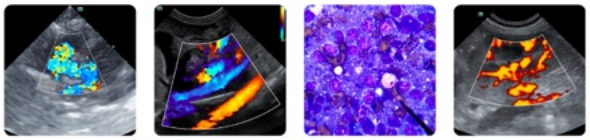


PATIENT

Slayer Grech

SPECIES

Canine

BREED

Miniature Pinscher

SEX

Male

AGE

14 years

WEIGHT

21.7 lbs

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Barton Heights VH

REFERRING VET

Dr. Bienkowski

INVOICE

70160

DATE

1/15/26

PRESENTING CLINICAL SIGNS

History: Blood in urine, enlarged liver. Elevated liver/kidney values. Heart murmur grade 5/6. Baytril, gabapentin, Pimobendan
Abnormal PE/Chem/CBC/UA Results: AlkP- 412; BUN/urea- 38; CREA- 2.0 UA: blood , protein, inflammation, culture- negative USG: 1.046

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 5.0 cm, right measured 5.1 cm), increased, echogenic appearance, some loss of cortico-medullary differentiation, mild pyelectasia and a regular curvilinear capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern evident in both kidneys.

The prostate was symmetrically enlarged with a mottled echogenic appearance of the parenchyma and a regular curvilinear capsule. The prostate measures 5.6 x 5.7 cm in size. A large, parenchymal cyst measuring 2.4 x 2.8 cm is present. Small, hypoechogenic parenchymal nodule measuring 1.6 cm in size.

Normal size and appearance of both testicles. The left testicle measured 3.4 cm in length. The right testicle measured 2.8 cm in length. Hyperechogenic, parenchymal nodule is noted in the right testicle measuring 1.3 x 1.4 cm in size.

Adrenal Glands

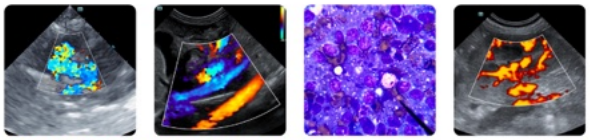
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.44 cm and 0.62 cm in width. The right adrenal gland measured 0.57 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.2 cm in width.

Liver

The liver is enlarged with rounded edges with a diffuse, increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. Focal, hypoechogenic, non-vascularized



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parenchymal nodule in the left lobe measuring 2.2 x 2.7 cm in size. nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

A small amount of ascites in the caudal abdomen.

ULTRASONOGRAPHIC FINDINGS

- Cystic prostatomegaly.
- Prostatic nodule.
- Right testicular nodule.
- Renal disease.
- Hepatopathy.
- Hepatic nodule.
- Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the prostatomegaly would be benign cystic prostatic hyperplasia.

Etiologies for the prostatic nodule would be reactive hyperplasia, granuloma and possible emerging neoplasia.

Etiologies for the testicular nodule would be granuloma and neoplasia.

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The appearance of the kidneys is consistent with chronic kidney disease; although the pyelectasia is most likely associated with the chronic renal changes, underlying low-grade pyelonephritis needs to be considered.

Etiologies for the hepatopathy would be reactive hyperplasia, nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia a highly unlikely differential diagnosis.

The most likely etiology for the hepatic nodule would be nodular hyperplasia.

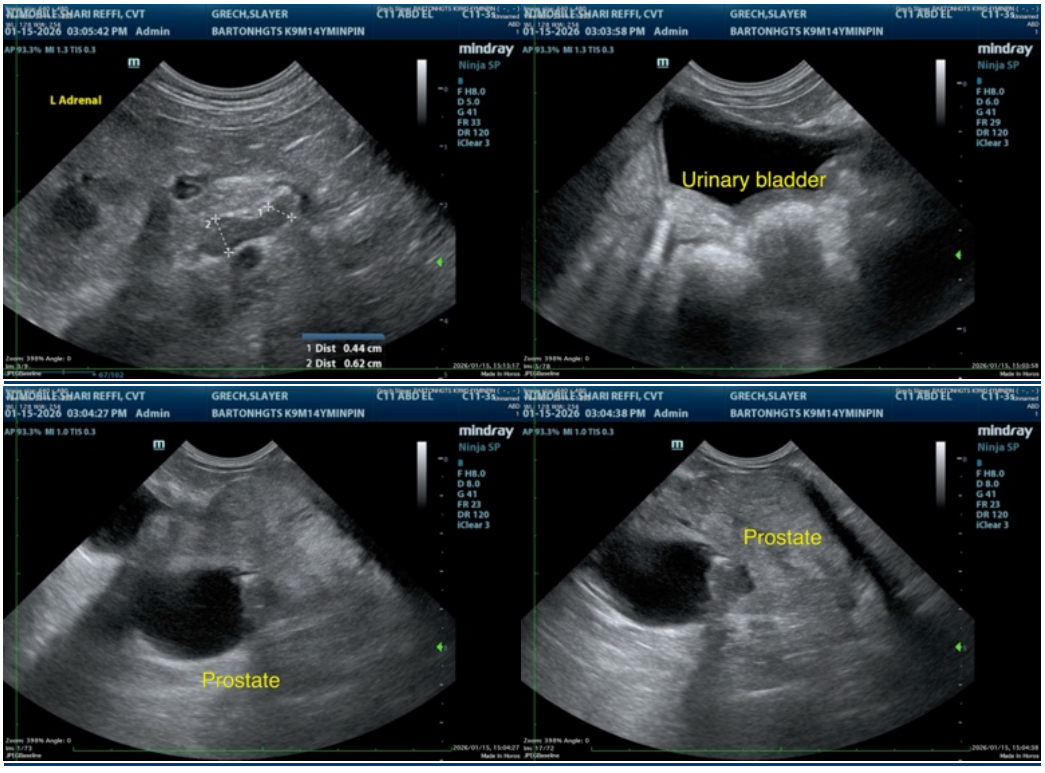
The ascites can be ascribed as secondary to the prostatomegaly.

Further assessment would be prostatic wash for cytology and culture and FNA cytology of the liver and the hepatic nodule.

Specific therapy for the prostate and testicular nodule would be castration.

Symptomatic management of the hepatopathy would be the use of Ursodiol with regular monitoring of liver enzyme activity.

Management of the renal disease would be feeding a renal diet and the use of enteric phosphate binders as needed.



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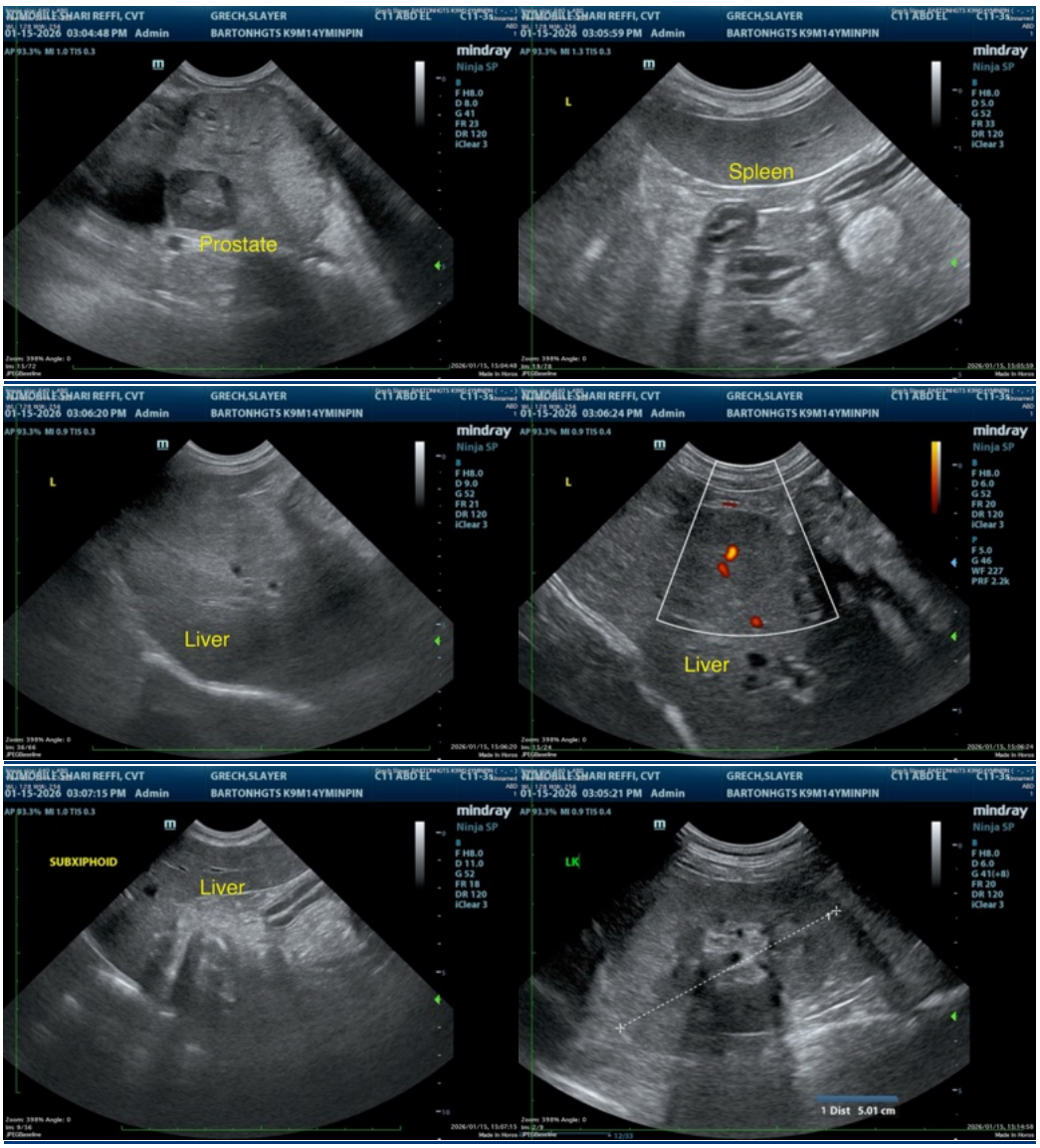

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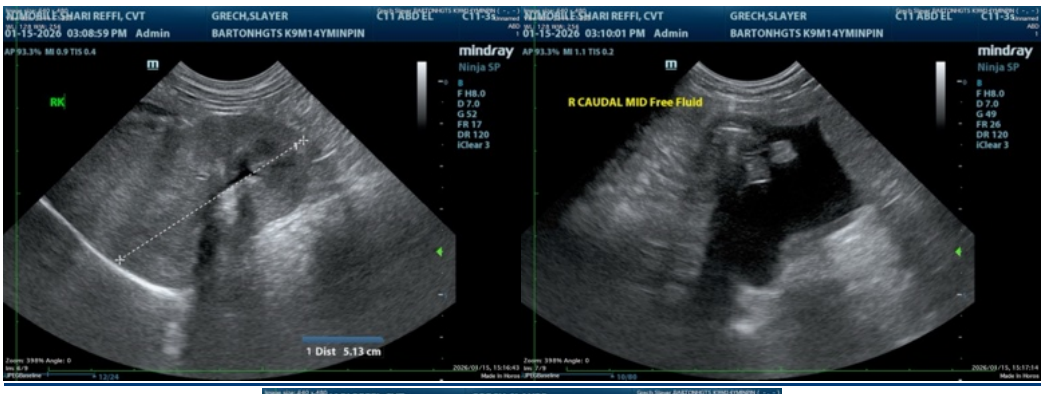

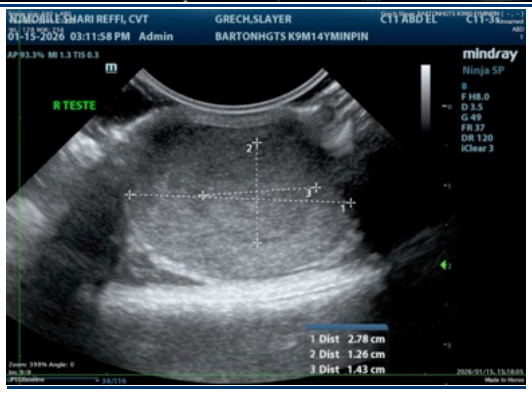

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com