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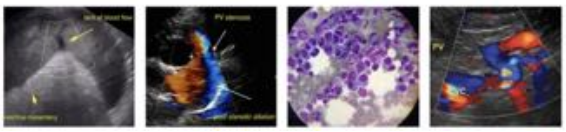


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Roscoe Carson

SPECIES

Canine

BREED

Labrador Retr Mix

SEX

Neutered Male

AGE

4/15/2012

WEIGHT

29.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Blue Pearl MP ER

REFERRING VET

Caroline Andrews Johnson

INVOICE

12764

DATE

4.17.23

PRESENTING CLINICAL SIGNS

Clinical Exam Findings:
PE: Mentation: Quiet, alert and responsive
Hydration: <5% dehydrated
Eyes, Ears, Nose: No ocular discharge OU; no nasal discharge and airflow present bilaterally; mild debris AU; no significant abnormalities noted
Oral Cavity: Moderate dental tartar and calculus; mucous membranes are pink and moist; CRT 2 sec; no evidence of petechiation or ulceration; no foreign object or mass appreciated
Cardiovascular: No murmur or arrhythmia noted, pulses were strong and synchronous.
Respiratory: Eupnea, normal bronchovesicular sounds on all lung fields, no cough elicited on tracheal palpation
Neurologic: Appropriate mentation, normal CNN, no pain elicited on manipulation and palpation of neck and spine; no obvious neurologic deficits noted (complete neurologic exam not performed). -
Gastrointestinal/Urogenital: Tense, large urinary bladder, actively dribbling urine
Rectal: Loose stool on rectal, enlarged prostate, anal glands soft and small, not expressed
Peripheral Lymph Nodes: Small, soft, smooth, and symmetrical
Integument: Hair coat in good condition for age and breed, no ectoparasites or dermatitis noted, mild dorsal scale -
Musculoskeletal: BCS 6/9, adequate musculature, no evidence of weakness or lameness during ambulation; no obvious orthopedic abnormalities noted (complete orthopedic exam not performed).

Abnormal lab-work values: CBC: WBC 21.7 (H), Neut 18.58 (H) Chem: Amyl 385 (L), K 3 (L) UA: catheter, WBC >50/hpf, RBC >50/hpf, suspect rods and cocci, nsEPI >10/hpf

Current Medications: Plasmalyte at 90ml/hr, decreased to 60ml/hr KCl 30mEq/L, Carprofen 4.4mg/kg SQ (127.6mg) and switched to 56.25mg (1.94mg/kg) PO q12h, Unasyn 30mg/kg IV q8h (870mg), Enrofloxacin 98.4mg/kg IV q24h (272.4mg)

Radiographic Findings 3v T&AXR (submitted for radiologist review)
STUDY:
Thorax and abdomen radiographs (6 images) dated April 15, 2023.
THORAX: • The cardiac silhouette and pulmonary vessels are within normal limits. • The pulmonary parenchyma is unremarkable. • The pleural space and mediastinum are unremarkable.
ABDOMEN: • The urinary bladder is moderately distended with rounded margins. A urinary catheter is in place with the tip extending into the caudal aspect of the urinary bladder. • The prostate is mildly enlarged measuring 4.3 cm. • The caudal abdominal serosal margin detail is mildly decreased. • There is a small mineral opacity in the stomach. • A small amount of fluid and gas within the colon. • The small intestines are within normal limits. • The liver, spleen, and kidneys are unremarkable.
MUSCULOSKELETAL: • There is mild spondylosis deformans. Assessment: Urinary bladder distention. Further correlate with direct palpation/manual expression. Urinary catheter placement. Prostatomegaly. In a neutered patient, consider prostatitis or prostatic neoplasia. Decreased the stomach caudal abdomen, consider small volume peritoneal effusion such is inflammatory effusion, malignant effusion, hemorrhage, transudate, exudate, chylous effusion, or hypoproteinemia. Nonobstructive small mineral opacity in the stomach. Otherwise, unremarkable abdomen. Unremarkable thorax. No evidence of pulmonary metastasis or intrathoracic lymphadenopathy. Comments/Recommendations: • Consider abdominal ultrasound to further assess the urogenital tract.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. A Foley catheter is visualized within the lumen. The wall is thickened (up to 0.64 cm) with an irregular mucosal surface. A small amount of echogenic debris along with some mineralized sand/tiny calculi is observed within the lumen. The region of the trigone is normal. A 0.30 cm mineralized focus is observed within the proximal urethra.

The prostate is enlarged (4.31 cm in width) with relatively smooth peripheral contours. Parenchyma is diffusely heterogenous with numerous ill-defined mineralized foci throughout the gland. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (7.32 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. Several small, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.80 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

The left adrenal gland is prominent in size (1.10 cm at cranial pole) (0.84 cm at caudal pole) with a slightly irregular shape and 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 in normal size (1.59 cm at cranial pole) (0.58 cm at caudal pole) with a normal shape and 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 normal in size 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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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 segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural

detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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
No obvious evidence free fluid. A 2.02 cm medial iliac lymph node is visualized. The node is normal in shape and echogenicity.

Other
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

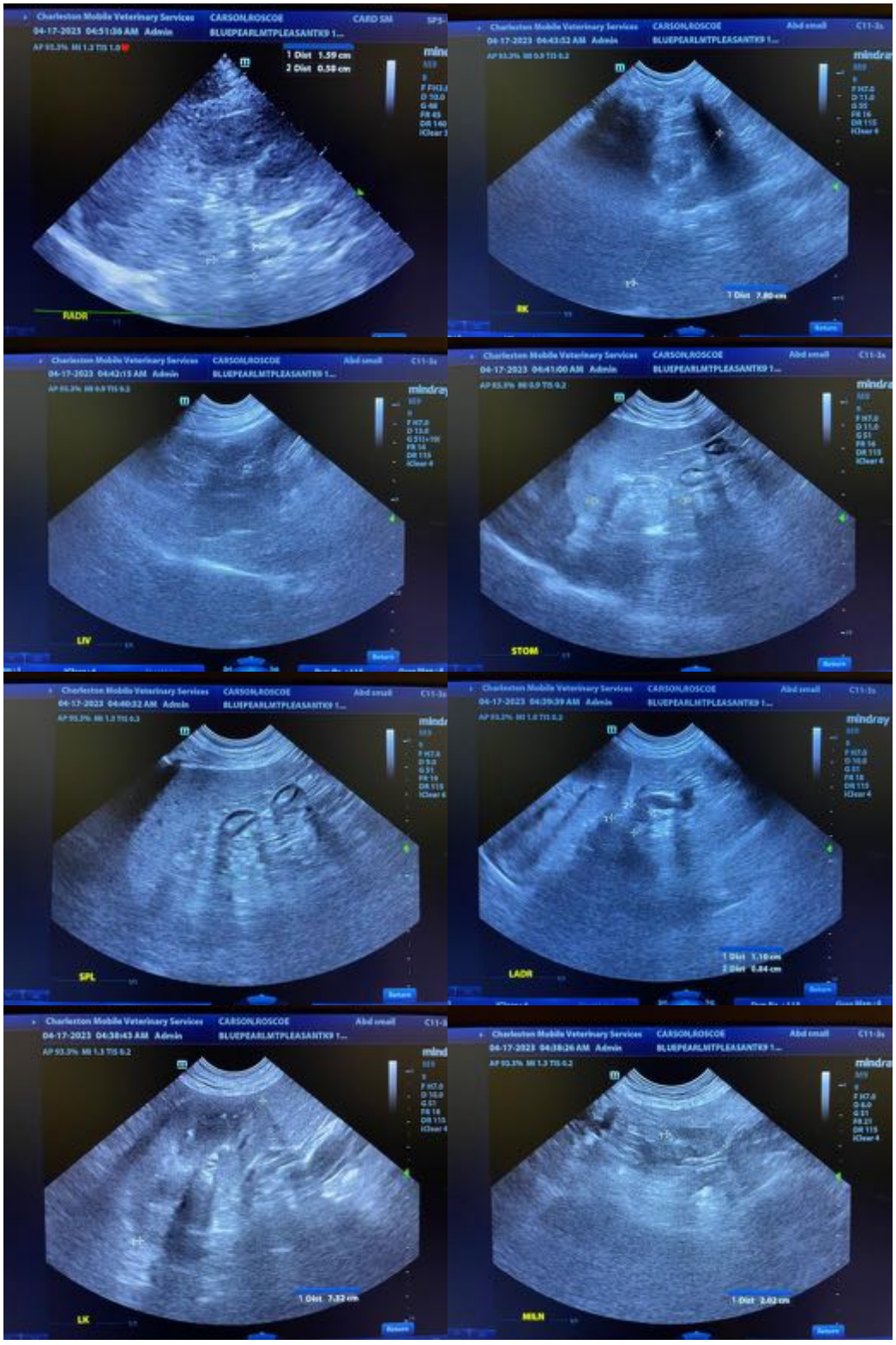
- The prostate changes are most consistent with infiltrative neoplasia. Prostatic adenocarcinoma and transitional cell carcinoma are the top differentials, with a lower possibility of a non-neoplastic process (i.e., prostatitis). The prominent medial iliac lymph node is most likely reactive. However, emerging metastatic disease cannot be completely excluded.

Secondary Findings

- Bilateral chronic age-related renal changes with nonobstructive nephrocalcinosis
- The urinary bladder wall changes may be secondary to cystitis or may be artifactual due to lack of full distention. A small amount of mineralized sand +/- tiny calculi are observed within the urinary bladder lumen and in the proximal urethra.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a urine BRAF test to further evaluate for lower urinary tract neoplasia. It should be noted that a positive result confirms neoplasia. However, a negative result does not rule out the possibility of cancer, and further testing (i.e., fine-needle aspirate or traumatic urethra catheterization) may be necessary to get a definitive diagnosis.


Charleston Mobile Veterinary Services
CARSON,ROSCOE
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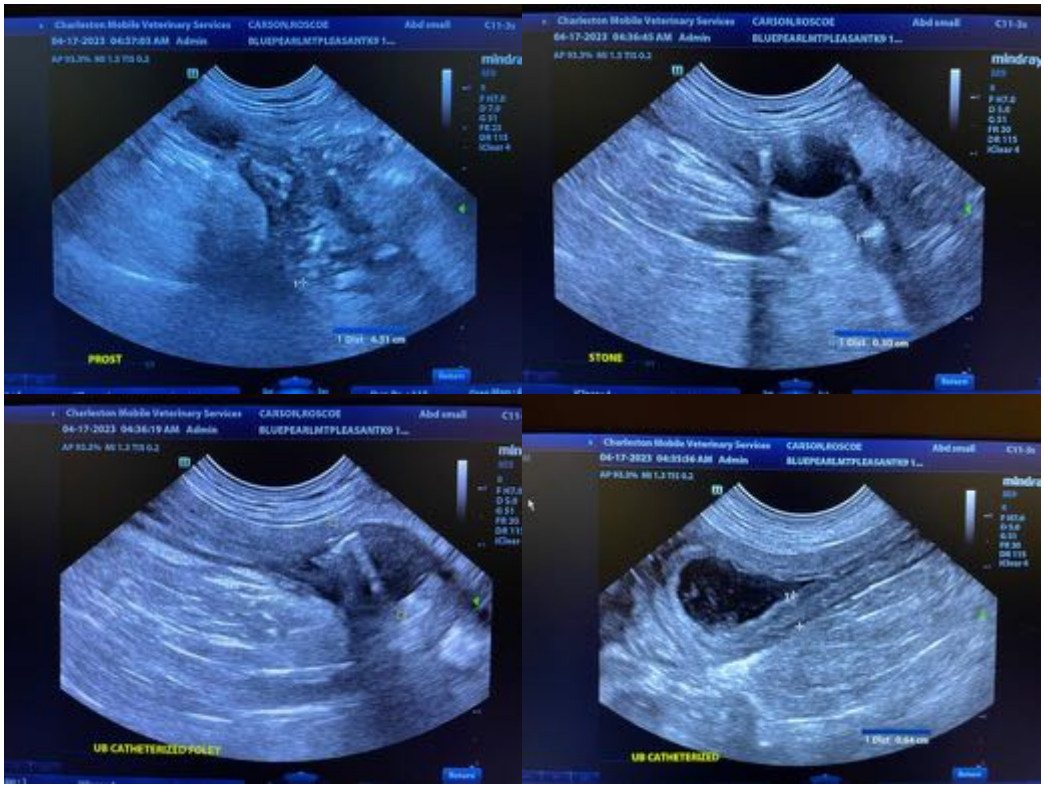
2 Dist 0.58 cm
RADR
04-17-2023 04:43:52 AM Admin
RK
04-17-2023 04:42:15 AM Admin
LIV
04-17-2023 04:41:00 AM Admin
STOM
04-17-2023 04:40:32 AM Admin
SPL
04-17-2023 04:39:39 AM Admin
1 Dist 1.10 cm
2 Dist 0.84 cm
LADR
04-17-2023 04:38:43 AM Admin
1 Dist 7.32 cm
LK
04-17-2023 04:38:26 AM Admin
1 Dist 2.62 cm
MILN



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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info@SonoPath.com