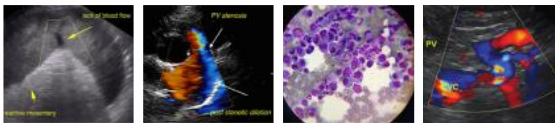


PATIENT

Siris Quam

SPECIES

Canine

BREED

Belgian Malinois

SEX

M/I

AGE

5 years

WEIGHT

64.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Westmoreland AH

REFERRING VET

Dr. Sullivan

INVOICE

14815

DATE

8/15/23

PRESENTING CLINICAL SIGNS

Decreased long jump ability -Pain with thoracolumbar spinal palpation -Concerns for prostatic hypertrophy -possibility for a muscle sprain/strain Blood work unremarkable. U/A originally done via natural void came back with RBC and WBC. Cysto was done later for potential meds and came back clear. Blood work and natural void U/A attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The prostate was moderately enlarged in size with primarily maintained symmetrical capsule contour and discernable capsule from adjacent, non-inflamed periprostatic tissue. The margins of the gland were intact and able to be differentiated from the surrounding tissue. Nonhomogeneous, variably hyperechoic parenchyma was present exhibiting multiple, small parenchymal cysts. No evidence of prostatic parenchymal mineralization was noted. The prostate measured 6.0 cm x 4.5 cm.

The left and right testicles were sonographically unremarkable.

No evidence of medial Iliac or sublumbar lymphadenopathy.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation or pyelectasia. The left kidney measured 7.1 cm in length. The right kidney measured 7.3 cm in length.

Adrenal Glands

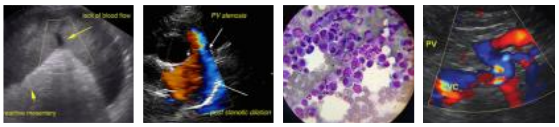
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm length x 0.63 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.3 cm length x 0.81 cm width at the caudal pole.

Spleen

The spleen exhibited subjective to borderline mild enlargement yet maintained a symmetrical capsule contour with mild generalized heterogeneous splenic parenchyma. A solitary, nondisruptive, well-demarcated, nonhomogeneous, hypoechoic splenic nodule was present measuring 1.3 cm in diameter.

Liver/ Gallbladder

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



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normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder sediment. 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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Moderately enlarged, nonhomogeneous, mildly cystic prostate - benign prostatic hyperplasia, potential for prostatitis, prostatic neoplasia considered unlikely
- Borderline / mild splenomegaly exhibiting mild parenchyma heterogeneity, solitary, nondisruptive splenic nodule - likely benign, incidental hyperplasia, hematopoiesis, splenitis, or similar probable, early infiltrative splenic neoplasia is thought less likely
- Normal bilateral kidneys

Secondary Findings

- Minor gallbladder sediment - incidental

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending prostatic cytology with C/S, as well as splenic cytology, are suggested. Rectal palpation, if not done, is suggested to assess for prostatic discomfort. Pending prostatic diagnostics, initial empirical therapy for prostatitis may be considered if clinically indicated. Neutering would likely be ideal if possible, although off-label Finasteride at the appropriate dose may be considered pending prostatic diagnostics, or if clinically indicated.

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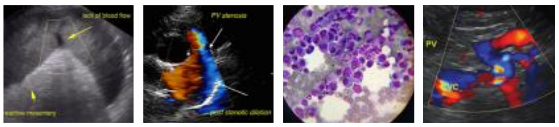

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
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AnimalSoundsNW.com 541-357-9423

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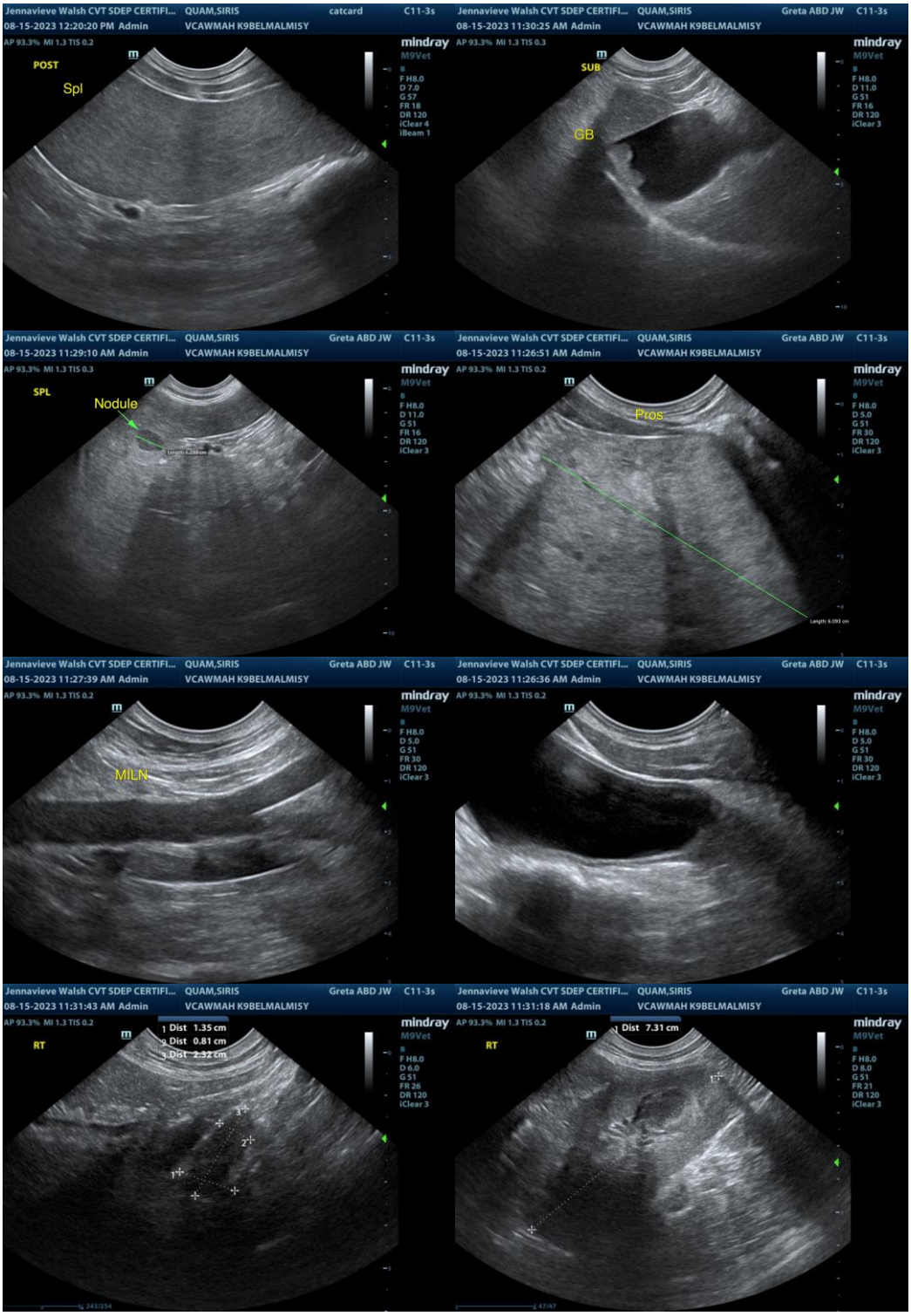

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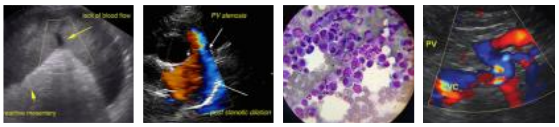

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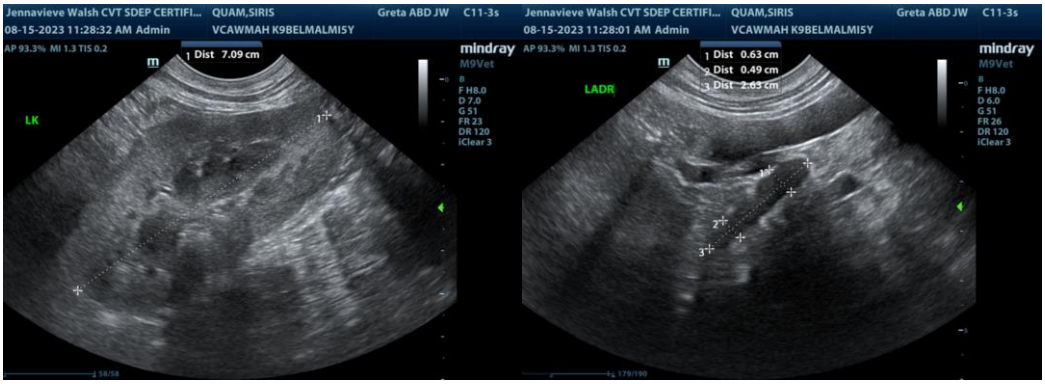

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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