



PATIENT

Rocco Perlberg

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

13 Years 11 Months

WEIGHT

63.6 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Rivera

HOSPITAL NAME

DPC Vet Hospital

REFERRING VET

Dr. Rivera

INVOICE

26923

DATE

11/7/21

PRESENTING CLINICAL SIGNS

FREQUENTLY URINATING, SQUATTING ALOT ON WALKS, NOT HAVING A FULL STREAM OF URINE.HAVING A HARD TIME POSTURING TO DEFICATE AS WELL, ONLY SMALL AMOUNTS OF STOOL COMING OUT AT A TIME AS WELL. P ASKING TO GO OUT MORE THAN USUAL AND BARKING ALOT (NOT NORMAL FOR P)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended. the wall is normal in thickness with a smooth mucosal surface. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The prostate is severely enlarged (4.76 cm x 3.88 cm) with irregular shape. Parenchyma is heterogeneous with 1-2 cavitated areas just caudal to the prostate. What appears to be two additional masses are seen, one measuring 3.5 cm and 1.28 cm. these lesions have the same echogenicity as the prostate. Mesentery in this region is hyperechoic. A small amount of free fluid is also seen in this region.

The left kidney presented normal size (7.04 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney presented normal size (7.02 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland presented normal size (0.85 cm cranial pole, 0.80 cm caudal pole, 2.74 cm length), shape and homogenous parenchyma. The phrenic vasculature, glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal.

The right adrenal gland presented normal size (0.64 cm cranial pole, 0.64 caudal pole, 2.66 cm length), shape and homogenous parenchyma. The phrenic vasculature, glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal.

Spleen

The spleen is normal in size (2.20 cm) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few hypoechoic nodules are visualized, the largest measuring 1.1 cm in diameter. In addition, 1-2 small myelolipomas are seen in the region of the hilus. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely heterogeneous. A 2.92 cm x 2.60 cm isoechoic mass is observed deep on the left side. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is distended. The wall is normal in thickness. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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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 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 or overt infiltrative 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.

Lymph Nodes

See "other".

Other

Caudal retroperitonitis is present.

PRIMARY FINDINGS

- Prostatic mass effect with adjacent masses and caudal retroperitonitis – neoplasia (i.e., adenocarcinoma, transitional cell carcinoma, hemangiosarcoma, lymphoma) is considered likely with a low possibility of benign pathology.
- Hepatic mass – differentials include neoplasia (i.e., metastatic disease, adenoma, adenocarcinoma) versus benign regenerative nodule.

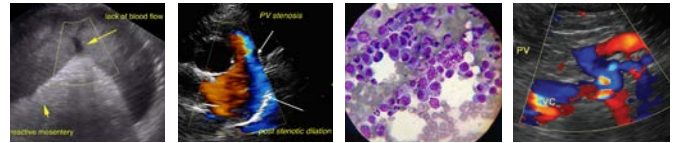
SECONDARY FINDINGS

- The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

3-view thoracic radiographs are recommended to assess for pulmonary metastatic disease to further evaluate for prostatic neoplasia. Consider a urine BRAF test and/or traumatic urethral catheterization with cytology. Depending on the results, consultation with a board certified veterinary oncologist may be warranted.





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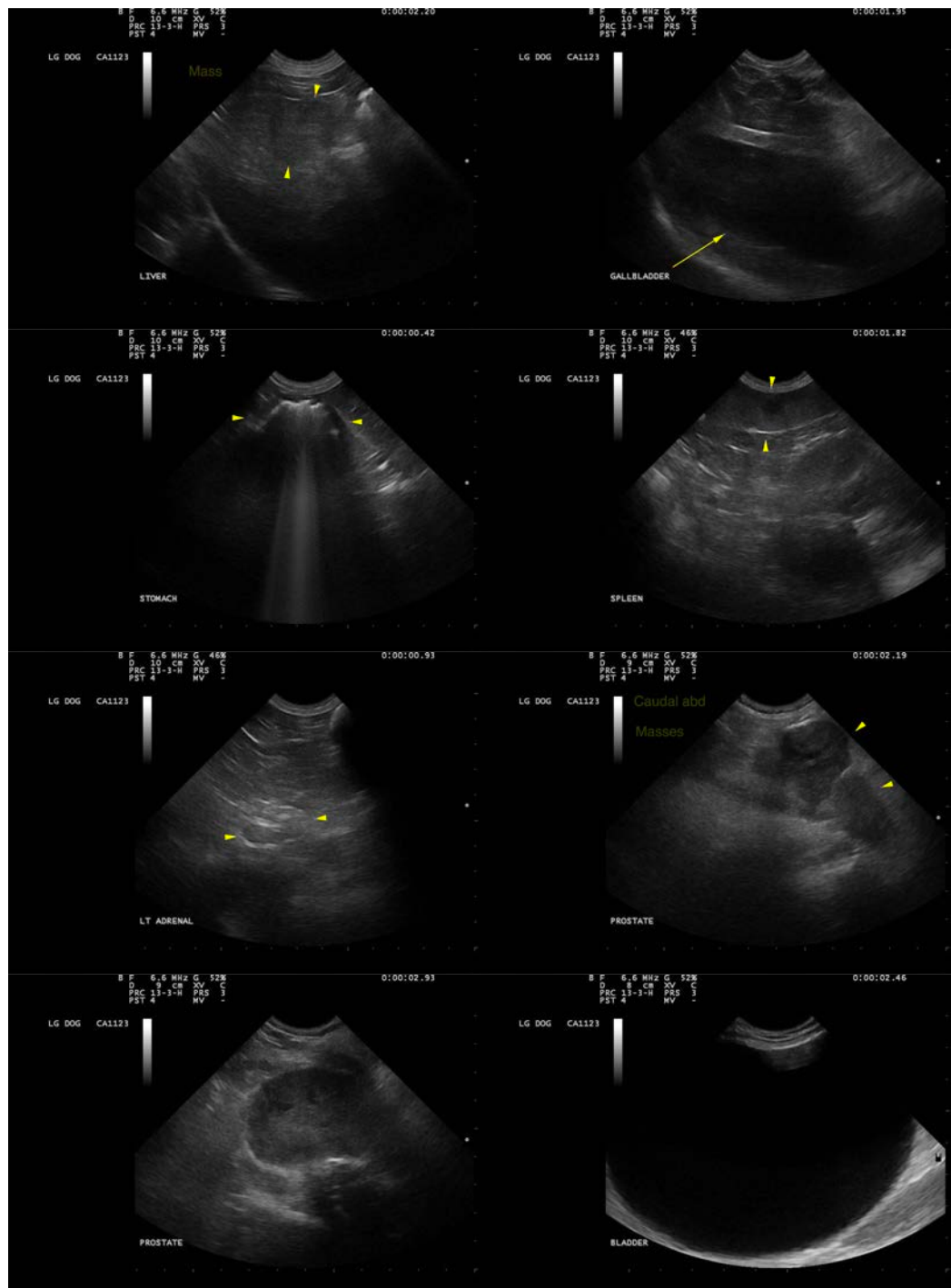
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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_nicastro2@hotmail.com

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