



PATIENT

PRESENTING CLINICAL SIGNS

Gunner Grant

History: recheck additional prostate views per last u/s

SPECIES

PRESENTING CLINICAL SIGNS

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Lab Mix

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visualized portion of the proximal urethra are normal.

SEX

Intact Male

The prostate is prominent in size (2.64 cm in length); (2.02 cm in width) with a normal shape and smooth peripheral contours. Parenchyma is of appropriate echogenicity and echotexture. No focal lesions are observed. The prostatic urethra is not overtly dilated.

AGE

6 years

The left kidney presented normal size (6.50 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

64 lbs

The right kidney presented normal size (6.49 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 hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.45 cm at cranial pole) (0.39 cm at caudal pole) (1.65 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.

IMAGING PERFORMED BY

Jenn

The right adrenal gland is normal size (1.36 cm at cranial pole) (0.76 cm at caudal pole) (2.48 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.

HOSPITAL NAME

Rockaway AH

Spleen

The spleen is normal in size (1.44 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.

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Dr. Maniar

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.

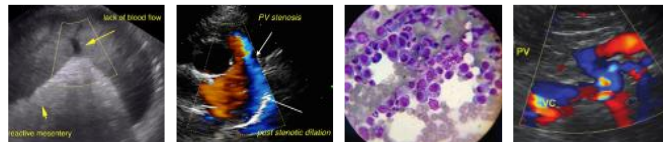
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The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are

DATE

2/14/22



PATIENT anechoic. The cystic and common bile ducts are normal.

Gunner Grant

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally distended with ingesta. 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.

SPECIES

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Lab Mix

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.

SEX

Intact Male

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

AGE

6 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings

WEIGHT

64 lbs

- Prominent prostate. If the patient is a neutered male, the mild prostatomegaly may be a normal variant, secondary to late-in-life neutering, or may represent emerging neoplasia (i.e., prostatic adenocarcinoma). If the patient is intact (less likely based on the prostate size), bacterial prostatitis is a consideration.

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Medicine*)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Given the patient's history of hematuria, consider a urine BRAF test to further assess for prostatic neoplasia, as well as a urine culture and sensitivity and baseline labwork (i.e., CBC chemistry panel, urinalysis and T4).
- Also consider evaluation of the patient's clotting status (i.e., PT/PTT).
- If all tests are inconclusive, benign essential hematuria may be present. However, this would not account for the reduced appetite and further workup would be warranted.

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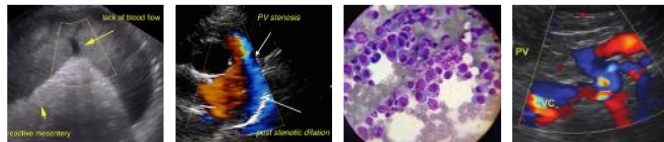
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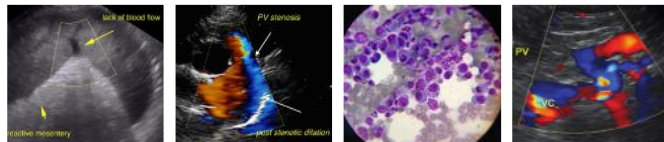
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

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Lab Mix

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