



PATIENT

Anchor Lucas

SPECIES

Canine

BREED

Malamute

SEX

MI

AGE

10 yr

WEIGHT

50.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Bend Animal
Emergency and
Specialty Center

REFERRING VET

Dr. Adam Stone

INVOICE

11054ag

DATE

07/07/2022

PRESENTING CLINICAL SIGNS

History: Dog presented to BAESC for continued care of fever, anorexia, and hematuria. Limited history provided as referring DVM records are not available, but client reports 3 days of hyporexia and 24 hours of profound lethargy. -- 3 weeks ago, patient had dental and 13 teeth extracted. Patient has received Cerenia, Pantoprazole and Buprenex by referring veterinarian at Bend Vet Clinic.

Abnormal PE/Chem/CBC/UA Results: PE: -- Fever of 104.3 F, Lenticular sclerosis OU. Unable to palpate prostate without sedation. No obvious abdominal masses. Blood work (7/7/2022) CBC: -- Lymph: 790/uL (1000-4800) -- PMN: 14,450/uL (3000-12,000) -- RBC: 5.35 M/uL (5.5-8.5) -- PLT: 146,000/uL (165,000-500,000) CHEM: -- NSF cPLi: >650/uL UA: free catch, slightly turbid, USG: 1.015, red/orange -- Hematuria; RBC: 444 RBC/uL -- Pyuria; WBC: 243/uL -- Proteinuria; 130 mg/dL - Bacteriuria; 1+ rods, 3+ cocci

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder exhibited mildly prominent ventral apical and dorsal urinary bladder walls. The dorsal apical bladder wall measured 0.52 cm in width. Anechoic urine was present in the lumen with moderate dependent to nondependent particulate to pinpoint hyperechoic sediment. The ureteral papillae were normal. The ureters were not visible which is normal. Inflammation noted around the bladder likely deriving from the prostate.

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 or pyelonephritis was present. The left kidney measured 8.9 cm in length. The right kidney measured 10.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate was enlarged in size with intact, primarily symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was heterogeneous with a mixed pattern of varying echogenicity without evidence of parenchymal mineralization. The prostate measured 5.5 cm x 4.8 cm. Regional peri prostatic inflammation including small pockets of peri prostatic free fluid were noted.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.77 cm width at the caudal pole and 2.3 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.87 cm width at the caudal pole and 3.4 cm length.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver



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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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 minor nonshadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

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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.

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Pancreas

The pancreas exhibited mildly prominent to asymmetrical pancreas base and right pancreatic limb exhibiting mixed echogenic parenchyma including areas of hyperechoic parenchyma echogenicity.

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Free Abdomen

Focally enlarged medial iliac lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 2.9 cm x 1.2 cm.

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ULTRASONOGRAPHIC FINDINGS

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- Prostatitis with associate regional peri prostatic inflammation
- Concurrent mild cystitis pattern with moderate urinary bladder sediment/pyuria
- Mild chronic renal changes
- Pancreatic remodeling with suspect areas of mild fibrosis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prostatic sampling via ultrasound guided FNA or prostatic wash for cytology as well as C/S is required for further assessment. Neutering is likely ideal in this patient with empirical therapy for prostatitis which may include fluroquinolone (enrofloxacin) monitoring of clinical response as well as ideally sonographic monitoring of the prostate would be ideal. Concurrent urine C/S is recommended. Potential for mild to chronic pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation.

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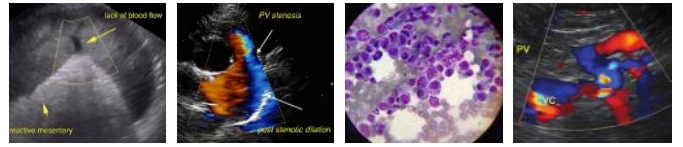
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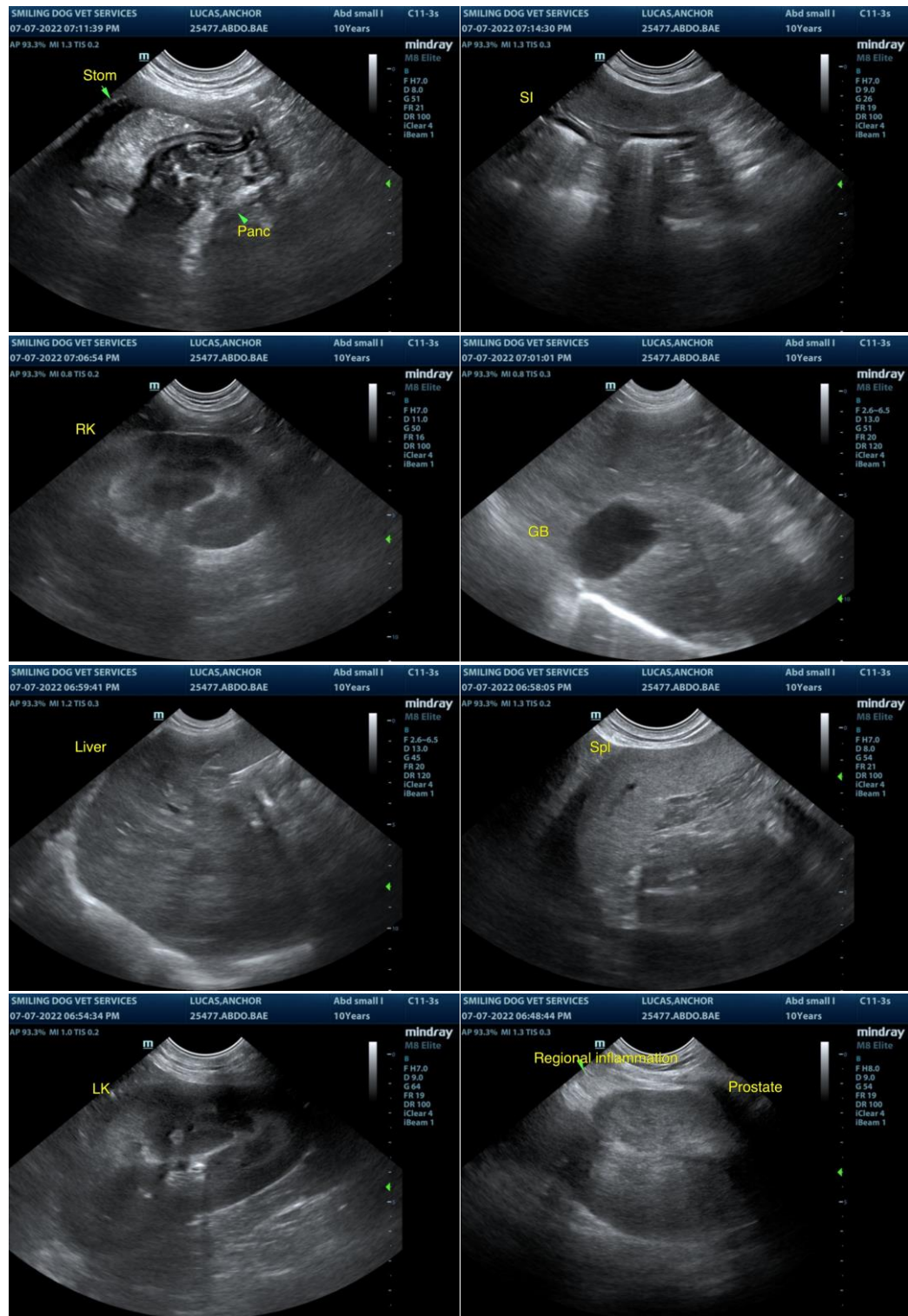
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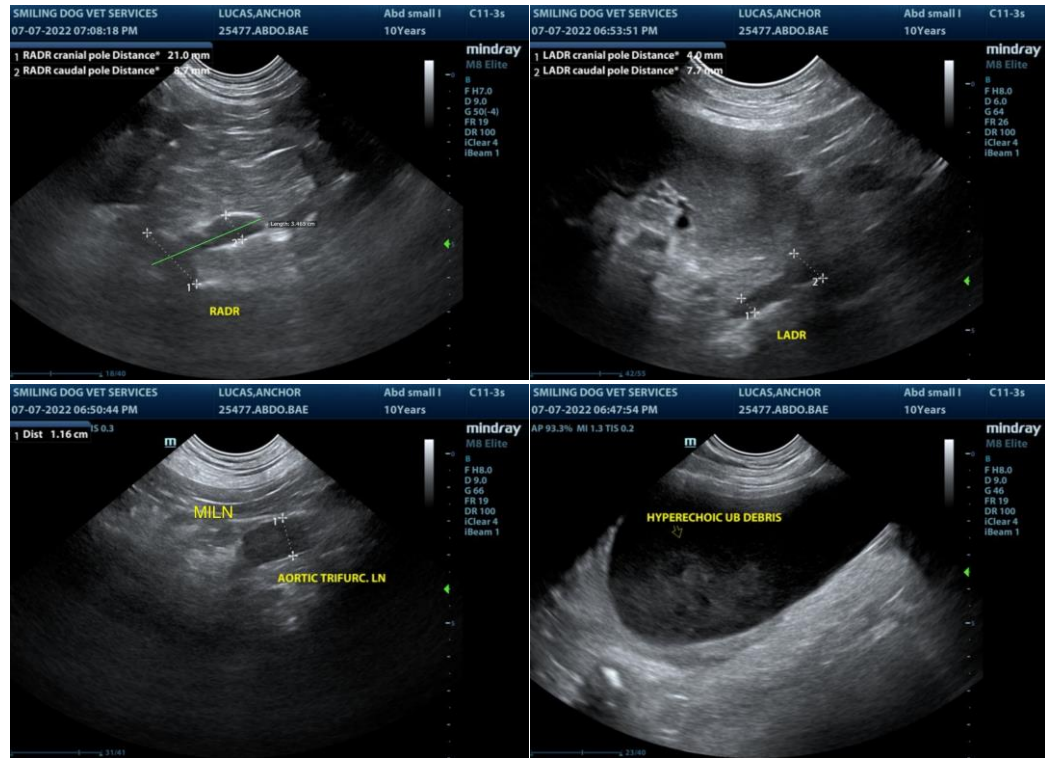
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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