**PATIENT**

Java Bradley 49639A

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

6 years

WEIGHT

31.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison Vet. Sp. - Dr.
Daggett

INVOICE

10632

DATE

3/29/22

PRESENTING CLINICAL SIGNS

History: PU/PD, pollakiuria, dysuria over the last week. Enlarged prostate on palpation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The majority of the urinary bladder wall is normal in thickness with a smooth mucosal surface. No cystic calculi are observed. At the level of the cystourethral junction/trigone, the wall is thickened and irregular with a mass effect, likely an extension from the prostate pathology.

The prostate is enlarged (4.24 cm in length) (3.80 cm in width) with a mass effect. The parenchyma is heterogenous in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated. The mass effect extends into the proximal urethra and urinary bladder at the level of the cystourethral junction/trigone.

The left kidney presented normal size (7.18 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.

The right 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 hydronephrosis.

Adrenal Glands

The left adrenal gland is normal size (0.71 cm at cranial pole) (0.54 cm at caudal pole) (3.07 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 caudal pole of the right adrenal gland is visualized and is normal in size (0.58 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature are normal.

Spleen

The spleen is normal in size (2.23 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.

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.

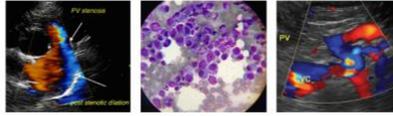
The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with gas and ingesta. The gastric wall and pylorus are normal in thickness with a

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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.

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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.

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Free Abdomen

A small amount of free fluid is observed adjacent to the prostate.

SEX

Neutered Male

A 1.98 cm mesenteric lymph node is visualized. In addition, one to two prominent medial iliac lymph nodes are also seen, the largest measuring 2.73 cm in length. The nodal echogenicity is normal.

ULTRASONOGRAPHIC FINDINGS**AGE**

6 years

Primary Findings

- The prostate changes are most concerning for infiltrative neoplasia. Prostatic adenocarcinoma and transitional cell carcinoma are the top differentials. There appears to be extension into the proximal urethra/cystourethral junction. The regional effusion is likely secondary to prostatic pathology/increased vascular permeability.
- The prominent abdominal lymph nodes are more consistent with reactive change. However, infiltrative neoplasia cannot be excluded.

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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 evaluate for prostatic neoplasia.
- Also consider sampling the free fluid adjacent to the prostate (if accessible) with submission for cytologic evaluation.
- If the above results are inconclusive, traumatic urethra catheterization with submission of the prostatic cells for cytology should be considered.
- For treatment recommendations, consider consultation with a board-certified oncologist.

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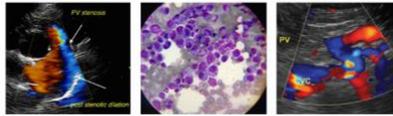
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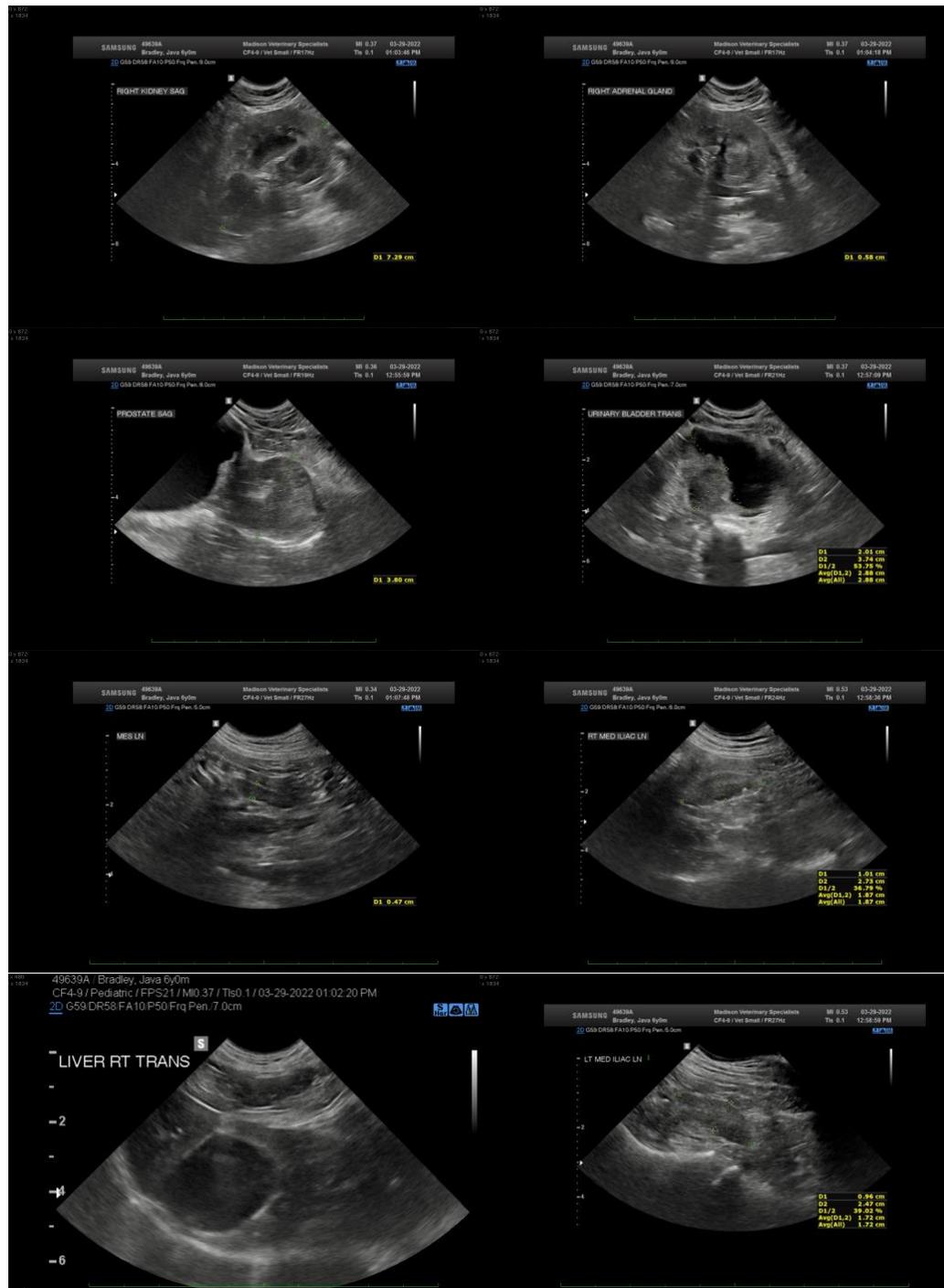
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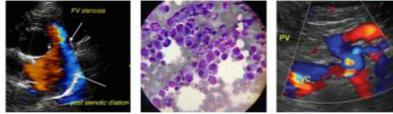
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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