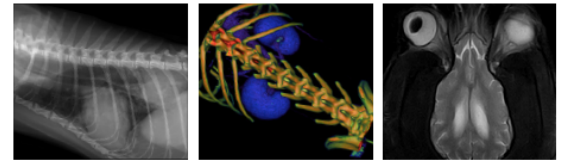




| <b>PATIENT</b>   | <b>PRESENTING CLINICAL SIGNS</b>   |
|--|--|
| Miles Davis Pierce                                     | A: Recurring hematuria (with less significant pyuria currently on UA), enlarged prostate, caudal abdominal mass with abd. palpation, and abnormal protrusion of perineal region: suspected prostatic tumor vs. other prostate dz. (R/O bladder or other pelvic/perianal mass, open) P: Dsc'd prostatic dz. and recommended abdominal ultrasound. Gave options for SVS mobile ultrasound here vs. referral. Owner elected follow-up here via SVS imaging. Short-term palliative tx. pending AUS scheduling and further info regarding add-on rads and interpretation at same time too. Dispensed enrofloxacin+ deracoxib (can refill either or both long-term thru VFC.) Gave written Rx for long-term gabapentin. /TW  |
| <b>SPECIES</b>   |  |
| Canine   |  |
| <b>BREED</b>   |  |
| Rat Terrier  | Abnormal PE/Chem/CBC/UA Results: Xrays attached for comparison; August 2022, October 2022, Dec 2022 GLUCOSE 38 63 - 114 mg/dL LOW GLUCOSE MAY BE DEPRESSED DUE TO INCOMPLETE SEPARATION OF SERUM FROM CELLS IN THE SERUM SEPARATOR TUBE OR RED TOP TUBE. RESULT VERIFIED BY REPEAT ANALYSIS SDMA 10 0 - 14 ug/dL SDMA and creatinine are within the reference interval: impairment of GFR is unlikely. Recommended next step: evaluate complete urinalysis. CREATININE 1.0 0.5 - 1.5 mg/dL BUN 22 9 - 31 mg/dL BUN/CREATININE RATIO 22.0 PHOSPHORUS 4.8 2.5 - 6.1 mg/dL CALCIUM 10.0 8.4 - 11.8 mg/dL SODIUM 148 142 - 152 mmol/L POTASSIUM 5.3 4.0 - 5.4 mmol/L CHLORIDE 106 108 - 119 mmol/L LOW NA/K RATIO 28 28 - 37 TCO2 (BICARBONATE) 20 13 - 27 mmol/L ANION GAP 27 11 - 26 mmol/L HIGH TOTAL PROTEIN 7.2 5.5 - 7.5 g/dL ALBUMIN 2.8 2.7 - 3.9 g/dL GLOBULIN 4.4 2.4 - 4.0 g/dL HIGH ALB/GLOB RATIO 0.6 0.7 - 1.5 LOW ALT 149 18 - 121 U/L HIGH AST 44 16 - 55 U/L ALP 296 5 - 160 U/L HIGH GGT 5 0 - 13 U/L TOTAL BILIRUBIN 0.1 0.0 - 0.3 mg/dL BILIRUBIN UNCONJUGATED 0.0 0.0 - 0.2 mg/dL BILIRUBIN CONJUGATED <0.1 0.0 - 0.1 mg/dL CHOLESTEROL 277 131 - 345 mg/dL AMYLASE 1717 337 - 1469 U/L HIGH LIPASE 300 0 - 250 U/L HIGH Please note: the canine and feline reference intervals for lipase have been updated effective May 26, 2020 to reflect current IDEXX testing. CREATINE KINASE 180 10 - 200 U/L HEMOLYSIS INDEX N Index of N, 1+, 2+ exhibits no significant effect on chemistry values. LIPEMIA INDEX N Index of N, 1+, 2+ exhibits no significant effect on chemistry values. 300 - IDEXX CBC-SELECT WBC 18.3 4.9 - 17.6 K/uL HIGH RBC 5.50 5.39 - 8.70 M/uL HGB 13.1 13.4 - 20.7 g/dL LOW HCT 42.1 38.3 - 56.5 % MCV 77 59 - 76 fL HIGH MCH 23.8 21.9 - 26.1 pg MCHC 31.1 32.6 - 39.2 g/dL LOW % RETICULOCYTE 0.8 % RETICULOCYTE 44 10 - 110 K/uL RETIC HGB 27.0 24.5 - 31.8 pg % NEUTROPHIL 74.2 % % LYMPHOCYTE 16.2 % % MONOCYTE 8.7 % % EOSINOPHIL 0.8 % % BASOPHIL 0.1 % PLATELET 476 143 - 448 K/uL HIGH REMARKS Slide reviewed microscopically. No parasites seen Platelets are clumped on the blood film. Platelets appear increased on the blood film. NEUTROPHIL 13579 2940 - 12670 /uL HIGH LYMPHOCYTE 2965 1060 - 4950 /uL MONOCYTE 1592 130 - 1150 /uL HIGH EOSINOPHIL 146 70 - 1490 /uL BASOPHIL 18 0 - 100 /uL 910 - URINALYSIS COLLECTION METHOD FREECATCH COLOR DARK YELLOW CLARITY CLOUDY SPECIFIC GRAVITY 1.028 GLUCOSE NEGATIVE BILIRUBIN NEGATIVE KETONES TRACE Detection of trace ketones in patients who are normoglycemic or have negative urine glucose is non-specific and of limited clinical significance. BLOOD 1+ PH 6.5 PROTEIN 3+ UROBILINOGEN NORMAL WBC 20-30 0 - 5 HPF RBC 30-50 HPF BACTERIA NONE SEEN EPI CELL 1+ (1-2)/HPF MUCUS NONE SEEN CASTS NONE SEEN CRYSTALS NONE SEEN **AUS REPORT PENDING |
| <b>SEX</b>   |  |
| Male   |  |
| <b>AGE</b>   |  |
| 13.5 Years   |  |
| <b>INTERPRETED BY</b>                                  |  |
| Nele Eley (Ondreka),<br>DVM Dr. med. vet.,<br>DipECVDI |  |
| <b>HOSPITAL NAME</b>                                   |  |
| SVS Imaging MI   |  |
| <b>REFERRING VET</b>                                   |  |
| Kimball AH   |  |
| <b>INVOICE</b>   |  |
| 43238  |  |
| <b>DATE</b>  |  |
| 12/6/22  |  |
|  | <b>RADIOGRAPHIC STUDY OF THE ABDOMEN</b>   |
|  | 3 right lateral and 1 ventrodorsal views of the abdomen provided for review.   |
|  | Only jpg images were submitted. The transformation from DICOM to jpg only allows for limited manipulation of the image. For the best possible results we suggest submitting DICOM images in the future. Please do not hesitate to contact us should you need any help with the submission process.   |


**PATIENT RADIOGRAPHIC FINDINGS**

Miles Davis Pierce The abdominal serosal detail is maintained.

**SPECIES**

Canine

Moderate ventrally bridging spondyloses are seen in the caudal thoracic spine and at the lumbosacral junction. There is an asymmetric lumbosacral transitional vertebra. The lumbosacral intervertebral disc space presents partial collapse.

The prostate appears to be moderately enlarged. However, it is seen cranial to the pubic rim in the available images.

**BREED**

Rat Terrier

At the time of the exposure, there appears to be no caudal displacement of the prostate. The prostatic height occupies approximately 60% of the height of the pelvic inlet, which is within the normal reference range. No abnormal opacities are seen superimposed onto the prostatic silhouette. There is no evidence of peripheral steatopathy.

**SEX**

Male

The course and width of the descending colon present within normal limits. No overt sublumber mass effect is seen. The colon and rectum contain a mild amount of fecal matter as well as a mild amount of gas. There is no evidence of a rectal diverticulum noted.

**AGE**

13.5 Years

The stomach is post-prandial.

The liver and kidneys present within normal limits.

**RADIOGRAPHIC DIAGNOSIS**
**INTERPRETED BY**

Nele Eley (Ondreka),  
 DVM Dr. med. vet.,  
 DipECVDI

- Prostatomegaly
- Congenital asymmetric lumbosacral transitional vertebra and degenerative lumbosacral stenosis
- Caudal thoracic spondyloses

**INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS**
**HOSPITAL NAME**

SVS Imaging MI

The radiographic study reveals enlargement of the prostatic silhouette. Benign prostatic hyperplasia, prostatitis, prostatic neoplasia, and less likely prostatic cysts are possible differential diagnoses.

Further definition by means of full abdominal ultrasound, prostatic fine needle aspiration, and full urinalysis could be considered depending on the clinical context. The ultrasonographic examination would also allow to screen for potential sublumber lymphadenomegaly with greater sensitivity. The radiographic study did not reveal a sublumber mass effect. Rectal palpation is recommended to rule out a perineal hernia with or without rectal diverticulum. The lumbosacral changes require clinical correlation, as their significance is highly variable.

**REFERRING VET**

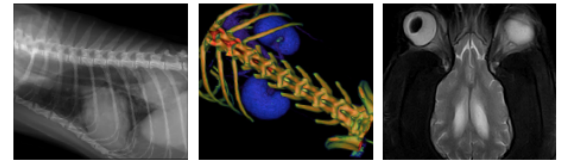
Kimball AH

**INVOICE**

43238

**DATE**

12/6/22



**PATIENT**

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.

Miles Davis Pierce

**SPECIES**

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.

Canine

**Nele Eley (Ondreka)**, DVM, Dr. med. vet., DipECVDI  
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,  
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.  
Nele.Eley@sonopath.com

**BREED**

Rat Terrier

**SEX**

Male

**AGE**

13.5 Years

**INTERPRETED BY**

Nele Eley (Ondreka),  
DVM Dr. med. vet.,  
DipECVDI

**HOSPITAL NAME**

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**REFERRING VET**

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