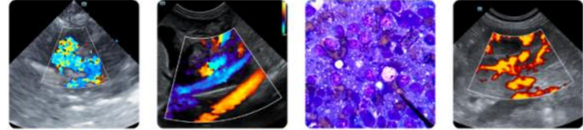
Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
www.charlestonmobile.net
info@charlestonmobile.net 800.403.5408

PATIENT

Sutter Leach

SPECIES

Canine

BREED

Golden Retriever

SEX

Intact Male

AGE

07/05/2014

WEIGHT

105.2

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Pawleys VH

REFERRING VET

Dr Shannon Auletta

INVOICE

22440

DATE

1-23-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Discussed suspected enlarged prostate seen on x-ray - if just age and hormone-related enlargement cure would be neuter- schedule ultrasound to further examine prostate to check for masses other reasons for enlargement. Discussed prostatic enlargement would not cause the increased hunger or thirst-can be a side effect of Keppra. Ultrasound would also evaluate adrenal glands and heath of organs overall. Patient is not symptomatic for prostatic disease.

Current Medications: Pepcid, Keppra 750mg 1/2 q 8 hours

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall in the region of the apex is thickened (up to 0.63 cm) with an irregular mucosal surface. The wall tapers to a normal thickness as it extends towards the cystourethral junction. A moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3 cm, are normal.

The prostate is enlarged (6.1 cm in width) with slightly irregular peripheral contours. The parenchyma is diffusely heterogenous in appearance, with cystic areas (the largest measuring 1.4 x 1.3 cm). In addition, a 1.6 x 1.0 cm hypoechoic nodule is observed at the left cranial aspect. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (8.39 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (8.55 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.45 cm at cranial pole) (0.59 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.69 cm at cranial pole) (0.53 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.47 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.96 x 0.61 cm ill-defined hypoechoic nodule is observed at the craniolateral aspect. In addition, a 3.3 x 1.4 cm heterogenous microcystic macronodule is observed at the mid- to caudal aspect.

Liver

The liver is subjectively normal in size with normal peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogenous in appearance. A 2.4 x 1.2 cm hypoechoic nodule is

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observed left- to mid-liver. In addition, a 1.3 x 1.0 cm hyperechoic nodule is also observed left- to mid-liver. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of mobile echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph Nodes
A 1.3 x 0.67 mlyn is visualized.

Free Abdomen
There is no obvious evidence of free fluid.

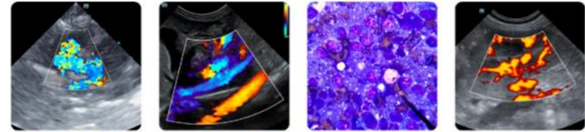
Other
The left testicle is subjectively normal in size (3.2 x 3.1 cm). The parenchyma is subtly heterogenous in appearance. No distinct focal lesions are observed. The right testicle is subjectively normal in size (4.0 x 3.0 cm). A few hypoechoic nodules are observed within the parenchyma (one measuring 1.4 x 1.2 cm, the other measuring 0.8 x 0.6 cm). The remaining parenchyma is subtly heterogenous in appearance.

A brief echocardiogram reveals no obvious evidence of right atrial or auricular mass. There is no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The prostate changes are most consistent with cystic benign prostatic hyperplasia. Concurrent bacterial prostatitis is also possible. Correlation with the patient’s clinical history is recommended.
- The urinary bladder wall changes are most consistent with cystitis. Urinary bladder debris is present.
- Right testicular nodules. These lesions may represent benign age-related pathology or emerging neoplasia.
- The cystic splenic lesion may represent a benign lesion or emerging vascular tumor. The hypoechoic splenic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia or similar) with a lower possibility of emerging neoplasia.
- The diffuse hepatic parenchymal changes are most consistent with benign age-related parenchymal remodeling. However, correlation with the patient’s liver values is recommended. The hypoechoic hepatic nodule could be consistent with a benign lesion (i.e., regenerative nodule, inflammatory focus)



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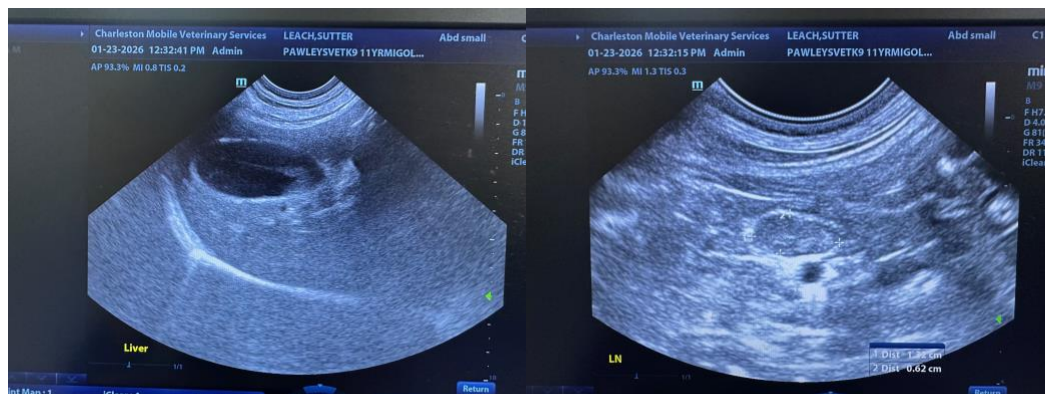
or an emerging tumor. A benign process is favored. The hyperechoic hepatic nodule trends toward the benign (i.e., regenerative nodule, myelolipoma) with a lower possibility of more insidious splenic pathology.

Secondary Findings

- Gallbladder debris, non-mucocele
- Bilateral nonspecific age-related renal changes with trace right pyelectasia
- The prominent mesenteric lymph node is likely reactive, with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the prostate changes, consider castration with submission of the testicles for histopathology. A minimum database and thoracic radiographs are recommended prior to anesthesia.
- Given the bladder wall changes, a urinalysis with a culture and sensitivity are recommended.
- Regarding the splenic lesions, if an aggressive approach is desired, consider a splenectomy with submission of the spleen for histopathology. Liver biopsies can also be obtained at the time of surgery. If a more conservative approach is desired, consider a recheck ultrasound in 1-2 months to assess for growth of the lesions.



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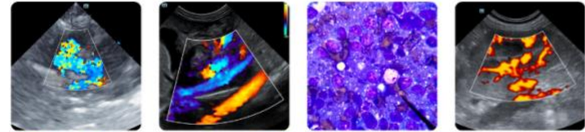

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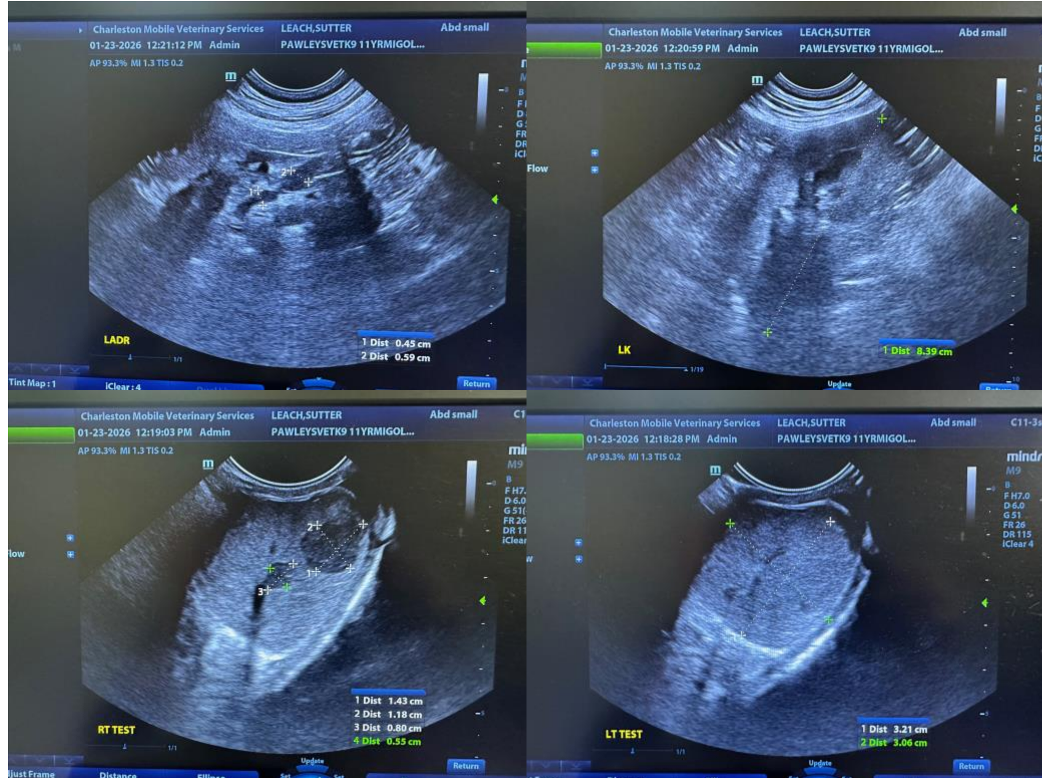

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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