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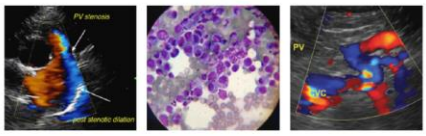

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Murphy Linton

SPECIES

Canine

BREED

Lab

SEX

MN

AGE

11.5yr

WEIGHT

72lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Wixom Family Pet Practice

INVOICE

11210ag

DATE

07/27/2022

PRESENTING CLINICAL SIGNS

History: Current Medications: Received 10mg Butorphanol IM today for pain relief. Normally takes L-thyroxine 0.6mg PO BID, but hasn't gotten in a couple of days due to not eating. Patient History: Some decrease appetite and weight loss in the past month, last full urination was Sunday, has been dribbling urine since then, not eating at all, stranguria. Is neutered (around 8-12mos).

Abnormal PE/Chem/CBC/UA Results: quieter than normal, mild tartar/gingivitis, dribbling urine in room constantly, UB is large and firm, but can express urine when gently palpated, uncomfortable; no urethral stones palpated externally or with rectal exam, unable to reach the prostate on rectal exam. Stiff in hind limbs. BW-mild neutrophilia, low T4, ALT 121 (0-120) UA-hematuria, pyuria, transitional cells, bacteruria Please see attached BW

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was initially distended in size with subjectively normal tone. Anechoic urine with mild nondependent particulate sediment which may indicate mild cellular debris/protein, crystalline debris or lipid. The trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination was 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 pelvic dilation was present. The left kidney measured 7.25 cm in length. The right kidney measured 7.8 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate exhibited generalized enlargement and asymmetrical capsule contour. The capsule was able to be differentiated from surrounding tissue. Generalized nonhomogeneous parenchyma exhibiting pinpoint to focal areas of medullary mineral was present. Intraparenchymal cystic lesions containing anechoic fluid with subjective echogenic changes potentially indicative of fluid cellular component were present. The residual prostate measured approximately 4.7 cm x 3.9 cm. Regional periprostatic inflammation and small pockets of periprostatic to peritoneal free fluid were present.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.90 cm width at the caudal pole and 0.97 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.87 cm width.

Spleen

The spleen exhibited generalized mild parenchyma heterogeneity with intermittent nondisruptive hypoechoic nodules an example measuring 0.63 cm in diameter. 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.

Liver

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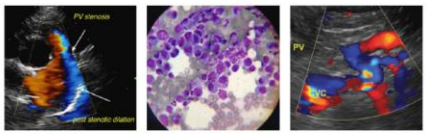

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The liver exhibited mild asymmetrical lobar swelling in the right lateral to caudate liver lobe. The caudate liver lobe measured approximately 9 cm in diameter. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate 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.

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

Regional periprostatic inflammation and small pockets of periprostatic to peritoneal free fluid were present.

A solitary enlarged medial iliac lymph node was present. The lymph node was homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.94 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Residual prostatomegaly including focal to intermittent intraparenchymal cystic lesions
- Nonhomogeneous to discreetly nodular spleen-nonspecific
- Hepatic parenchyma remodeling with nonspecific mild asymmetrical right lateral to caudate lobar swelling
- Regional periprostatic inflammation with scant to mild volume periprostatic to peritoneal free fluid
- Focal mildly hypoechoic to prominent medial iliac lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the prostatic presentation is suggestive of neoplastic criteria which may include prostatic or urothelial carcinoma. Nonneoplastic etiology such as prostatitis or prostate necrosis is considered less likely. Further assessment may include prostatic FNA or prostatic wash for cytology +/- C/S if clinically indicated.

The nodular spleen as well as the right lateral to caudate lobar liver swelling were non specific with considerations including patient variant or benign etiologies although emerging hepatosplenic neoplasia cannot be excluded. Concurrent screening hepatosplenic FNA assuming normal clotting status is warranted for cytology.

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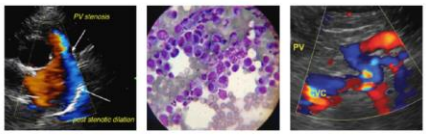

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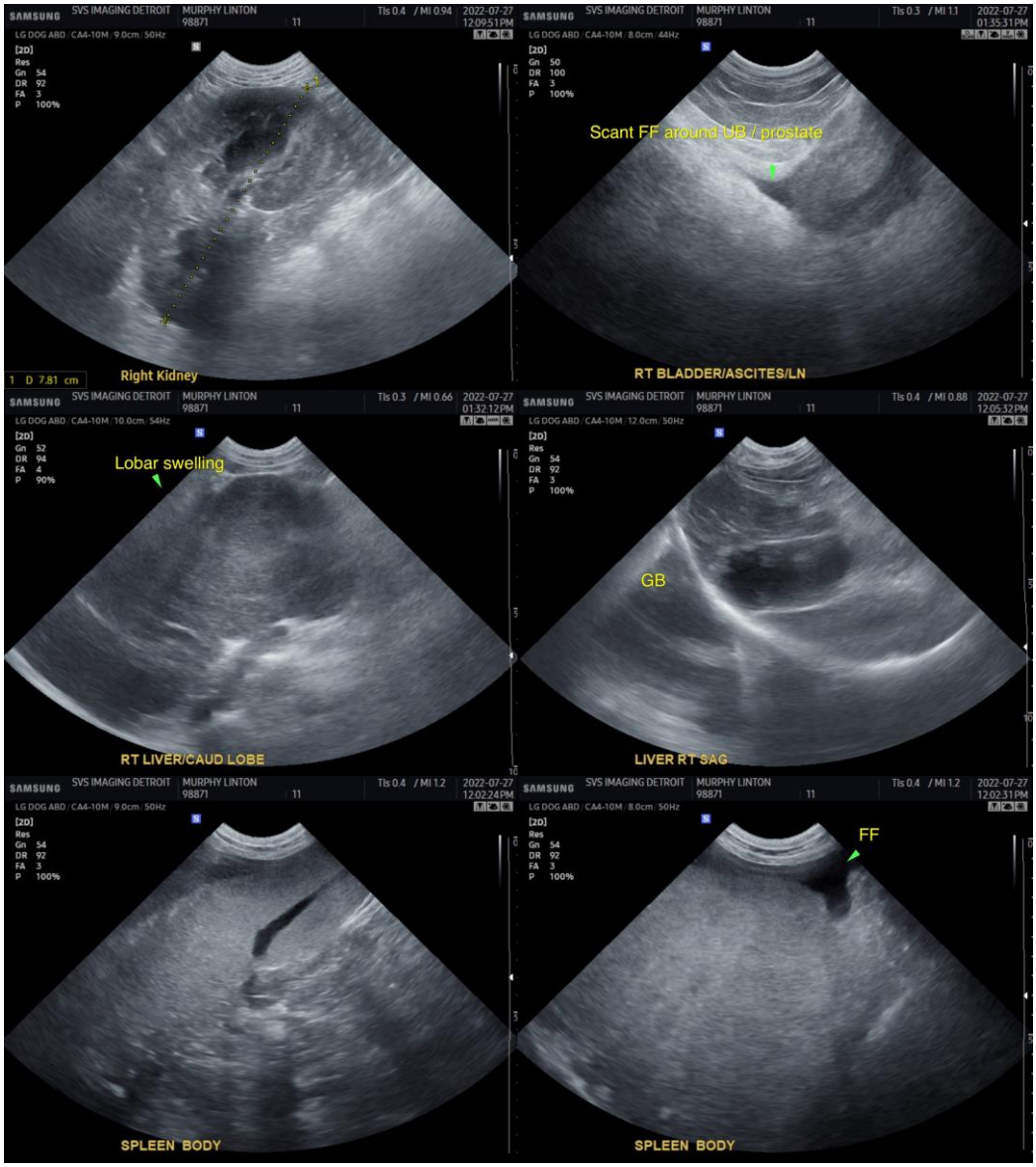

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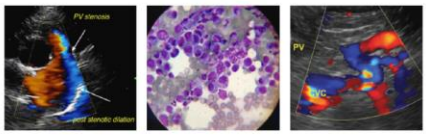

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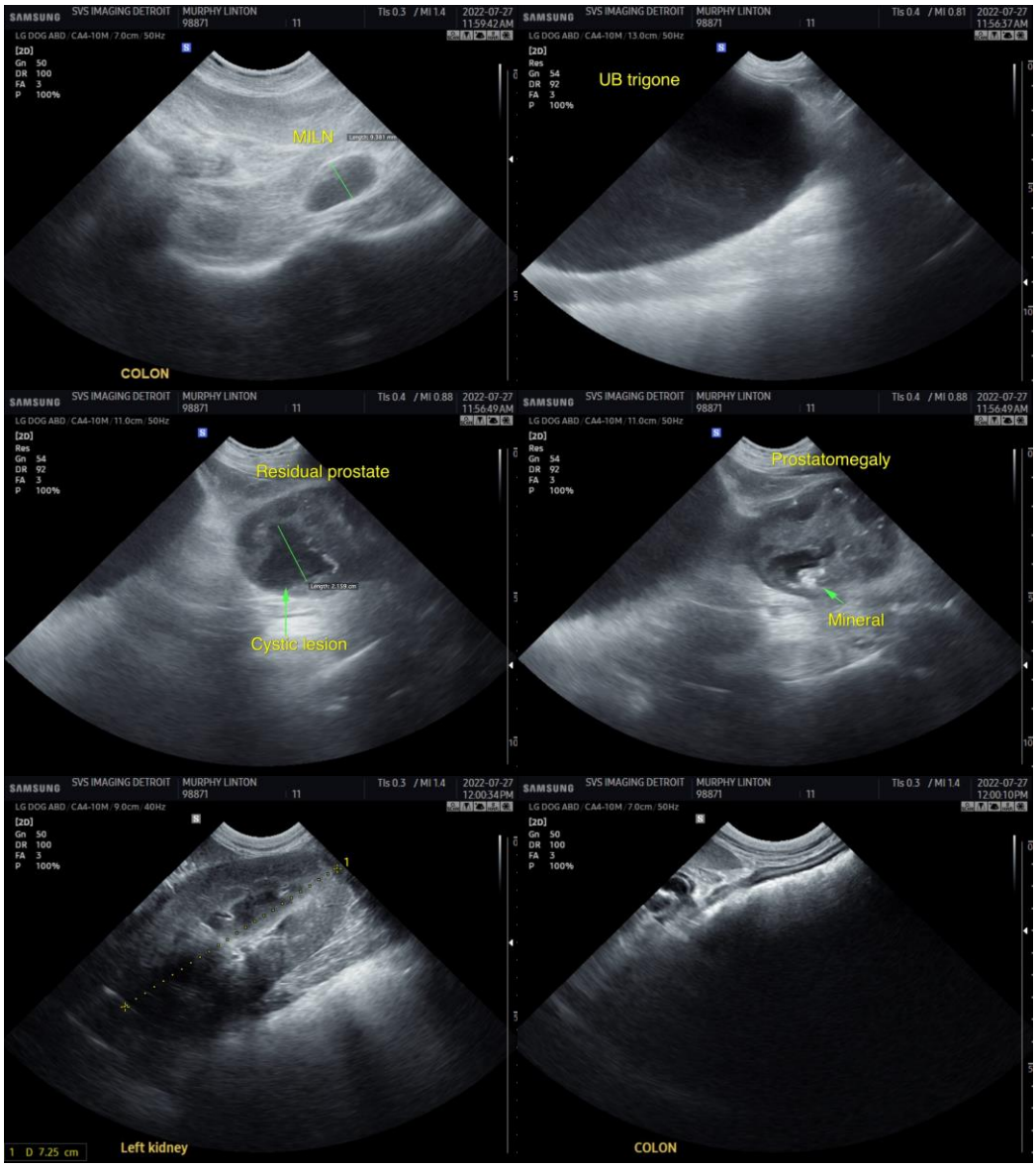

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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