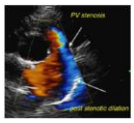
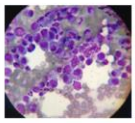
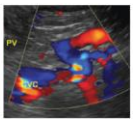




PATIENT

Karl Edwards

SPECIES

Canine

BREED

Dachshund

SEX

NM

AGE

13 years

WEIGHT

18 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Lisa Hatfield

INVOICE

14419

DATE

7/27/22

PRESENTING CLINICAL SIGNS

Presented to Emergency Center 7/25/22 for walking aimlessly, staring, not eating, dry heaving, straining to urinate. Given SQ fluids and cerenia.
Abnormal PE/Chem/CBC/UA Results: HGB 24.4, HCT 71%, ALB 4.9, BUN 29, CA >20 Rads: small mass effect mid/dorsal abdomen (ventral to kidneys)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone containing anechoic urine with several, small dependent cystic calculi present. The urethra exhibited normal structure and tone to a depth of 3.0 cm.

The residual prostate exhibited mild prominent size with maintained symmetrical capsule contour and nonhomogeneous hypoechoic residual prostatic parenchyma exhibiting multifocal, pinpoint hyperechoic parenchyma foci. The residual prostate measured 2.3 cm in diameter. No evidence of periprostatic inflammation was noted.

The area of the aortic trifurcation was free of pathology.

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 corticomedullary symmetry and definition expected for the age of the patient. A solitary caudal thinly-walled cortical cyst containing anechoic fluid was present in the right kidney. No evidence of pelvic dilation was present. The left kidney measured 5.2 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

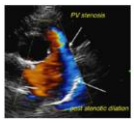
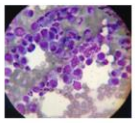
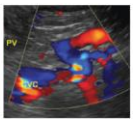
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.2 cm length x 0.62 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.3 cm length x 0.57 cm width at the caudal pole.

Spleen

The spleen exhibited normal size and contour with primarily maintained finely textured homogeneous parenchyma exhibiting a solitary nondisruptive hypoechoic to mildly nonhomogeneous nodule in the mid lateral spleen measuring 0.94 cm in diameter.

Liver/ Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. 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 hyperechoic debris. The gallbladder was otherwise normal. 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 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 omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

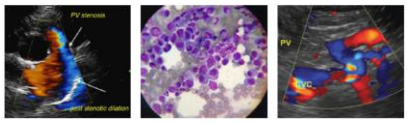
- Small dependent cystic calculi
- Mild residual prostatomegaly exhibiting nonhomogeneous parenchyma with multifocal pinpoint hyperechoic parenchyma foci
- Nonspecific splenic nodule
- Mild hepatomegaly
- Mild gallbladder debris (non-mucocele)
- Overtly normal gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Although sampling is required for further assessment, the residual prostate presentation was concerning for emerging neoplastic criteria i.e., prostatic or possible urothelial carcinoma, given the residual prostatic enlargement with areas of probable parenchymal mineralization.

Multiple etiologies are possible for the nonspecific splenic nodule Including focal area of hyperplasia, hematopoiesis, small hematoma, infarct, or similar, while the possibility of emerging neoplastic or metastatic nodule cannot be excluded. Further assessment may include, assuming normal clotting status, prostatic and splenic nodule FNA, using a 25-gauge needle for screening cytology, and/or prostatic wash for cytology. No overt evidence of regional periprostatic metastatic disease was noted.



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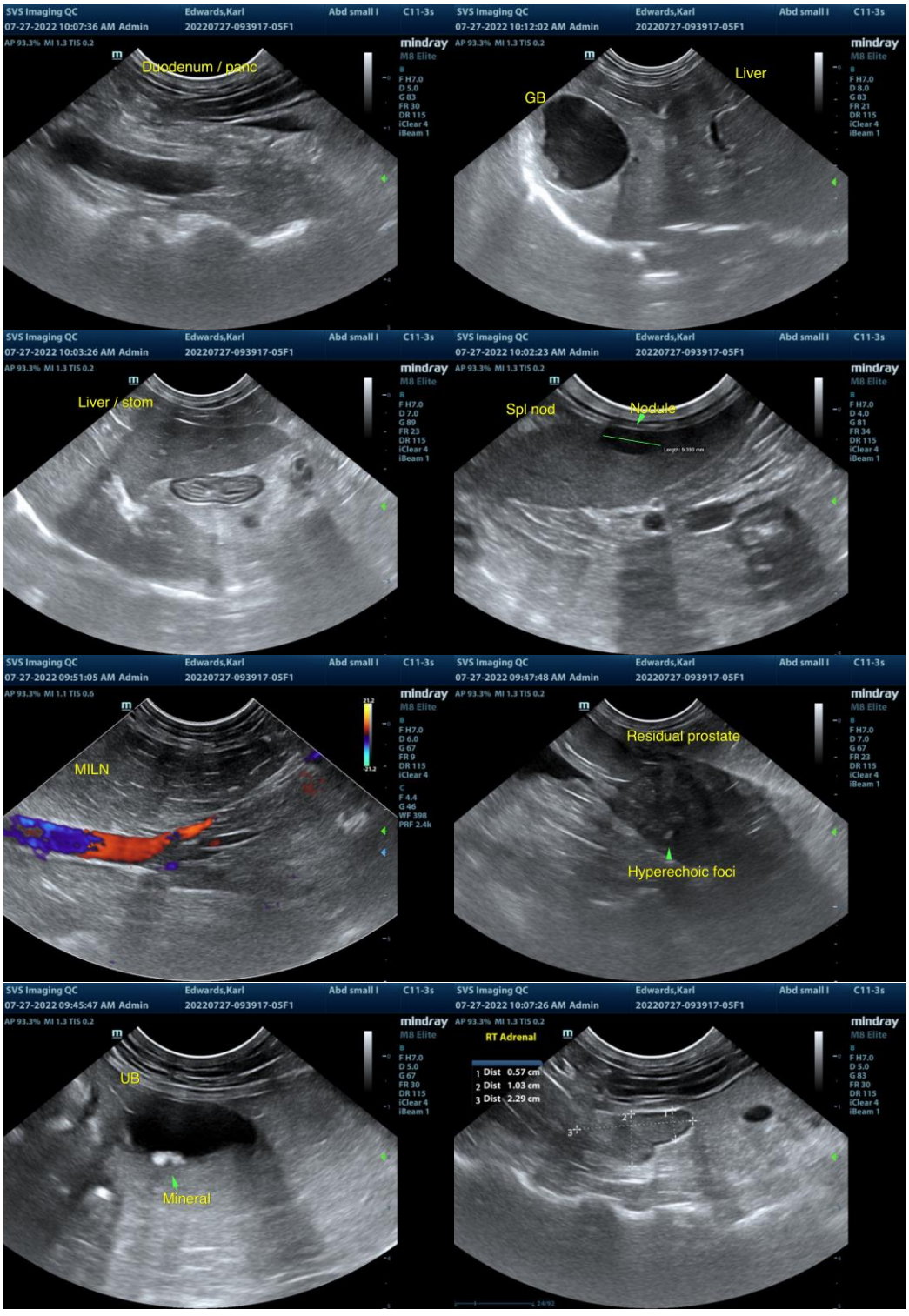
Hypercalcemia panel could be considered for further clarification. Three-view chest radiographs are suggested. Thorough neurological examination is recommended if not done. As-needed gastrointestinal support Is recommended.



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SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

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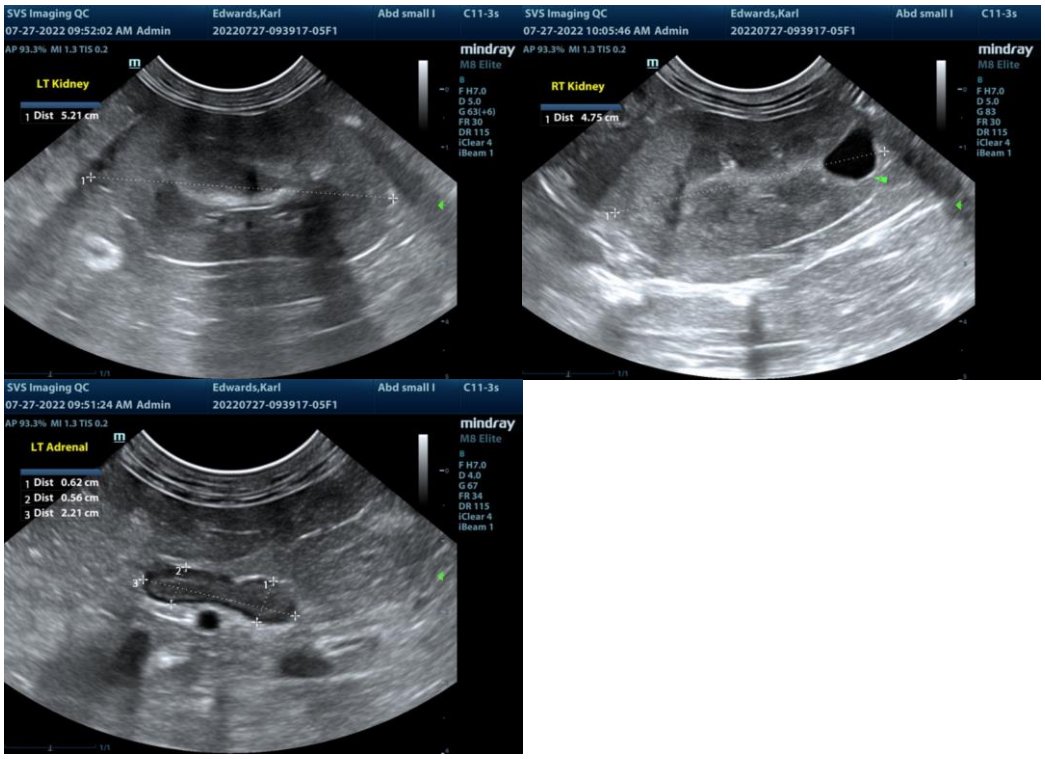

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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