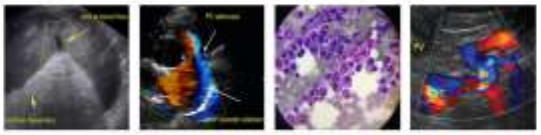
Pennsylvania Mobile
VETERINARY ULTRASOUND SERVICES
IMAGING PERFORMED BY
PAMobileVet.com 443-794-4700



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

**PATIENT**

Mush Lamorte

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Neutered Male

**AGE**

11 years

**WEIGHT**

65 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT ARDMS/RVT

**HOSPITAL NAME**

Easton AH

**REFERRING VET**

Dr. Nankman

**INVOICE**

1156

**DATE**

8.3.2021

## PRESENTING CLINICAL SIGNS

History: Lethargy, hyporexia, 15# weight loss in 6 months

Medication: Tramadol

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder exhibited generalized distention containing primarily anechoic urine with mild, dependent to nondependent, hyperechoic sediment to sand. Mild thickening of the cystourethral junction wall, measuring 0.78 cm wall width was present.

The prostate was enlarged in size. The prostatic parenchyma was primarily hypoechoic to heterogeneous with areas of parenchyma mineralization. The margins of the gland were indistinct and difficult to differentiate from the surrounding tissue. The prostate measured 4.5 cm x 2.3 cm. Concurrent post prostatic urethra thickening to a depth of approximately 4.0-5.0 cm was also present.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Dystrophic medullary mineralization was present in both kidneys, along with variably sized cortical cysts. No evidence of pelvic dilation was present. The left kidney measured 6.8 cm in length. The right kidney measured 7.1 cm in length.

### *Adrenal Glands*

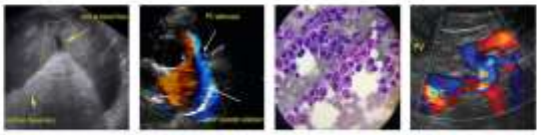
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole and 0.59 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm width at the caudal pole and 0.40 cm width at the cranial pole.

### *Spleen*

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen exhibited subjective mild generalized enlargement.

### *Liver/ Gallbladder*

The liver was subjectively normal in size, structure, and contour. 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 mild, echogenic,





**PATIENT**

Mush Lamorte

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Neutered Male

**AGE**

11 years

**WEIGHT**

65 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT ARDMS/RVT

**HOSPITAL NAME**

Easton AH

**REFERRING VET**

Dr. Nankman

**INVOICE**

1156

**DATE**

8.3.2021

nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

***Gastrointestinal***

The stomach exhibited intact yet mild subjective prominent wall layering with mild retained echogenic, nonshadowing Ingesta. No evidence of pyloric outflow obstruction was noted. The gastric body wall width measured 0.52 cm.

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. The jejunum wall measured 0.34 cm width.

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**

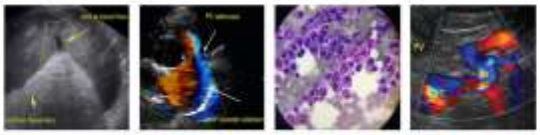
***Primary Findings***

- Distended urinary bladder with mild dependent to nondependent sediment / sand
- Mild to moderate prostatomegaly with parenchymal mineralization
- Concurrent mildly thickened post prostatic urethra and cystourethral junction
- Bilateral chronic renal changes with dystrophic medullary mineral and variably sized cortical cysts
- Minor gastric thickening with retained gastric ingesta
- Subjective mild splenomegaly with mild parenchyma heterogeneity

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the prostate is most suggestive of prostatic neoplasia such as prostatic or transitional cell carcinoma with potential expansion or involvement into the post prostatic urethra as well as potentially into the cystourethral junction. Given the distended urinary bladder, some degree of urinary outflow impedance is suspected.

A screening BRAF Assay may be considered. However, If negative or likely for a definitive diagnosis, biopsy of the prostate and proximal urethra is likely indicated.





**PATIENT**

Mush Lamorte

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Neutered Male

**AGE**

11 years

**WEIGHT**

65 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT ARDMS/RVT

**HOSPITAL NAME**

Easton AH

**REFERRING VET**

Dr. Nankman

**INVOICE**

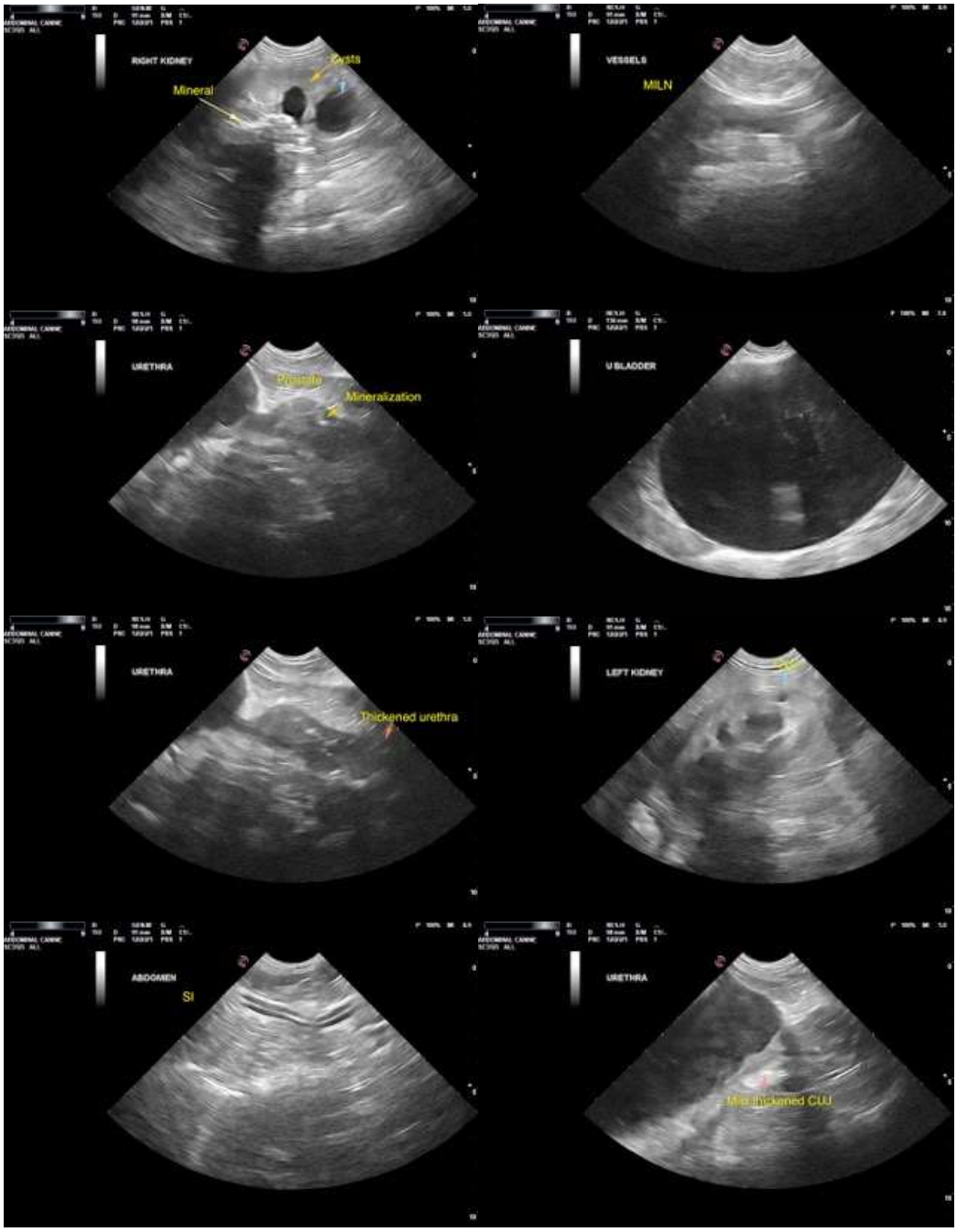
1156

**DATE**

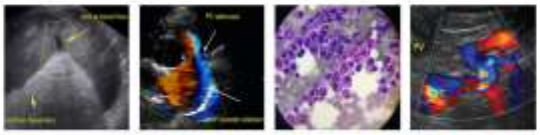
8.3.2021

Overall, the spleen was nonspecific with considerations Including age-related changes, benign hyperplasia, hematopoiesis, or potential incidental splenitis. The possibility of splenic neoplasia is considered less likely yet cannot be definitively excluded given the patient's weight loss. Concurrent splenic FNA, using a 25-gauge needle and assuming normal clotting status, may be considered.

The presence of gastric ingesta is nonspecific and may correlate with post-prandial presentation. However, if documented NPO some degree of gastric stasis, potentially owing to gastric inflammation, may be a possibility. Overall, no overt evidence of structural gastrointestinal pathology was noted.



Pennsylvania Mobile
VETERINARY ULTRASOUND SERVICES
IMAGING PERFORMED BY
PAMobileVet.com 443-794-4700



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

**PATIENT**

Mush Lamorte

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Neutered Male

**AGE**

11 years

**WEIGHT**

65 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT ARDMS/RVT

**HOSPITAL NAME**

Easton AH

**REFERRING VET**

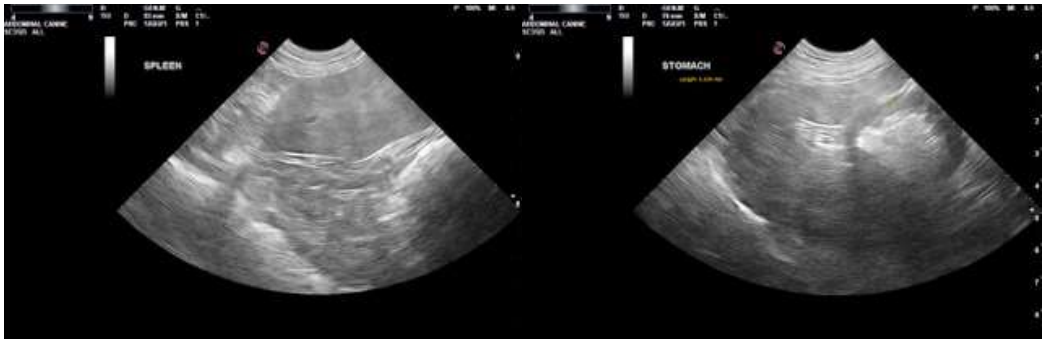
Dr. Nankman

**INVOICE**

1156

**DATE**

8.3.2021




**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)**
mac.daniel@sonopath.com