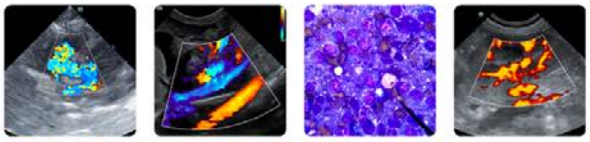


PATIENT

Nipsi Beradi

SPECIES

Canine

BREED

Mastiff

SEX

Neutered Male

AGE

5 Years

WEIGHT

120

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Dr. Samuel Gabriel

HOSPITAL NAME

Central Jersey Animal Hospital

REFERRING VET

Dr. Samuel Gabriel

INVOICE

72457

DATE

1/24/26

PRESENTING CLINICAL SIGNS

hx of allergy and djd and hypothyroidism and taking thyrotab twice daily

last 4 days not eating and lethargic and losing weight

Abnormal PE/Chem/CBC/UA Results: mm pale pink . temp 99 f dehydration 7 percent cbc shows anemia with neutrophilia chem shows high bun , globulin , k + t4 mildly elevated 5.4 mg/dl xray shows small intestine uniformally distended with gases , chest is normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 4.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. There is an area of mineralization in the center of the prostate, most likely representing a urethral stone without evidence of obstruction. The prostatic urethra is non-dilated with normal margins.

The kidneys exhibit mildly decreased corticomedullary differentiation. There is focal mineralization present within the renal cortices and medulla. There is no evidence of nephrolithiasis, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). Left kidney measures 5.7 cm. Right kidney measures 7.2 cm.

Adrenal Glands

The adrenal glands are not distinctly visualized, but the regions appear unremarkable.

Spleen

The spleen is subjectively reduced in size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

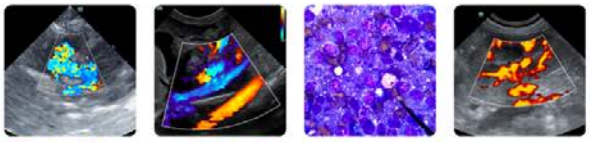
Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is mildly distended with gas. The stomach wall measures 4.1 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is not clearly visualized.



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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.9 mm) with intact wall layering. The ileocecal junction is normal.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Bilateral chronic renal changes with mineralization, possibly due to nephrolithiasis.
- Mineralization within the prostate, suspected to be a urethrolith, with mineralization of the prostatic parenchyma deemed less likely.
- Subjectively small spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient's clinicopathologic findings, particularly the low cholesterol and low glucose, raise concern for underlying pathology that may not be detectable on ultrasound. Findings that might explain a significantly decreased cholesterol, as seen in this patient, would include liver failure, hypoadrenocorticism, and hematopoietic neoplasia. Gastrointestinal disease may also be associated with low cholesterol, but typically both the albumin and globulin are low in these patients. Further investigation might include bile acid testing to assess liver function, and an ACTH stimulation test to assess for hypoadrenocorticism, especially given the increased potassium level and low glucose. Any condition that might decrease blood volume could result in a decreased splenic volume, and this might also be seen with hypoadrenocorticism.

The changes in the kidneys are deemed less likely to be related to the patient's clinical signs, especially given only mild changes to the renal values on lab work. The presence of mineralization within the prostate appears to be due to a urethral stone based on the location. There is no evidence of urethral obstruction. However, the client should be advised to monitor for lower urinary tract symptoms. The possibility of mineralization of the prostatic parenchyma is not completely exclude, and if present could indicate emerging prostatic neoplasia, but again this is unlikely to be causing clinical signs at this time.

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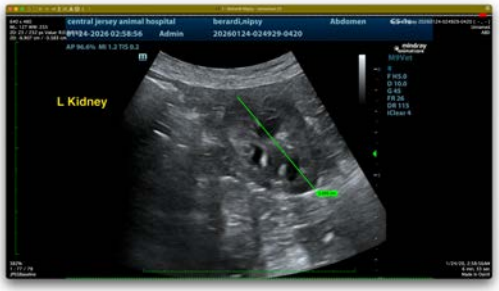

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com