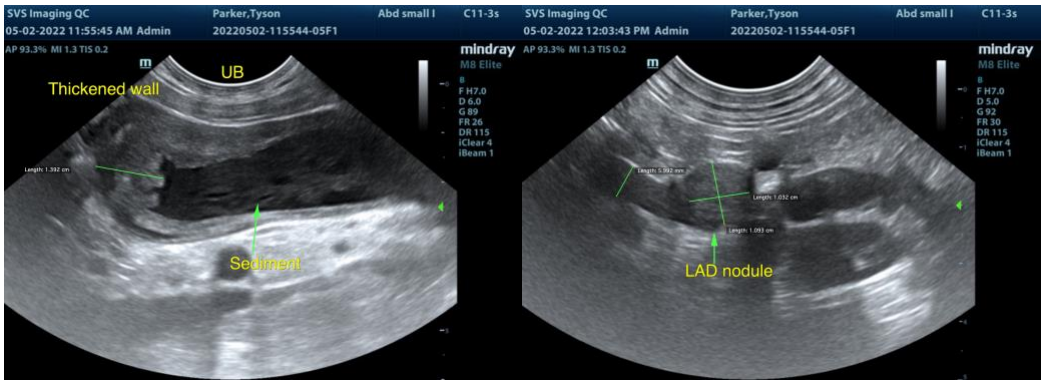
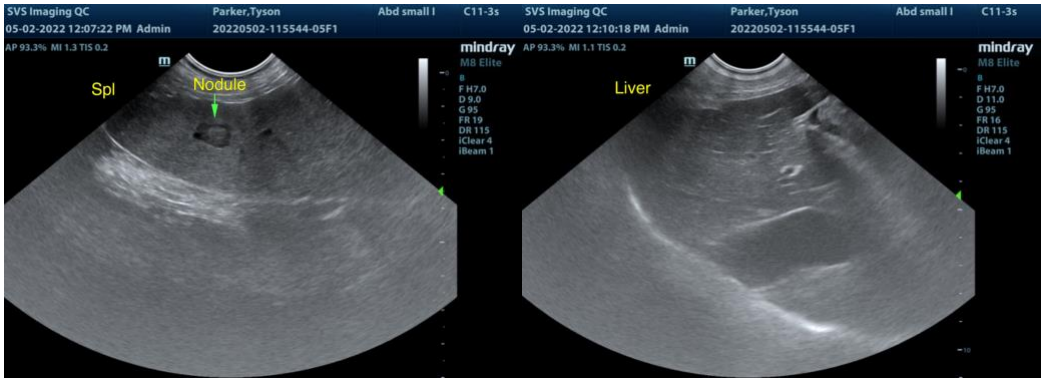
monitoring of the left adrenal nodule as well as the splenic nodule with initial recheck in 4-6 weeks recommended.









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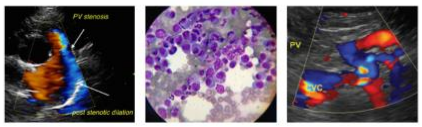

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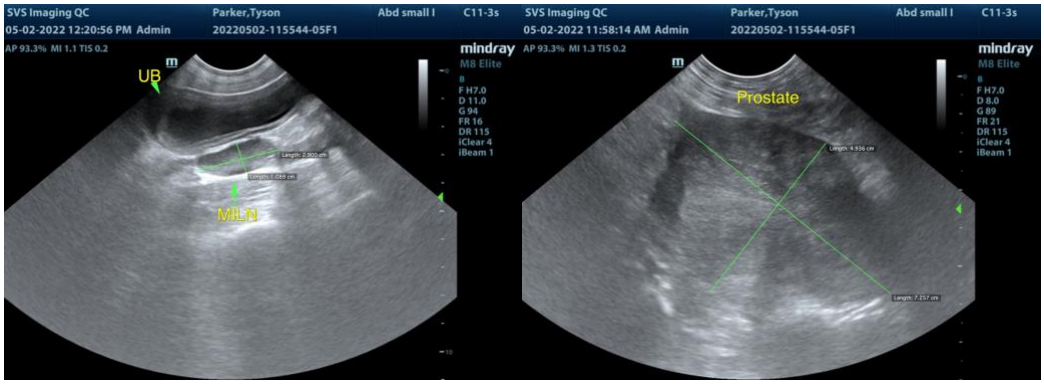

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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