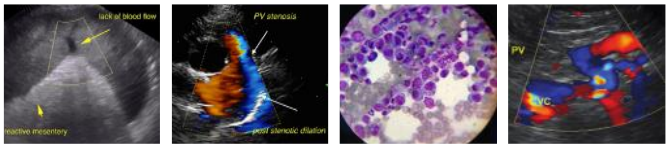
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Tyson Paluzzi

SPECIES
Canine

BREED
Pitbull

SEX
MN

AGE
12 years

WEIGHT
Not Provided

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

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Animal Hospital of Sussex County

REFERRING VET
Dr. Catania

INVOICE
17244

DATE
7/14/23

PRESENTING CLINICAL SIGNS

Chronic blood in urine, straining to urinate, weight loss. Elevated liver enzymes. Recently on Prednisone and Enroflox

Abnormal PE/Chem/CBC/UA Results: ALT 240; ALP 2054; GGT 28; NEUTS 15,971; 7/11-U/A: USG 1.014; BLD +3; WBC 6-10; RBC 20-30; COCCI>40 (Free Catch); 6/30 Cysto: UPC 0.4; RBC >50

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size with normal tone. Normal urinary bladder wall was noted without evidence of inflammatory or neoplastic criteria. Anechoic urine was present primarily with mild nondependent particulate sediment. No mineral or calculi were noted.

The prostate gland was enlarged in size exhibiting mild asymmetrical, yet discernable prostatic capsule compared to adjacent tissue. Nonhomogeneous, mineralized prostatic parenchyma was present. The prostate measured 5.1 cm x 3.0 cm.

No evidence of medial Iliac or sublumbar lymphadenopathy was noted.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint areas of medullary mineral were noted. A left kidney small caudal cortical cyst containing anechoic fluid was present. The left kidney measured 6.6 cm in length. The right kidney measured 7.3 cm in length.

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 2.8 cm length x 0.80 cm width at the caudal pole. The right adrenal gland measured 3.0 cm length x 0.73 cm width at the caudal pole.

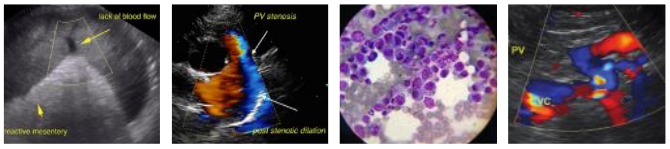
Spleen

The spleen was normal in size with minor capsule asymmetry exhibiting mild parenchyma heterogeneity. Several to multiple, nondisruptive, subtle, hypoechoic splenic nodules were present with an example measuring 1.0 cm in diameter.

Liver/ Gallbladder

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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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild echogenic, nonshadowing ingesta, sonographically consistent with food without signs of 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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Enlarged nonhomogeneous mineralized prostate
- Mild urinary bladder sediment
- Nonspecific subtle splenic nodules - suspect hyperplasia, hematopoiesis, or similar, mild potential for emerging nodular splenic neoplastic criteria
- Hepatopathy - subjectively benign
- Sonographically unremarkable gastrointestinal tract with mild gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the prostatic presentation is strongly concerning for prostatic neoplastic criteria, i.e., prostatic or urothelial carcinoma. Prostatic wash or ultrasound-guided prostatic FNA for cytology +/- C/S is recommended for further assessment and potential oncology consult.

No obvious evidence of urinary bladder or regional lymphatic metastasis if prostatic neoplasia is confirmed. Concurrent screening splenic nodule FNA cytology, assuming normal clotting status and using a 25-gauge needle, may be considered primarily to ensure only benign splenic changes are present. Hepatosupportive medications may prove beneficial.

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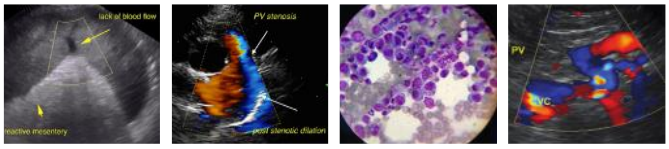

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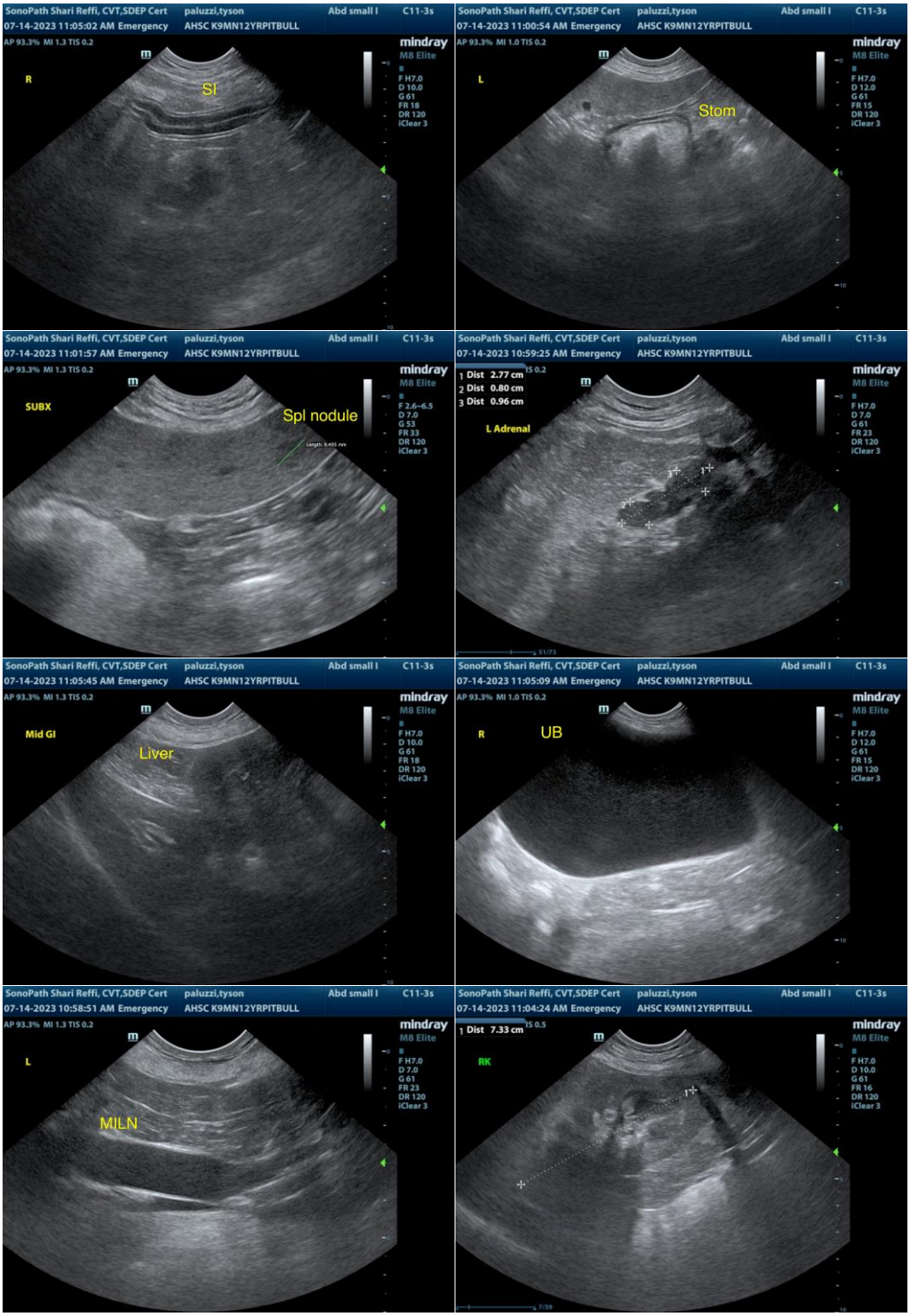

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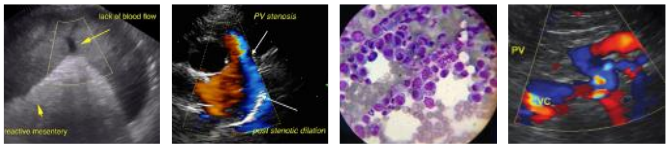

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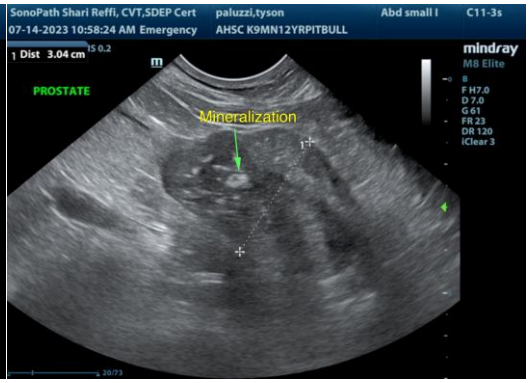

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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