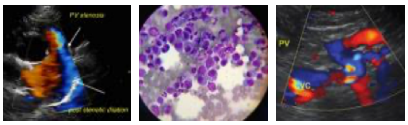
IMAGING PERFORMED BY

IntraPet.com



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DATE

10/26/2021

PATIENT

Fred Koenig

SPECIES

Canine

BREED

Chihuahua

SEX

Male, neutered

AGE

11/1/2007

WEIGHT

9 lbs.

INTERPRETED BY

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

HOSPITAL NAME

HOneygo AH

REFERRING VET

Dr. Wright

INVOICE

12429

PRESENTING CLINICAL SIGNS

History: Vomiting, urinary accidents.

Current Medications: Cerenia 16mg 1/2 SID.
Lab Results: Abnormal cells noted on urinalysis.
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 is mildly distended. A 1.93 x 1.23 cm irregular mineralized mass is observed in the region of the urinary bladder neck. The mass extends into the proximal urethra and prostate which measures 2.85 x 1.35 cm. The mass causes capsular expansion of the prostate. Within the urinary bladder lumen, no cystic calculi are seen. The remaining bladder wall is mildly thickened (up to 0.40 cm) with an irregular mucosal surface.

The left kidney is normal size (3.11 cm in length) with an irregular shape. Cortical cysts are visualized, the largest measuring 1.31 x 1.16 cm. This cyst causes capsular expansion. There is poor corticomedullary distinction. Hyperechoic and mineralized foci are present. There is moderate pyelectasia (0.44 cm in the longitudinal plane). A 0.33 cm nephrolith is seen. There is no evidence of hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.13 cm in length) with an irregular shape. Cortical cysts are visualized, the largest measuring 1.31 x 1.16 cm. This cyst causes capsular expansion. There is poor corticomedullary distinction. Hyperechoic and mineralized foci are present. There is moderate pyelectasia (0.74 cm in the longitudinal plane). There is no evidence of hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.73 cm at cranial pole) (0.85 cm at caudal pole) (2.51 cm in length) with an irregular shape. A 1.30 x 0.81 cm isoechoic nodule is observed at the caudal pole. The glandular echogenicity and detail at the cranial pole are slightly reduced. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (0.75 cm at cranial pole) (0.73 cm at caudal pole) (1.90 cm in length) with a slightly irregular shape. The parenchyma is subtly heterogeneous in appearance with some loss of glandular echogenicity and detail. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size (0.84 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is subjectively hypoechoic. A few ill-defined hyperechoic areas are observed throughout the parenchyma. In addition, pinpoint hyperechoic foci are observed throughout the organ. Splenic vasculature appears normal with no evidence of thrombosis.

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 gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated echogenic partially dependent to suspended sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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. A focal area of colonic wall is mildly thickened (up to 0.38 cm) and irregular with questionable retention of the normal layering pattern. The remaining colonic wall is normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely prominent in size with slightly irregular peripheral contours. The parenchyma is isoechoic relative to surrounding omental fat and mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Urinary bladder mass with extension into the proximal urethra and prostate. Neoplasia (i.e., transitional cell carcinoma, prostatic adenocarcinoma) is considered likely.

Secondary Findings:

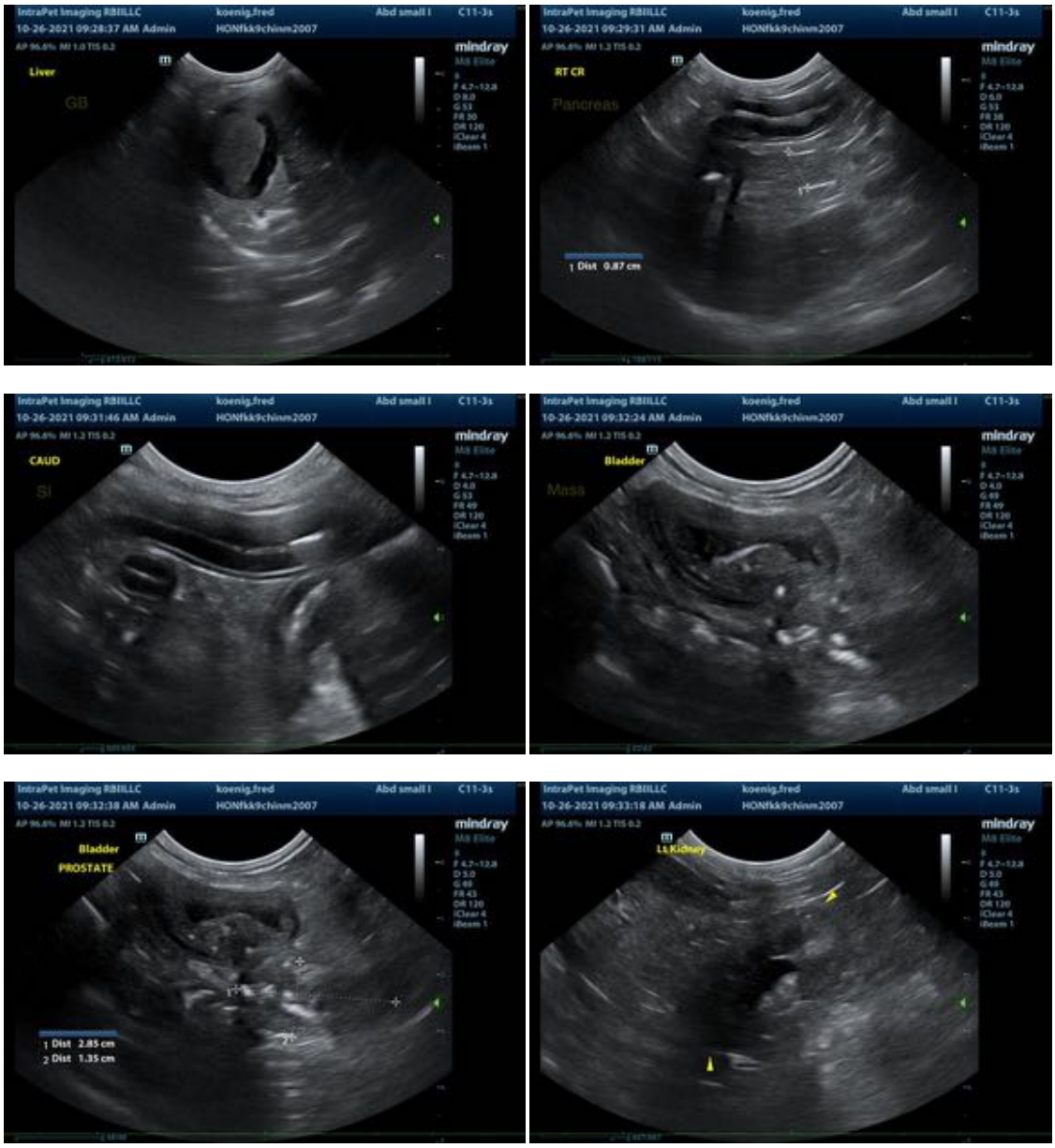
- Bilateral age-related renal changes with dystrophic mineralization and right cortical cysts.
- Bilateral adrenomegaly. The left adrenal nodule trends toward the benign with a lower possibility of emerging neoplasia.
- Dystrophic mineralization and myelolipomas in the spleen.
- The hepatic changes are most consistent with age-related parenchymal remodeling.
- Gallbladder sludge, non-mucocele.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The focal colonic wall changes could be consistent with an inflammatory process. Alternatively, infiltrative neoplasia is possible.

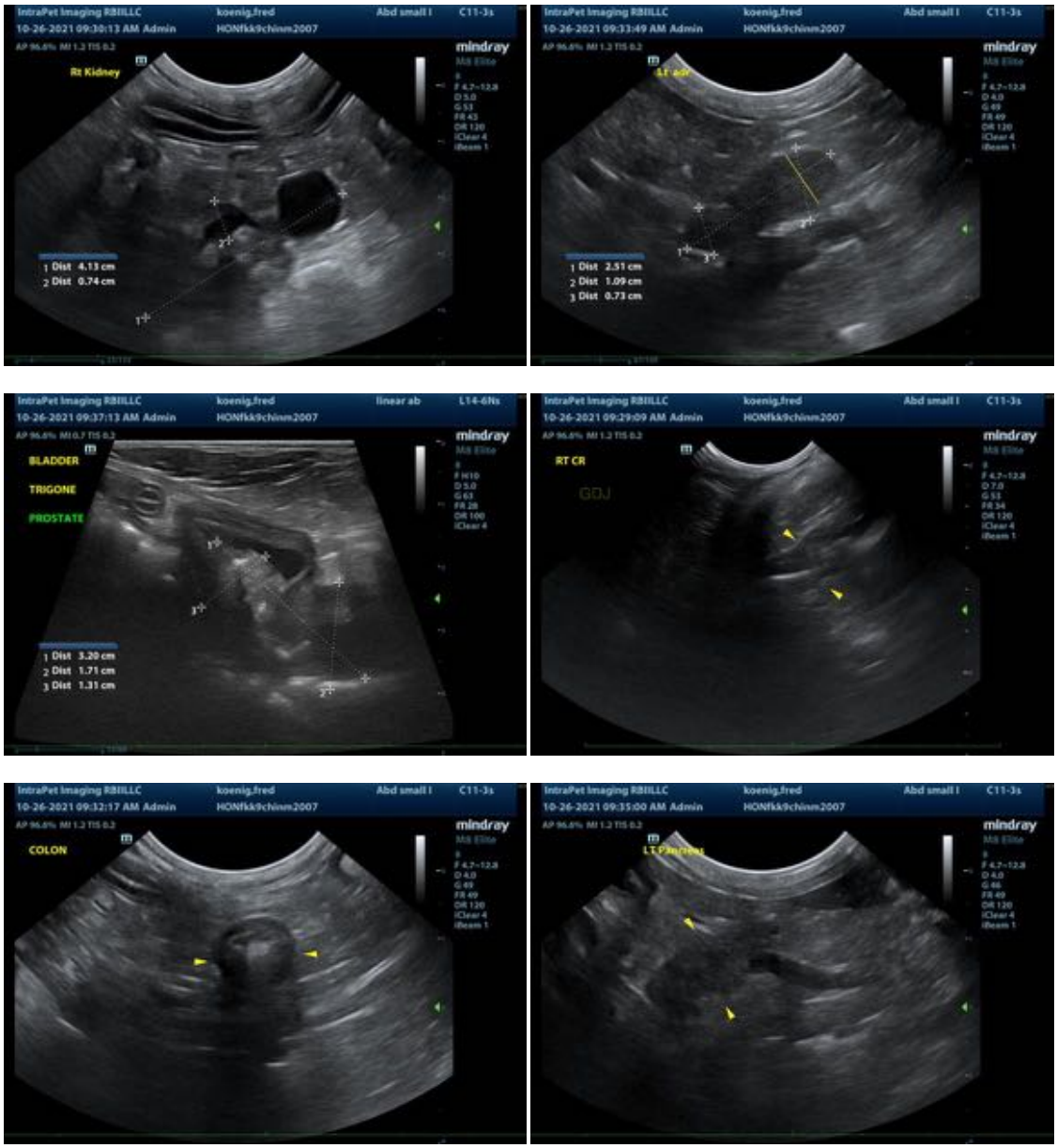
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If a definitive diagnosis is desired, consider traumatic urethral catheterization with cytology or a urine BRAF test and consultation with a board-certified veterinary oncologist.
- If palliative care is desired, consider the following protocol:

1. Piroxicam at 0.3 mg/kg PO every 24 hours (may need to be compounded in smaller patients)
2. Misoprostol (stomach protectant) at 2 mcg/kg PO every 12 hours
3. Baseline renal values should be performed then repeated every 4 weeks to monitor for nephrotoxicity.

*It should be noted that if prostatic adenocarcinoma is present, Piroxicam is unlikely to be effective in reducing clinical signs.





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.

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