IMAGING PERFORMED BY

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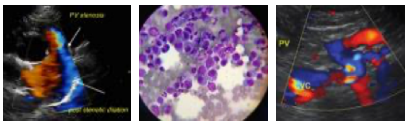

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DATE
10/11/2021

PATIENT
Toastie McDade

SPECIES
Canine

BREED
Cavachon

SEX
Male, neutered

AGE
9/27/2014

WEIGHT
25 lbs.

INTERPRETED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

HOSPITAL NAME
Eastern Animal Hospital

REFERRING VET
Dr. Michelotti

INVOICE
12332

PRESENTING CLINICAL SIGNS

History: One month history of PU/PD. Recent (several day) history of lethargy and inappetence. On presentation: QAR, soft abdomen. CBC found mild anemia with mild regeneration and marked thrombocytopenia. UA suspect UTI. Started on prednisone and antibiotics due to financial concerns of submitting additional diagnostics.

Current Medications: Started 10/7/21: Prednisone 2 mg/kg PO q 24, Doxycycline 10 mg/kg PO q 24 h, Entyce 3 mg/kg PO q 24 h.
Lab Results: CBC found mild anemia (35%) with mild regeneration and marked thrombocytopenia (30- 40,000). UA suspect UTI. Started on prednisone and antibiotics due to financial concerns of submitting additional diagnostics.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: not needed
Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is enlarged (3.50 x 2.26 cm) with a mass effect. The parenchyma is heterogeneous in appearance with foci of mineralization. The prostatic urethra is not overtly dilated.

The left kidney is normal size (5.12 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present (0.10 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.51 cm in length) with an irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present (0.12 cm in the longitudinal plane). There is a suspected infarct at the caudolateral aspect. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.60 cm at cranial pole) (0.66 cm at caudal pole) (2.17 cm in length); normal shape; 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 size (0.61 cm at cranial pole) (0.65 cm at caudal pole) (1.88 cm in length); normal shape; 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 (0.96 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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.

Free Abdomen

There is no evidence of free fluid. A 3.57 x 2.64 cm hypoechoic sublumbar lymph node is visualized. See also *Other*.

Other

3-4 large, irregular, heterogeneous coalescing masses are observed in the sublumbar region at the level of the pelvic inlet. Surrounding mesentery is mildly hyperechoic. Numerous ring down lesions are observed within the thorax.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

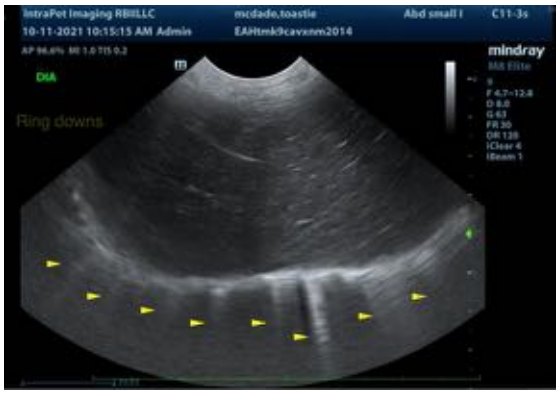
- Prostatic mass effect. Neoplasia (i.e., prostatic adenocarcinoma, transitional cell carcinoma) is considered likely with a lower possibility of benign prostatic hyperplasia (if patient was neutered recently). Correlation with clinical findings is recommended.
- Lymphadomegaly/masses in the pelvic inlet. Neoplasia is considered likely with a low possibility of benign pathology.
- The ring down lesions are consistent with pulmonary parenchymal disease.

Secondary Findings:

- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Bilateral age-related renal pathology with suspected right cortical infarct.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a urine BRAF test to further assess for prostatic neoplasia. If the patient's clotting status improves, fine needle aspiration of the caudal abdominal lymph nodes/mass effect can be considered. It should be noted that corticosteroid therapy may mask underlying pathology.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EAHtmk9cavxnm2014
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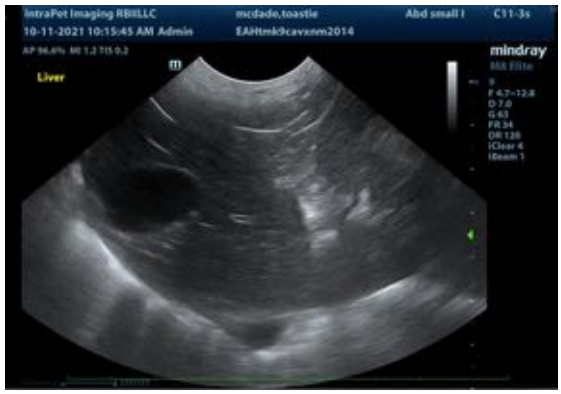
DIA
Ring downs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Liver


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Dist 3.57 cm
Dist 2.64 cm
SUBLUMBAR
LN


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Dist 0.60 cm
Lt adr


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Dist 1.88 cm
Dist 0.65 cm
RTADR


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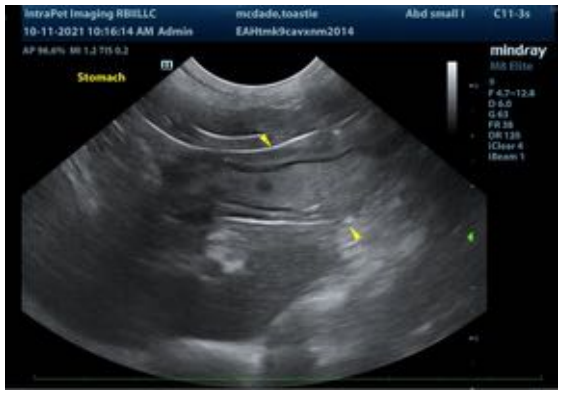
Dist 3.50 cm
Dist 2.26 cm
PROSTATE



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.

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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com