



PATIENT

Jack Stewart

SPECIES

Canine

BREED

Westie

SEX

Male

AGE

14 years

WEIGHT

7.9 kg

PRESENTING CLINICAL SIGNS

Bloody discharge from penis. Glucosuria. Low normal platelets, RBCs, hematocrit and hemoglobin. High SDMA and BUN. Low sodium/potassium.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolypliod changes were present primarily in the ventroapical to dorsoapical urinary bladder wall, likely associated with age-related mural changes. Anechoic urine was present in the lumen with no sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. The apical urinary bladder wall width measured 0.32 cm.

The prostate was 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 nonhomogeneous exhibiting mild diffuse microcystic parenchymal changes. No evidence of parenchymal mineralization. The prostate measured 4.7 cm x 2.6 cm.

No evidence of pathology in the area of the aortic trifurcation.

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 to moderate loss of corticomodullary symmetry and definition expected for the age of the patient. Focal mild areas of medullary mineralization were noted. No evidence of pelvic dilation or pyelectasia was present. The left kidney measured 4.9 cm in length. The right kidney measured 5.0 cm in length.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS

HOSPITAL NAME

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Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.1 cm length x 0.51 cm width at the caudal pole. The right adrenal gland measured 1.9 cm length x 0.45 cm width at the caudal pole.

Spleen

The spleen was not visualized owing to prior splenectomy. No evidence of pathology was noted in the area of the splenic fossa.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the falciform fat with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A solitary, nonhomogeneous, hyperechoic, nondisruptive, intraparenchymal nodule was present in the left liver measuring 0.97 cm. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size containing primarily anechoic content with mild non-dependent, echogenic gallbladder sediment. The cystic and common bile ducts were normal.



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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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, consistent with age-related pancreatic changes and incidental. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Micropolyploid urinary bladder, potential for low-grade cystitis
- Enlarged, nonhomogeneous, microcystic prostate - benign prostatic hyperplasia with microcystic parenchyma, potential for prostatitis, no overt evidence of prostatic neoplastic criteria
- Bilateral chronic renal changes with nonobstructive medullary mineral
- Hepatic parenchymal remodeling with subjective benign intraparenchymal nodule - nodules suggestive of lipogranuloma or hyperplasia
- Mild gallbladder sediment (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prostatic sampling would be required for further clarification. No overt evidence of upper or lower urinary tract neoplastic criteria. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Neutering is likely ideal assuming no evidence of penile abnormalities.

A definitive cause of the patient's borderline anemia was not obvious.



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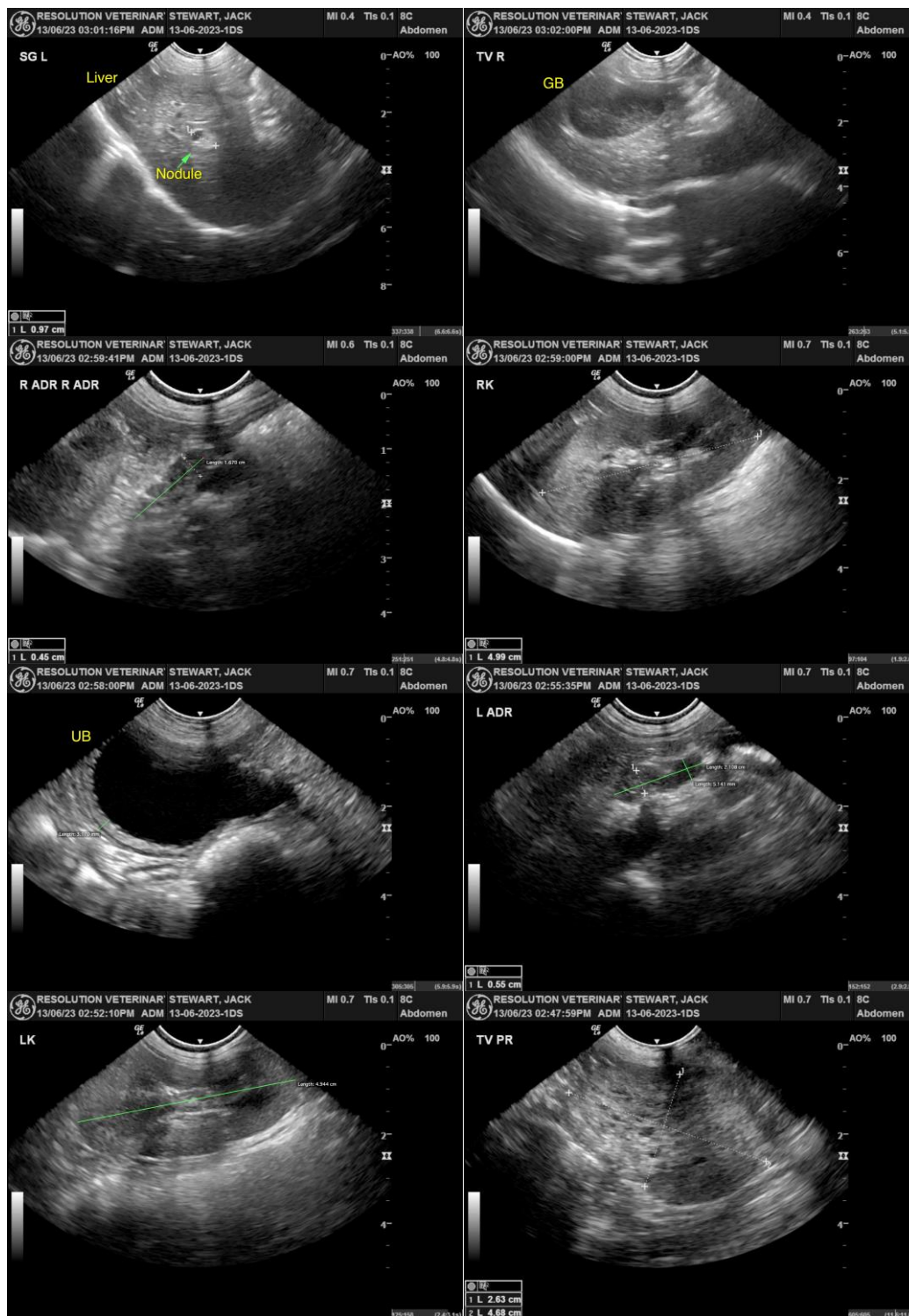
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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