



PATIENT

Jose James

PRESENTING CLINICAL SIGNS

History: Pet presented as a second opinion for stranguria. Radiographs showed uroliths and possible enlarged prostate.
Abnormal PE/Chem/CBC/UA Results: Calcium: 7.7 (low) Rest NSF including CBC UA: SG: 1.020
Blood: 3+ Protein: 2+ WBC: 20 (range 0-7) RBC: 20 Few transitional epit seen No bacteria and no crystals

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Mixed breed

Urinary System

The urinary bladder is mildly to moderately distended. The wall in the region of the cystourethral junction/proximal urethra is thickened with a mass effect, irregular and heterogeneous with foci of mineralization. The mass effect appears to have invaded through the serosal surface at the caudodorsal aspect. Surrounding mesentery is hyperechoic. The remaining urinary bladder wall is normal in thickness. A small amount of gravity-dependent mineralized sand is observed within the lumen along with some suspended echogenic debris.

SEX

Male, neutered

AGE

11 yrs.

The prostate is enlarged (3.19 cm in width) with a mass effect and an irregular shape. The mass effect appears to extend into the proximal urethra. The parenchyma is heterogeneous with a 1.13 cm hypoechoic area at the cranial aspect. Pinpoint foci of mineralization are observed within the parenchyma. The prostatic urethra is not overtly dilated.

WEIGHT

39 lbs.

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

INTERPRETED BY

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

The right kidney is normal in size (6.13 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

IMAGING PERFORMED BY

Dr. Reyes

The left adrenal gland is normal size (0.59 cm at cranial pole) (0.67 cm at caudal pole); 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.

HOSPITAL NAME

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (1.55 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.

REFERRING VET

Dr. Beltran

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of gravity-dependent echogenic to

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mineralized debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

SPECIES

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. The colonic wall is normal. No obstructive disease is noted.

Canine

BREED

Pancreas

Mixed breed

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.

SEX

Free Abdomen

Male, neutered

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

AGE

11 yrs.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

- Mass effect at the cystourethral junction/proximal urethra/prostate with suspected invasion of the serosal layer at the level of the urinary bladder. Neoplasia (i.e., transitional cell carcinoma, prostatic adenocarcinoma) is suspected. Adjacent retroperitonitis is present.

39 lbs.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

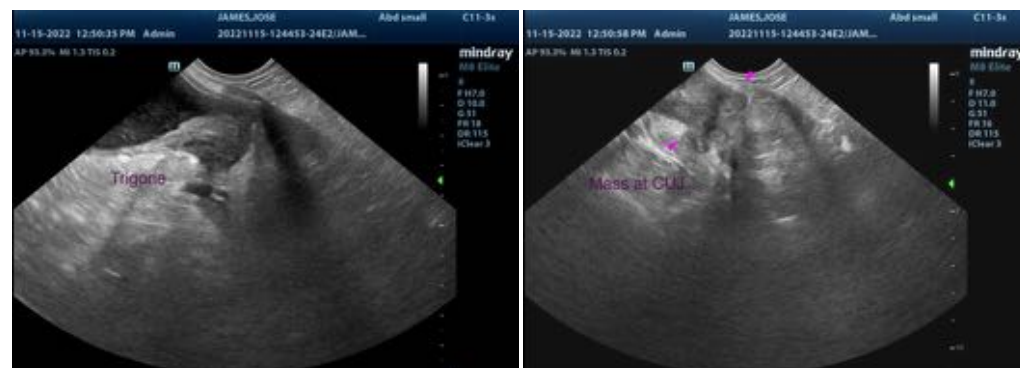
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- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a urine BRAF test to further evaluate for lower urinary tract neoplasia.
- Also consider consultation with a board certified oncologist for further treatment recommendations.

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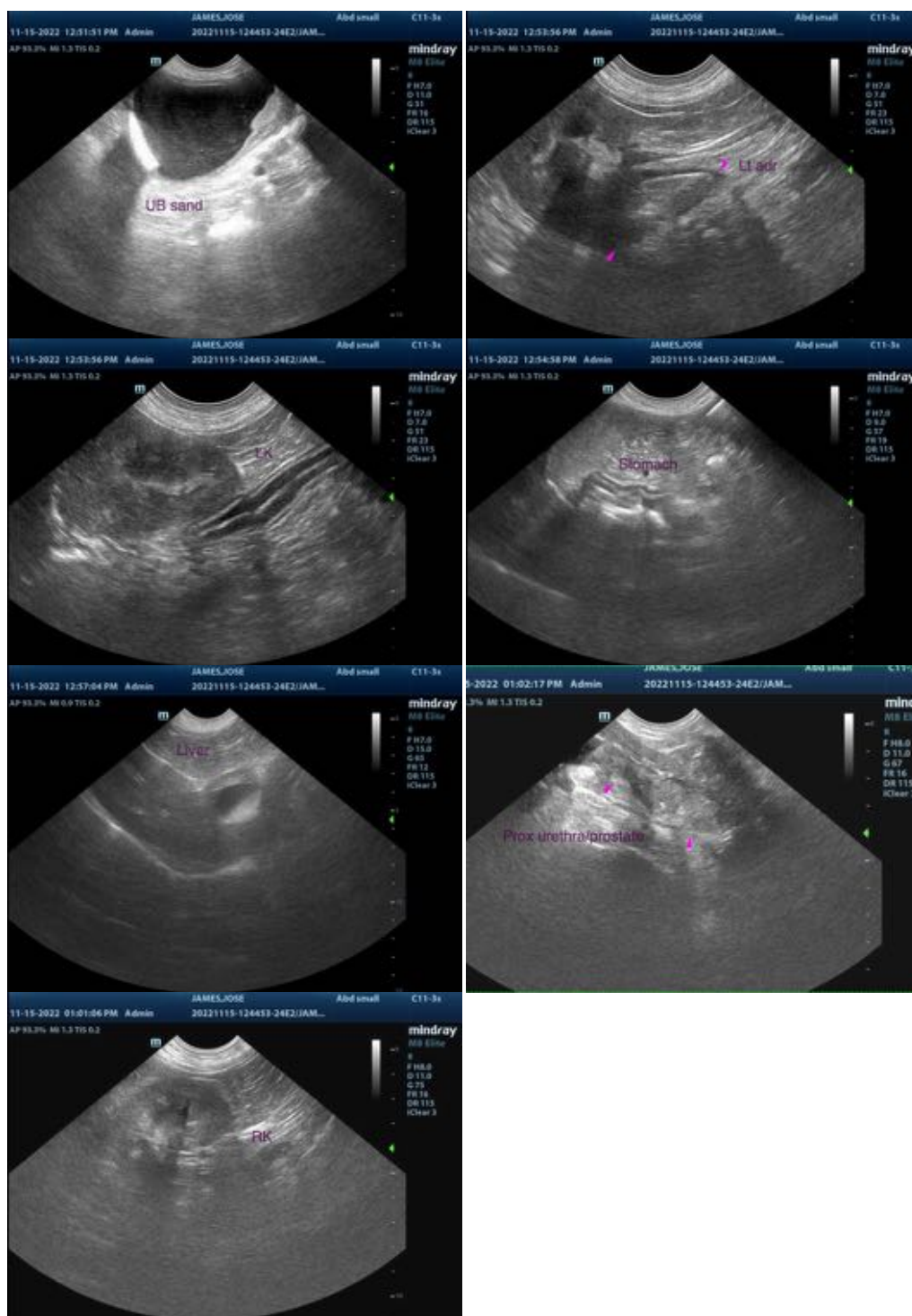
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)

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