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Clinical Sonography & Telecytology
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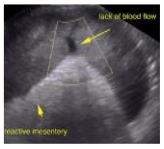
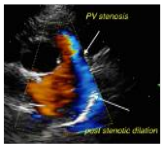
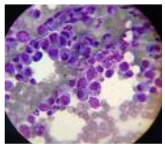
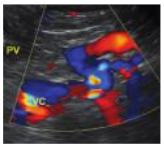




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Giovanni Goovarts

SPECIES

Canine

BREED

Maltese

SEX

MN

AGE

14 years

WEIGHT

11.1 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

North Jersey AH

REFERRING VET

Dr. Riedel

INVOICE

14944

DATE

9-22-22

PRESENTING CLINICAL SIGNS

Necrosis of penis tip/post prolapse/post-UO, difficulty urinating. Rads show abdominal calcifications in cranial abdomen. Current meds: Gabapentin, Vetoryl, Galliprant.
Abnormal PE/Chem/CBC/UA Results: AP 861, alb. 2.1. U/A: 4+ protein, 3+ blood, USG: 1.035.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was normal in size. The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen. Concurrent mild nondependent particulate sediment, which may indicate minor cellular debris/protein, crystalline debris or mucus, was present. Focal, mild dependent mineral was noted in the area of the trigone to cystourethral junction. This mineral did not appear to be obstructive to urinary outflow. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Brief sonographic assessment of the penis revealed nonhomogeneous tissue echogenicity potentially in the area of the head of the penis. Subjective focal, likely nonobstructive penile urethral mineral was noted.

The residual prostate was normal in size with mild asymmetrical contour and mild nonhomogeneous parenchyma. No evidence of residual prostatic neoplastic criteria was noted.

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. No evidence of pelvic dilation was present. Pinpoint corticomedullary hyperechoic foci, suggestive of pinpoint mineralization, potential fibrosis, or microinfarction, were noted. Scant bilateral pyelectasia was present. The left kidney measured 4.8 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

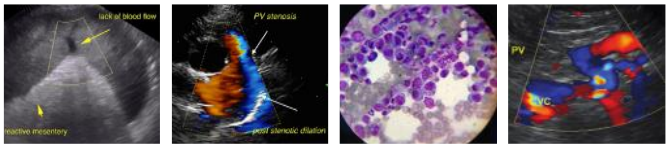
The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.0 cm length x 0.97 cm width at the caudal pole. The right adrenal gland measured 1.7 cm length x 0.55 cm width at the caudal pole. No overt evidence of adrenal neoplastic criteria was noted. Age-related adrenal changes with potential for mild adenomatous change are possible.

Spleen

The spleen was normal in size and contour with generalized parenchyma heterogeneity exhibiting variably echogenic hyperechoic to hypoechoic nodules. Myelolipomas, hematopoiesis, hyperplasia, and possible incidental splenitis, are all potentials. Neoplastic criteria is thought unlikely.

Liver/ Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse



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echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing mild nondependent yet nonorganized gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. 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 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 changes and incidental. Potential for low grade to chronic pancreatitis is possible.

Free Abdomen

Unspecified subjectively spherical mineralized mass lesion was present in the cranial abdomen, which appeared to be just caudal and possibly dorsal to the stomach and possibly effacing a portion of the caudal liver measuring approximately 4.0 cm in diameter. No overt evidence of associated reginal inflammation was noted. No free fluid was present. No overt or significant intraabdominal lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

- Mild focal dependent urinary bladder and focal penile urethral mineral
- Bilateral chronic renal changes with mild pyelectasia
- Age-related splenic changes with variably echogenic nodules
- Vacuolar hepatopathy pattern, mild gallbladder debris (non-mucocele)
- Unspecified mineralized mass lesion cranial abdomen - omental fat necrosis, mineralized granuloma vs. possible chronic abscess or other with potential pancreatic lymphatic or caudal hepatic origin, neoplastic criteria is thought less likely

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If possible, catheterization with concurrent retrograde flush and potential indwelling catheter, if persistent difficulty urinating, may be considered. Urine C/S on a sterile urine sample, if not done, is suggested. Referral for further assessment and potential surgical options is likely in this patient's best interest.

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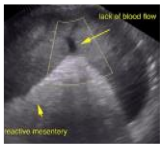

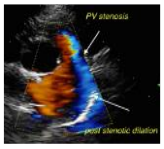

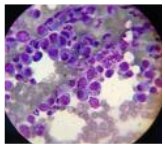
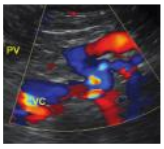

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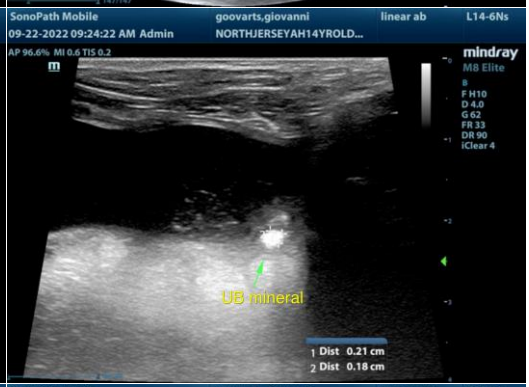

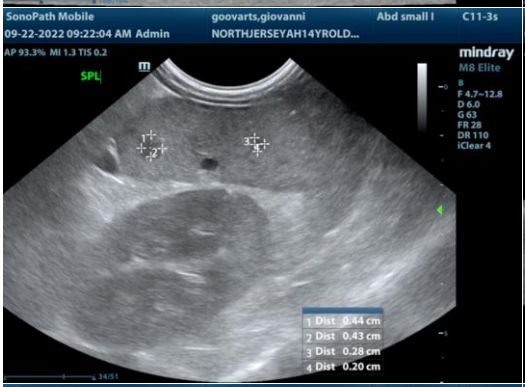

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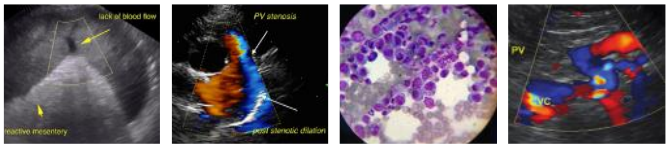

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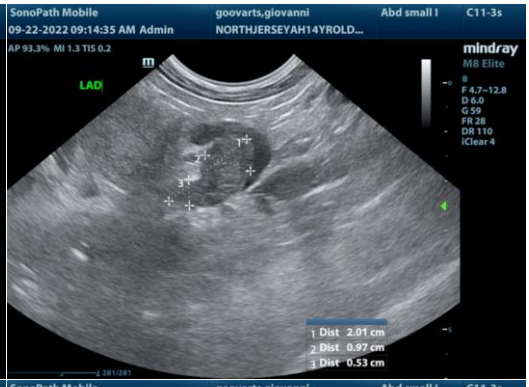

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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