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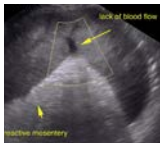
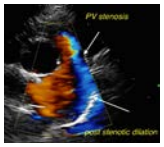
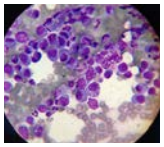
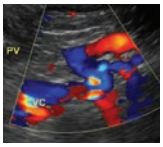

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Charly Pritch

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

13 Years

WEIGHT

N/A

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Glen Rock VH

REFERRING VET

Dr. Scott Stekler

INVOICE

40635

DATE

8/19/22

PRESENTING CLINICAL SIGNS

Patient with some history of previous urinary issues presents due to pollakiuria, possible leaking urine. When urinating there is initially a good stream, then just dripping, does not seem to be emptying bladder fully. Current med: Baytril 68 mgs 1 ½ tab SID.
Abnormal PE/Chem/CBC/UA Results: U/A: (free catch): yellow color, cloudy, USG 1.030, pH 6.5, LEU 500 LEU/uL, PRO 500 mg/dL, blood 250 Ery/uL.

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 2.0 cm) are of normal appearance, and the ureters are not visible (normal). There is mineralization of the urethral wall as it approaches the prostate.

The prostate is symmetrically enlarged, measuring 5.1 cm in length and 4.0 cm in width with diffuse mineralization. The prostatic urethra is non-dilated with normal margins.

The right kidney is hyperechoic, and exhibits moderate decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The right kidney measures 4.8 cm.

The left kidney is hyperechoic, and exhibits moderately decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 6.7 cm.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measures 5.6 mm at the cranial pole and 6.4 mm at the caudal pole. The right adrenal gland measures 6.5 mm at the cranial pole and 4.6 mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal homogeneous parenchyma with a smooth continuous capsular surface. There is a 1.4 cm x 0.76 cm hypoechoic mass within the body of the parenchyma. The surrounding omentum is normal, and the splenic capsule is not disrupted. 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 minimally distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

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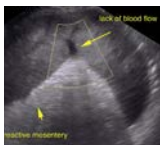
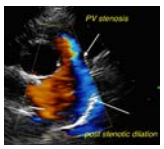
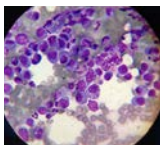
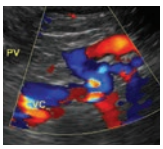

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Gastrointestinal

The stomach is empty. The gastric wall is normal in thickness (3.0 mm) with deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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. Jejunum wall measures 3.1 mm. Duodenum wall measures 3.7 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.3 mm) with intact wall layering. The ileocecal junction.

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.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Enlarged and mineralized prostate with mineralization of the proximal urethra

SECONDARY FINDINGS:

- 1.4 cm splenic mass

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mineralized and enlarged prostate is consistent with neoplasia in a neutered dog. Confirmation with either a fine needle aspirate or possibly a traumatic urinary catheterization is necessary to confirm the diagnosis. Treatment with an NSAID may provide some symptomatic relief. Antibiotic therapy for the presence of secondary bacterial infection can be continued, especially if confirmed by culture.

The splenic mass could represent either a benign hemangioma, hematoma or malignancy. Recommendations include:

- ❖ Three view chest radiographs to rule out metastasis
- ❖ Fine needle aspirate with a 25-gauge needle is recommended for definitive diagnosis.
- ❖ If surgery is not elected, initiation of therapy with Yunnan Bai Yao and I'm-Yunity may serve to decrease risk of acute hemorrhage. More information, including dosing for these therapies can be found here:

  https://penntoday.upenn.edu/news/compound-derived-mushroom-lengthens-survival-time-dogs-cancer-penn-vet-study-finds

  https://www.mspca.org/angell_services/yunnan-baiyao-to-use-or-not-to-use/

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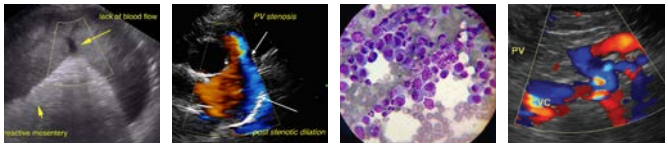

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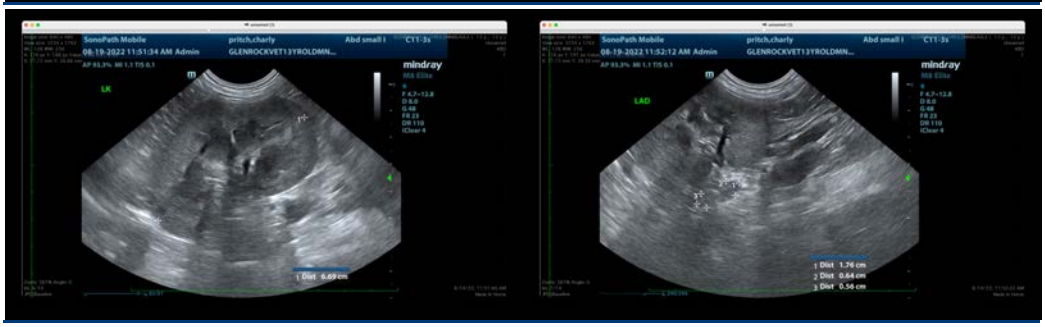

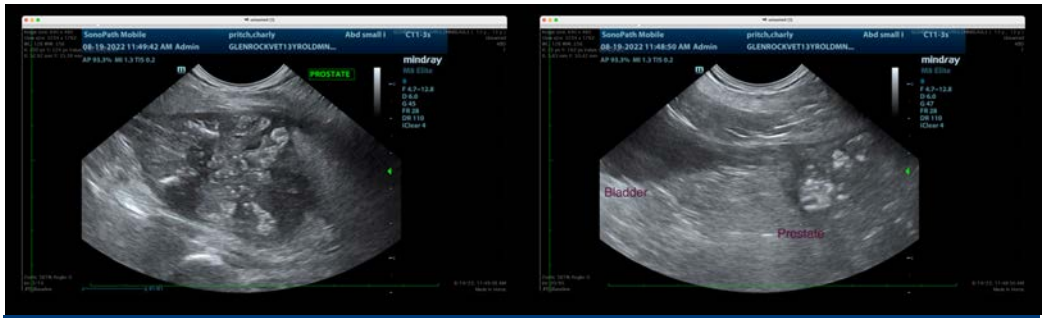

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com