SonoPath
Clinical Sonography & Telecytology
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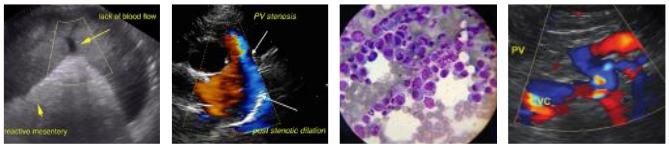


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Melo Ignacio

SPECIES

Canine

BREED

Husky

SEX

Male Intact

AGE

11

WEIGHT

24 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Beddington Trail AH

REFERRING VET

Dr. Bhadur

INVOICE

14358

DATE

7/21/22

PRESENTING CLINICAL SIGNS

Lethargy severe muscle wasting and weight loss no appetite. Very tender on abdominal palpating prostate palpable caudal ventral abdomen
Abnormal PE/Chem/CBC/UA Results: Non regenerative anemia and leucocytosis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with mild generalized thickened ventroapical and dorsal urinary bladder wall extending into the area of the cystourethral junction with mild asymmetrical luminal surface contour and potential for minor polyploid component. The apical urinary bladder wall measured 0.60 cm width. Anechoic urine was present with no sediment or calculi.

The residual prostate exhibited severe enlargement with severely heterogeneous to nonuniform mixed echogenic parenchyma and indistinct prostatic border. The prostate measured at least 7.0-8.0 cm in diameter, but potentially larger as the indistinct prostatic border was not definitive. No overt evidence of prostatic parenchymal mineralization was noted. Small, yet multifocal prostatic intraparenchymal cysts were present.

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. A moderately sized, thinly-walled cyst occupying the caudal right kidney was present measuring 2.8 cm in diameter. No evidence of pelvic dilation was present. The left kidney measured 6.9 cm in length. The right kidney measured 7.1 cm in length.

Adrenal Glands

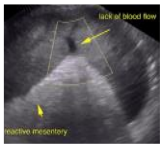
The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.54 cm width in the cranial pole and 0.59 cm width in the caudal pole. The right adrenal gland measured 0.48 cm width in the cranial pole and 0.49 cm width in the caudal pole.

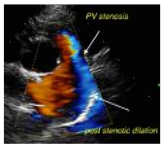
Spleen

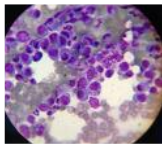
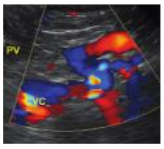
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver was mildly enlarged with subjective mild decreased yet uniform hepatic parenchyma echogenicity and mild increased prominence of the portal vascular borders. Solitary small well-demarcated, uniformly hyperechoic intraparenchymal nodule, likely consistent with lipogranuloma or area of nodular hyperplasia, was present in the mid liver. No hepatic masses were noted. The gallbladder





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was non-distended in size with thin walls and 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 gastric body wall width measured 0.30 cm.

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 duodenum wall measured 0.26 cm width. The jejunum wall measured 0.20 cm width.

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. No signs of active inflammation or neoplasia.

Free Abdomen

Regional periprostatic to generalized mid to cranial abdominal nonuniform variably echogenic mesentery exhibiting potential for hypoechoic striations which may indicate Ill-defined omental lymphadenopathy with the possibility of ill-defined infiltrative mesenteric mass. Mild to moderate volume peritoneal free fluid exhibiting mild echogenic changes suggestive of mild cellularity was present.

The left and right testicles exhibited overall normal size with mild parenchyma heterogeneity. No overt masses or nodules were noted. Potential for mild fluid was noted around both testicles.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild potentially chronic cystitis pattern
- Severely enlarged nonhomogeneous to mixed echogenic prostate - severe prostatitis / septic prostatitis or prostatic neoplasia possible
- Regional periprostatic to generalized nonuniform to mixed echogenic mesentery exhibiting ill-defined mesenteric hypoechoic striations - potential peritonitis vs. Ill-defined infiltrative mesenteric mass, carcinomotosis, lymphomatosis, or similar
- Mild hepatomegaly exhibiting mild decreased parenchyma echogenicity - nonspecific
- Overtly normal gastrointestinal tract

Secondary Findings

- Mild chronic renal changes with right kidney cyst

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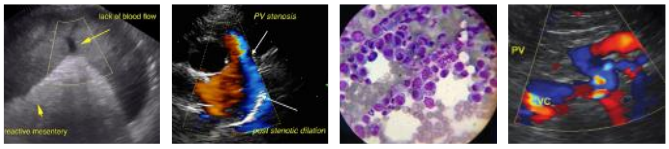

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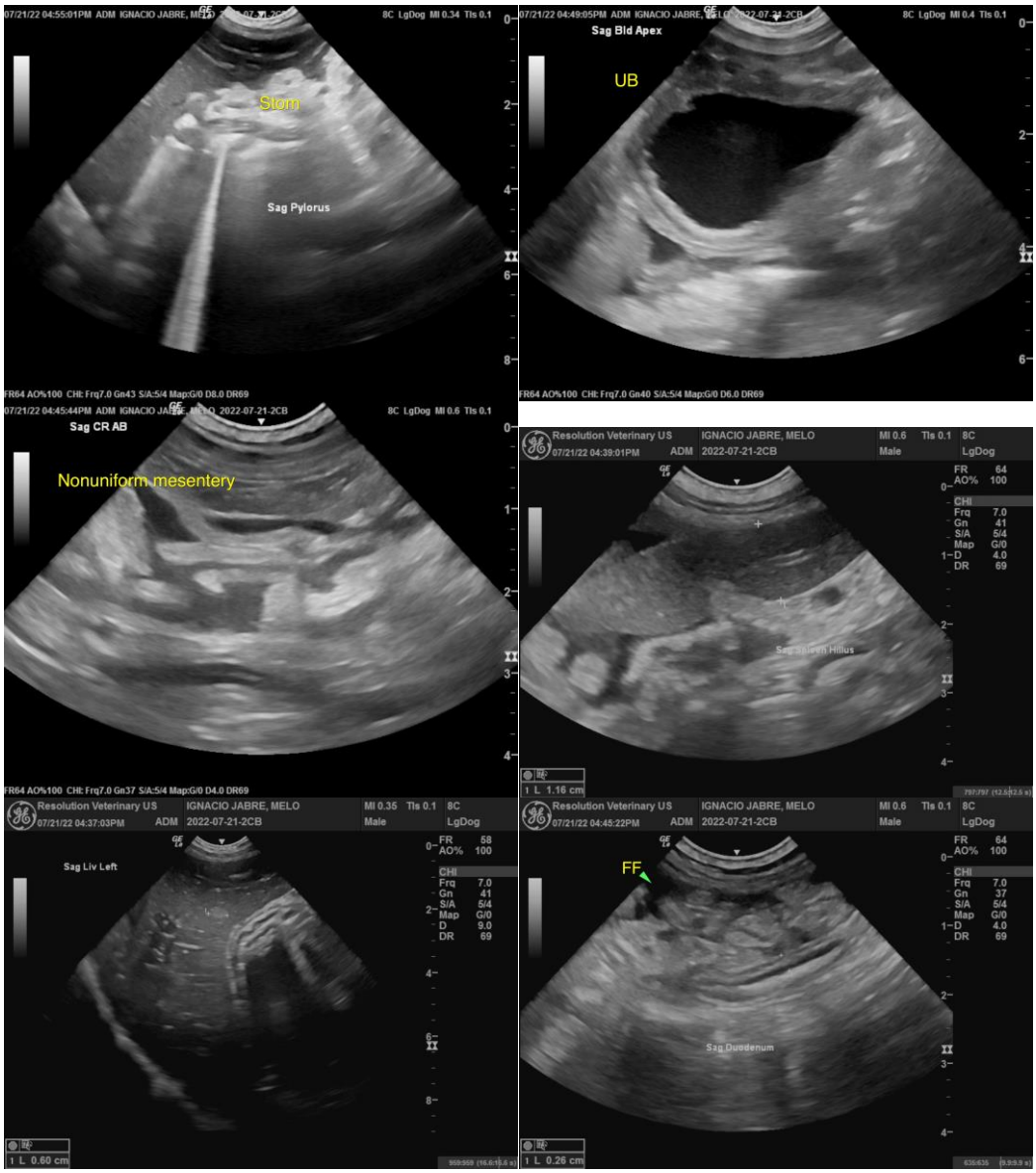
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prostatic FNA as well as abdominal effusion analysis, cytology and C/S if evidence of inflammatory cells is recommended for further assessment. If accessible, concurrent FNA into are of nonuniform mixed echogenic to hypoechoic omentum for screening cytology could also be considered.

A very guarded prognosis pending additional sampling which Is considered essential in this case. Three view chest radiographs +/- a GI panel to include PLI/TLI/Cobalamin/Folate could be considered to rule out occult disease as a contributing factor to the patient's weight loss and decreased appetite.



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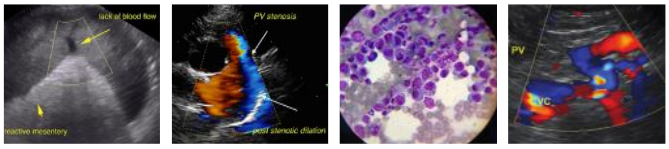

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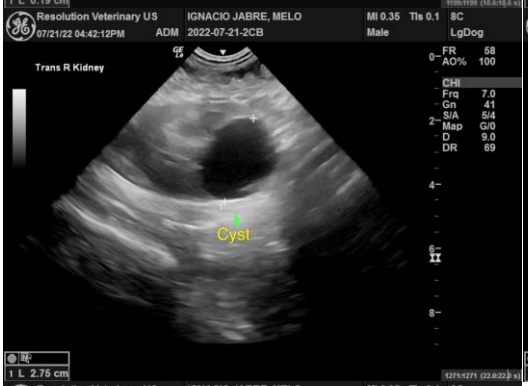

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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