IMAGING PERFORMED BY

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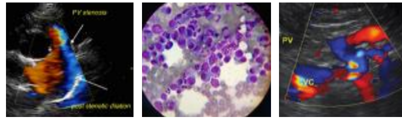

SonoPath

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DATE

12/3/21

PATIENT

Cooper Withers

SPECIES

Canine

BREED

German Shorthaired Poiner

SEX

Neutered Male

AGE

6/15/13

WEIGHT

65.5 Lbs.

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency Hopsital

REFERRING VET

Dr. King

INVOICE

12820

PRESENTING CLINICAL SIGNS

History: **Presenting Complaint**: Hematuria / Blood in Urine **Date:** 11-30-2021 **Notes**: Seen 11/26, had bloody urine (owner had thought was vomit, we determined not the case) had some diarrhea that was also blood. Coags/Platelets WNL. UCS - Beta-haemolytic streptococcus. We had on Baytril and Metro. Did well at home initially, then started to strain and have bloody urine again. Is still eating and drinking well; no v/d. Recommend IVF, start amp/sulbactam and get US on Friday to look for any concern of prostatic cyst/tumor/bladder tumor, other.

Current Medications: Clavamox, Baytril, metronidazole, Gabapentin, Omeprazole, Trazadone, Acepromazine.
Lab Results: Coags and platelets wnl; Urine culture came back-- Beta-haemolytic streptococcus - >100,000 CFU per ml Ampicillin/Penicillin, Cephalosporins, Erythromycin (and Azithromycin), and Trimethoprim-Sulfa are recommended antibiotics. Susceptibility testing is not indicated because of the predictable effectiveness of these recommended antibiotics. (12/1) PCV/TS 44%, 8.4; (12/2) PCV/TS 37%, 7.8. Attached separately.
Radiographs: Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal. The visible portion of the proximal urethra is normal to borderline thickened (0.37 cm).

The prostate is enlarged (5.34 cm in length and 3.45 cm in width) with a slightly irregular shape. The parenchyma is heterogeneous with foci of mineralization and at least 2 cystic areas. The prostatic urethra is not overtly dilated. The surrounding mesentery is hyperechoic.

The left kidney presented normal size (7.29 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. Renal vasculature is normal.

The right kidney presented normal size (7.54 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.83 cm at cranial pole) (0.84 cm at caudal pole) (2.88 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.

The right adrenal gland is normal size (0.88 cm at cranial pole) (0.78 cm at caudal pole) (3.10 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 subjectively prominent in size (3.00 cm at the level of the hilus) with slightly swollen peripheral contours. A light micronodular pattern is present throughout the parenchyma. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

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 small amount of suspended echogenic debris is observed within the lumen. 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 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.

Free Abdomen
Trace free fluid is observed in the caudal abdomen. A 3.50 cm x 2.36 cm irregular, heterogenous cavitated sublumbar lymph nodes is observed. Surrounding mesentery is hyperechoic. 1-2 prominent mesenteric lymph nodes are also visualized.

Other
A few ring down lesions are suspected in the thorax.

ULTRASONOGRAPHIC FINDINGS

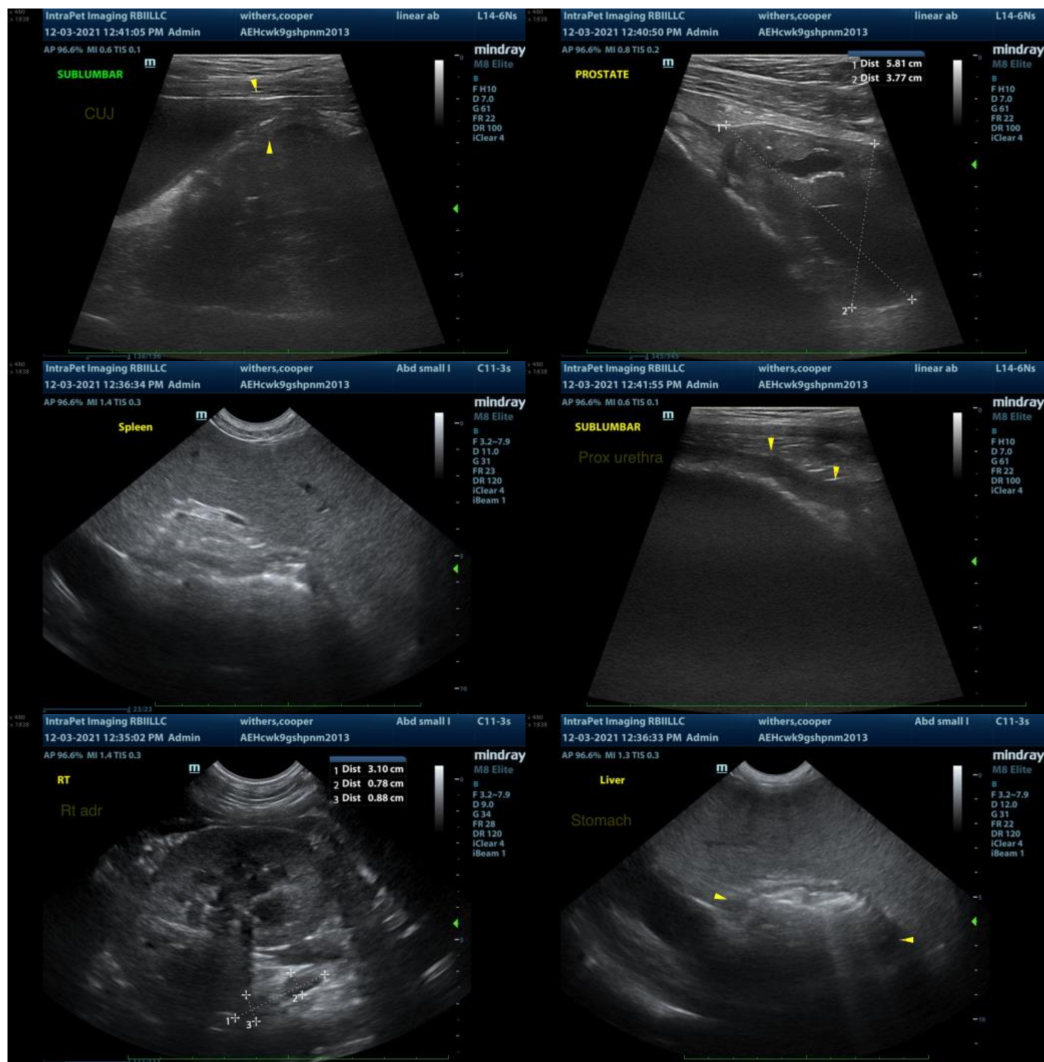
- Prostatic mass effect with mineralizations, cystic areas, and questionable extension into the prostatic urethra. Neoplasia (i.e., prostatic adenocarcinoma, transitional cell carcinoma) is suspected. Regional peritonitis is present.

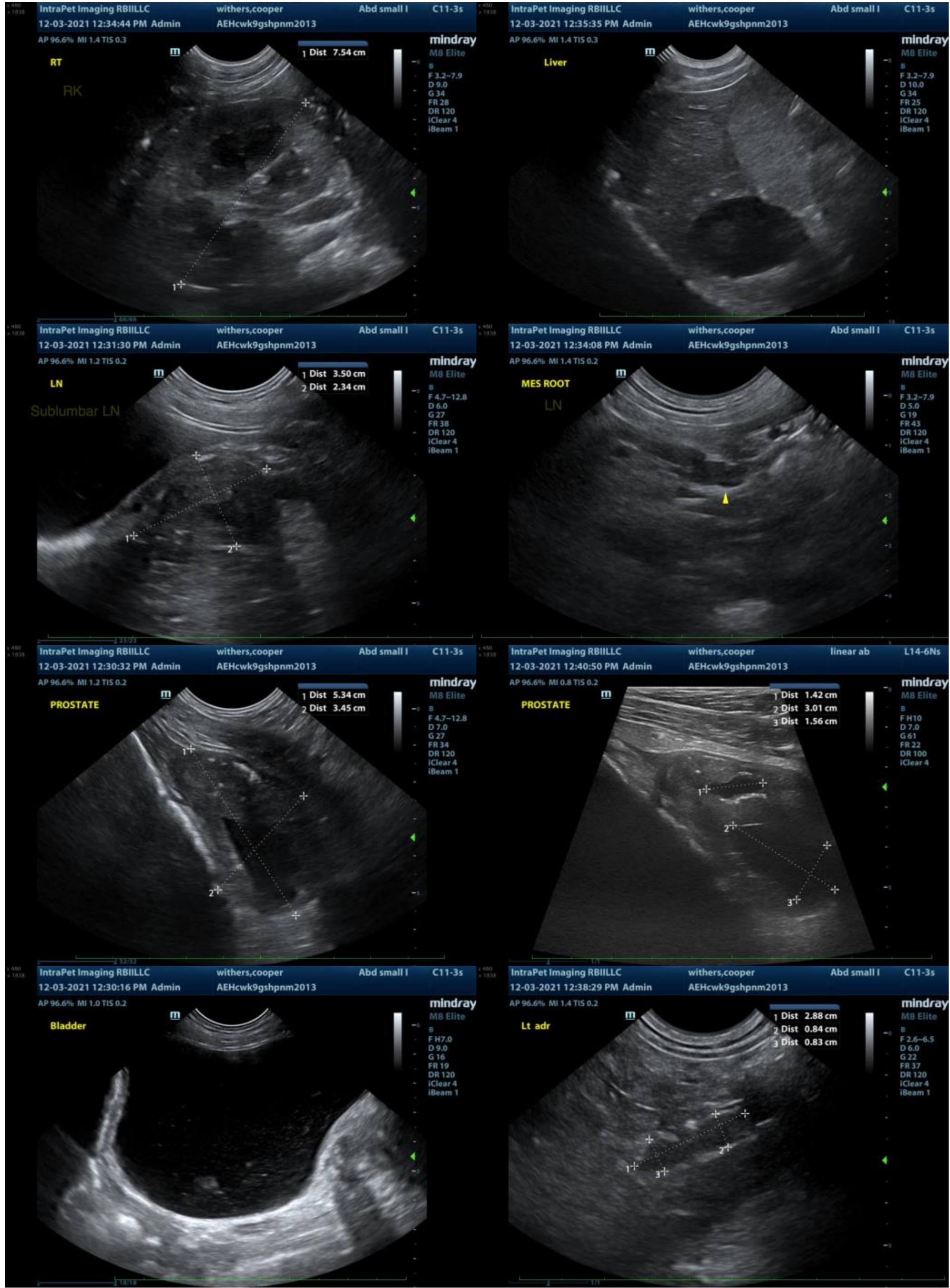
- The sublumbar lymphadenopathy is concerning for metastatic disease with a lower possibility of reactive lymphadenitis or lymphoid hyperplasia. The mesenteric lymphadenopathy is more consistent with reactive nodes. However, infiltrative neoplasia cannot be completely excluded.

- The ring down lesions are suggestive of pulmonary parenchymal disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A urine BRAF test can be considered to further assess for prostatic neoplasia. Alternatively, traumatic urethral catheterization with submission of the cells for cytology can be performed. If neoplasia is confirmed and an aggressive approach is desired, consider referral to a board-certified oncologist.





IntraPet Imaging RBIILLC
withers,cooper
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RT
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LN
Sublumbar LN
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MES ROOT
LN
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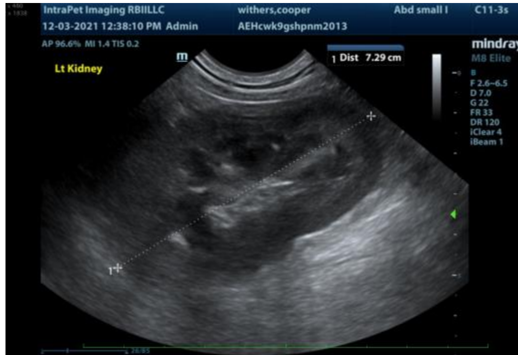
3 Dist 0.83 cm
mindray
M8 Elite



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 DACVIM (Small Animal Internal Medicine)
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