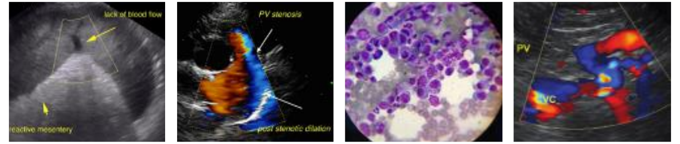

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1-800-838-4268 info@sonopath.com

PATIENT

Teddy Wilbur Monroe

SPECIES

Canine

BREED

Beagle Mix

SEX

Neutered Male

AGE

13 Years

WEIGHT

28 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Mack

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Mack

INVOICE

16817

DATE

8/10/22

PRESENTING CLINICAL SIGNS

History: Currently on heart meds managing well
Abnormal PE/Chem/CBC/UA Results: Unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Urinary bladder calculi were present in the dependent lumen and subjectively mobile. An example of calculus measured 1.2 cm in diameter. Aortic trifurcation was normal.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. Small intraparenchymal cysts were present. The prostate measured 4.3 cm x 3.3 cm. The urethra was normal to a depth of 2.0 cm. Aortic trifurcation was normal.

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 mild increased corticomedullary echogenicity with loss of corticomedullary distinction. No evidence of pelvic dilation was present. Small intermittent cortical cysts were present. The left kidney measured 5.8 cm in length. The right kidney measured 6.2 cm in length.

Adrenal Glands

The left adrenal gland was normal to mildly prominent in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.57 cm width in the cranial pole and 0.68 cm width in the caudal pole.

The right adrenal gland was enlarged in size with nonhomogeneous parenchyma. No overt evidence of right adrenal mineralization. The right adrenal gland measured 2.4 cm x 1.6 cm.

Spleen

The spleen was normal in size and contour with generalized splenic parenchyma heterogeneity. Focal to intermittent, nondisruptive nonhomogeneous hypoechoic splenic nodules were present. An example of splenic nodule measured 0.7 cm in diameter.

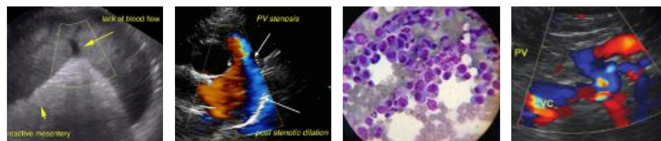
Liver

The liver was mildly enlarged. The liver revealed moderate nonhomogeneous parenchyma exhibiting parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder revealed mild hyperechoic primarily dependent gallbladder debris. The gallbladder walls were overtly normal without significant inflammatory criteria. No evidence of peripheral gallbladder inflammation. 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.



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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.

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. This is likely consistent with age-related pancreatic remodeling and considered incidental.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder calculi
- Benign prostatic hyperplasia presentation with small intraparenchymal cysts, potential for prostatitis or less likely neoplastic criteria possible.
- Moderate chronic renal changes with focal cortical cyst
- Right adrenal mass
- Mild subjective hepatomegaly, exhibiting generalized moderate nonhomogeneous parenchyma
- Mild gallbladder debris (non-mucocele)
- Nonspecific splenic nodule/nodules

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostatic presentation is somewhat odd, as Teddy is listed as a castrated male. Correlation with clinical history is suggested. If confirmed castrated, consideration for potential non-visualized retained testicle could be considered. Prostatic sampling is required for further assessment. A urine culture and sensitivity on sterile urine sample is recommended to assess for underlying infection. Unlikely potential for mineralized urinary bladder mass, which is considered a less likely differential diagnosis.

The right adrenal mass may indicate functional versus nonfunctional adenomatous change, benign hyperplasia with primary concern for neoplastic criteria, i.e., pheochromocytoma, adenocarcinoma or other. Screening blood pressure is advised to assess for evidence of hypertension, which may allude to a pheochromocytoma. Full adrenal work up is suggested if clinical signs consistent with Cushings syndrome are present.

Hepatosupportive medications, including Denamarin and Ursodiol may be considered if evidence of hepatic enzyme elevations or cholestasis.

Potential etiologies for the splenic nodules may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodules for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

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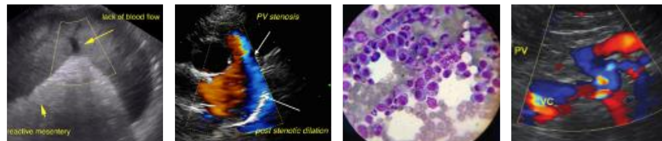

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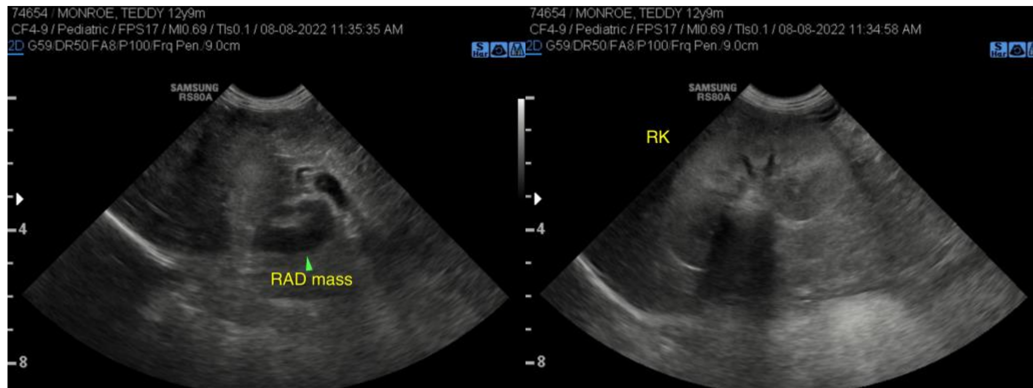

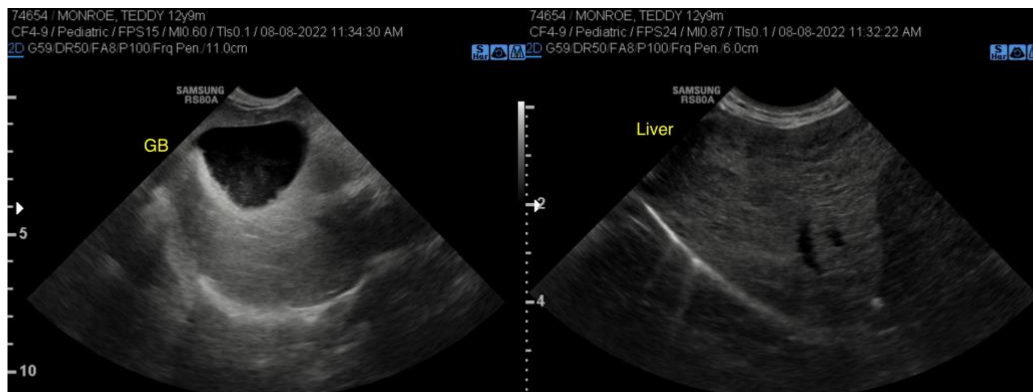

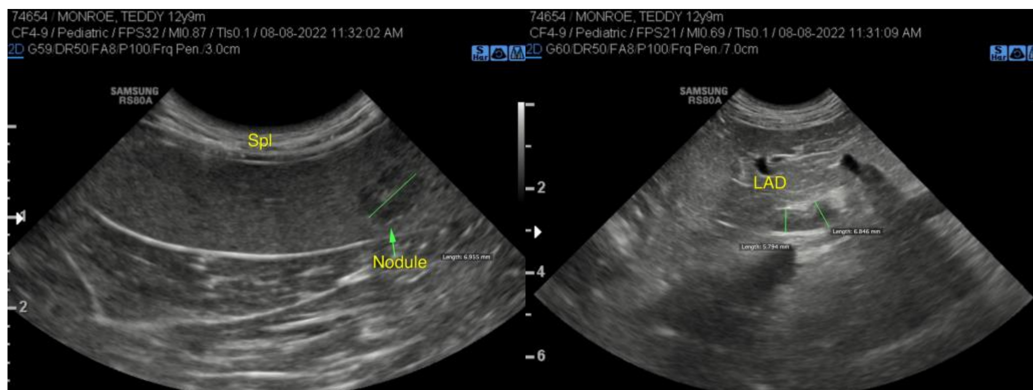

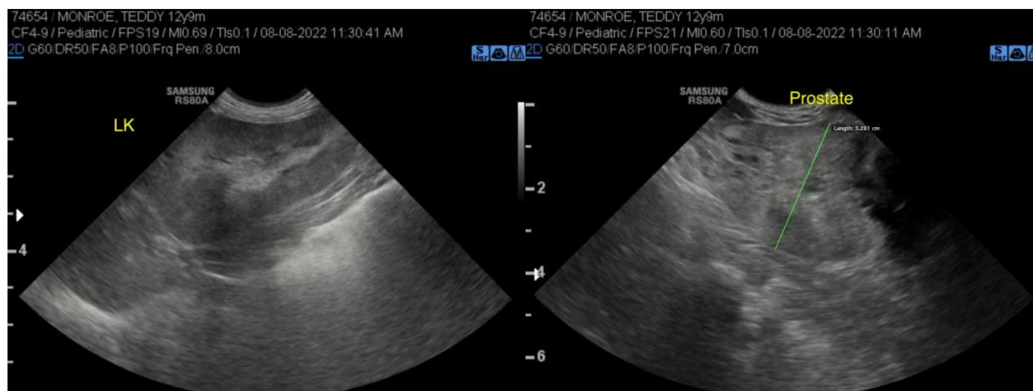

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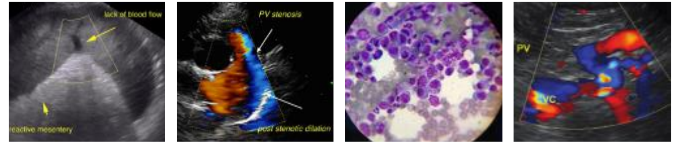

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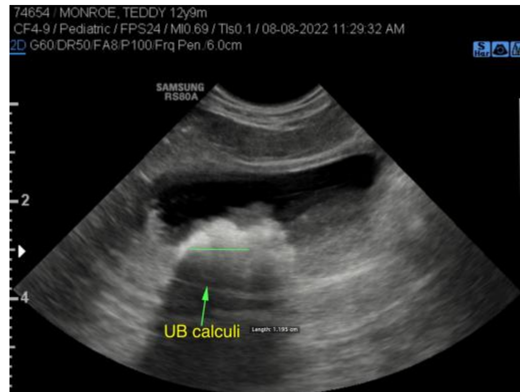

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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