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Clinical Sonography & Telecytology
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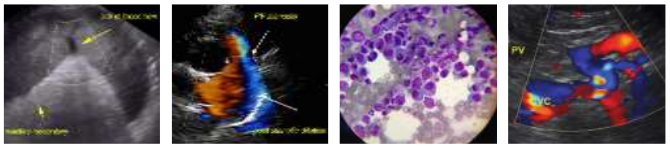

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Louie Reif

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

8 years

WEIGHT

--

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Bergen County Vet Center

REFERRING VET

Dr. Megan Moore

INVOICE

12330

DATE

9/28/21

PRESENTING CLINICAL SIGNS

-Chronic diarrhea, tenesmus with little to no production. Current med: Proviable Forte.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder exhibited normal overall size and tone. The ventroapical and dorsal urinary bladder walls extending to the trigone were sonographically unremarkable. The cystourethral junction exhibited variably thickening with mild nonhomogeneous mural echogenicity and echotexture. Minor, particulate urinary bladder sediment was present, likely indicative of minor cellular or crystalline debris. Ventral cystourethral junction wall measured 0.78 cm width extending into the proximal urethral.

The residual prostate was enlarged in size with asymmetrical contour, hypoechoic to nonhomogeneous parenchyma, and evidence of periprostatic inflammation. Suspected impingement of the prostate into the ventral distal colon or colorectum is suspected. The prostate measured 3.7 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Moderate left kidney hydronephrosis was present, exhibited by replacement of medullary parenchyma with anechoic fluid. Intact cortical parenchyma was present. The left kidney measured 3.9 cm in length. Mild proximal left ureter dilation exiting the left kidney extending for a visualized 1.0-2.0 cm was present. Proximal left ureter dilation measured 0.43 cm.

Normal size and margination were present in the right kidney. 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. Minor medullary mineral was noted. No evidence of pyelectasia or right kidney hydronephrosis was noted. was present. The right kidney measured 3.6 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 0.46 cm width at the caudal pole and 0.39 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 0.50 cm width at the caudal pole and 0.52 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 was mildly subnormal in size, likely owing to volume contraction.

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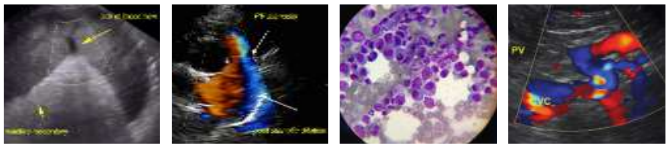

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Liver/ Gallbladder

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 gallbladder debris. The cystic and common bile ducts were normal.

Transdiaphragmatic view revealed comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation. Suspect small uniformly hypoechoic caudal thoracic nodules were noted. An example of suspected thoracic nodules measured 0.77 cm in diameter.

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.

The colon was sonographically unremarkable with formed feces.

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.

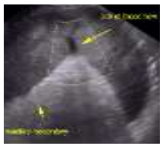
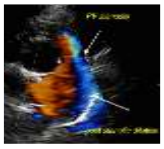
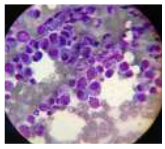
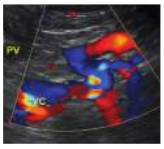
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Prostatomegaly with likely ventral colon impingement
- Thickened cystourethral junction
- Left kidney moderate hydronephrosis with concurrent proximal mild left hydroureter
- Transdiaphragmatic comet-tail artifact with suspect caudal thoracic nodules

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, there Is strong concern for a neoplastic process involving the prostate and extending into the area of the cystourethral junction. Potential for prostatitis and concurrent urethritis is possible, yet thought less likely.

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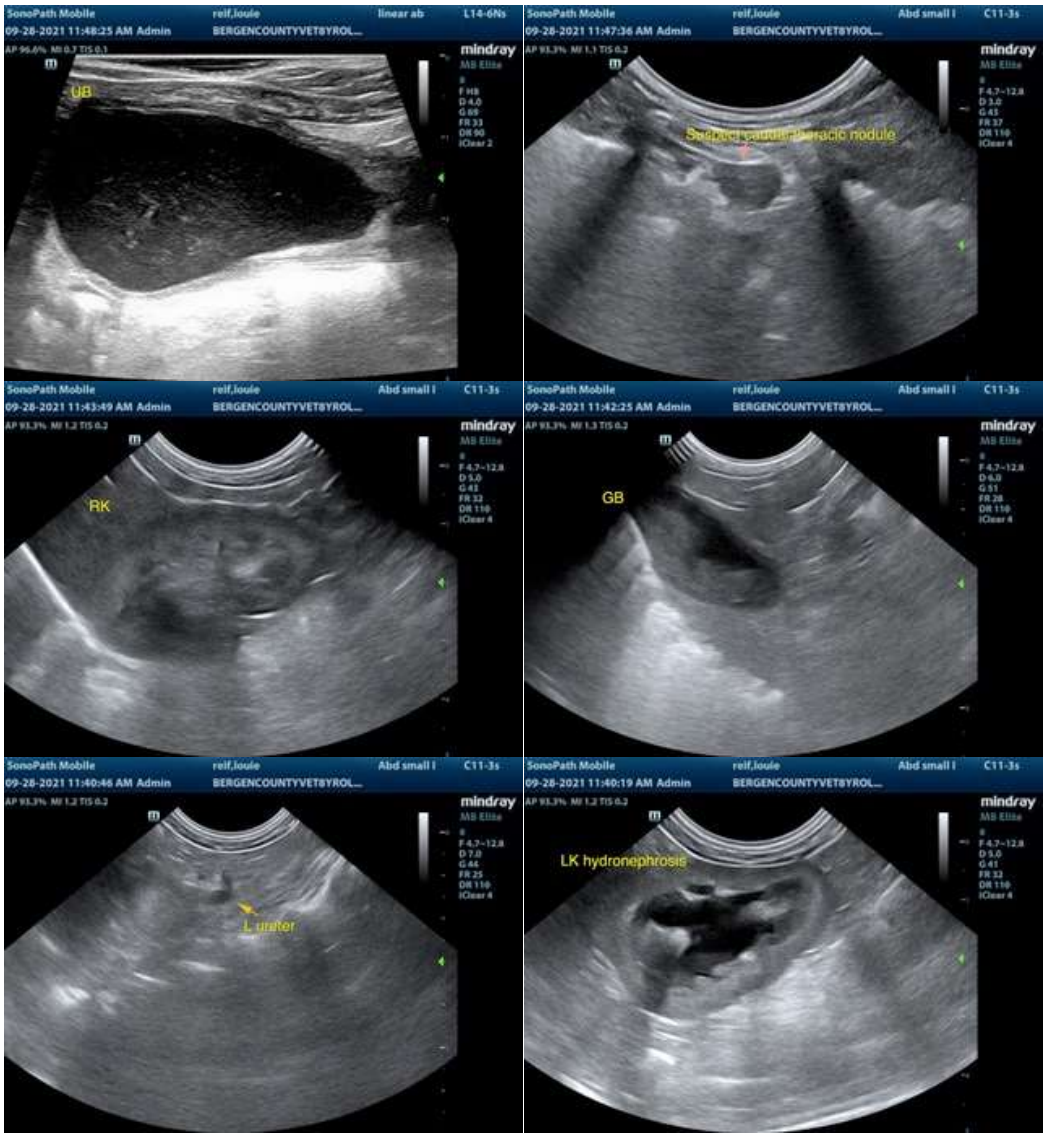
Potential for left ureteral papilla obstruction, given the presence of left kidney hydronephrosis and concurrent visualized proximal left hydroureter is possible. However, other possible causes of left kidney hydronephrosis cannot be excluded.

Additionally, there is concern for concurrent thoracic pathology or potential metastatic disease, given the comet-tail artifact and potential caudal thoracic nodules. Three view chest radiographs are recommended for further assessment.

Prostatic sampling is required for further clarification which may include prostatic FNA or biopsy vs. wash for cytology +/- C/S.

A guarded prognosis pending additional diagnostic.



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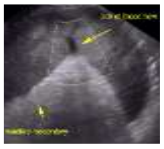
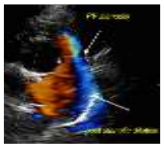
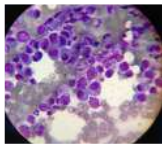
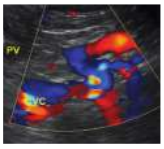

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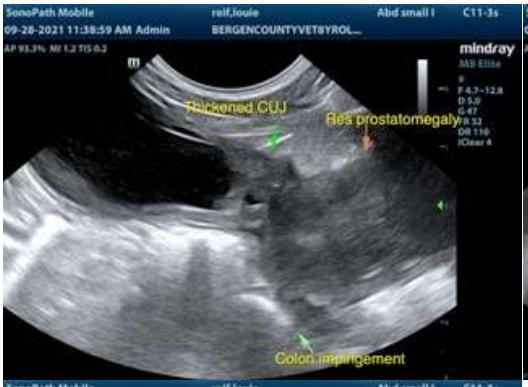

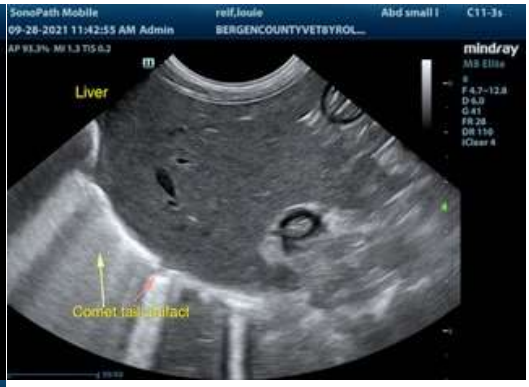

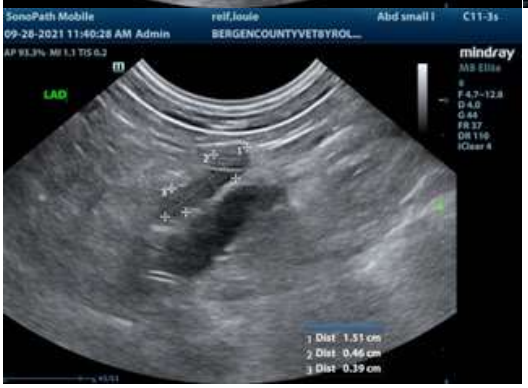

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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