



PATIENT

Harry Spivak

PRESENTING CLINICAL SIGNS

SPECIES

Canine

History: Long hx of urinary incontinence. Tentative dx of TCC. Acute weight loss and vomiting.
Abnormal PE/Chem/CBC/UA Results: PE WNL rads unremarkable except mineralized tumor area of bladder

BREED

West Highland

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered Male

Urinary System

The urinary bladder is minimally distended with urine. The wall is diffusely thickened (0.87 cm in diameter) and irregular, with a mass effect. The wall is heterogenous in appearance with some areas of mineralization. The cystourethral junction and proximal urethra are thickened, irregular and heterogenous in appearance. A small amount of suspended echogenic debris is observed within the lumen.

AGE

16 years

The prostate is enlarged (1.76 cm in width) with a slightly irregular shape. The parenchyma is subtly heterogenous with pinpoint foci of mineralization. The prostatic urethra is not overtly dilated.

WEIGHT

16 lbs

The left kidney is normal size (5.11 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Mild pyelectasia is present (0.25 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter.

INTERPRETED BY

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

The right kidney is normal size (5.14 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Trace pyelectasia is present). There is no evidence of nephroliths, infarcts or hydroureter.

IMAGING PERFORMED BY

Dr. Scott

Adrenal Glands

The left adrenal gland is mildly enlarged (0.55 cm at cranial pole) (0.66 cm at caudal pole); 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

Ho Ho Kus VH

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is normal in size (1.06 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.

REFERRING VET

Dr. Eisenberg

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely mottled in appearance, with a few ill-defined hypoechoic nodules/areas. At least 2 cystic areas are observed, the larger measuring 0.87 cm on the left side. A 1.16 cm irregular, hyperechoic nodule is also visualized on the left side. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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DATE

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The gall bladder lumen is moderately distended. The wall is normal in thickness. A large amount of aggregated, echogenic suspended sludge, in a partially-stellate pattern is observed within the lumen. The cystic and common bile ducts are normal/not seen.

SPECIES

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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 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.

SEX

Neutered 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

16 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

16 lbs

Primary Findings

- Urinary bladder mass effect with suspected extension into the proximal urethra and prostate. Neoplasia (i.e., transitional cell carcinoma or prostatic adenocarcinoma) is suspected. It is difficult to compare the size of the bladder mass effect on today's scan to the sonogram from October 2021 due to the minimal luminal distention on today's study. However, progression is suspected given the proximal urethral changes and increase in prostate size with mineralization.
- The gall bladder changes are consistent with a developing mucocele.
- The hepatic parenchymal changes are nonspecific and could be associated with a benign age-related process (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy). However, inflammatory disease, infiltrative neoplasia or other hepatopathy may be present. Correlation with the patient's liver values is recommended.

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Secondary Findings

- Bilateral age-related renal changes (previously observed)
- Mild left adrenomegaly

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

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A urine BRAF test is recommended, if not already performed. If results are negative, consider a traumatic urethral catheterization to obtain bladder and/or prostate cells for cytologic evaluation.

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If neoplasia is confirmed and an aggressive approach is desired, consider consultation with a board-certified oncologist for treatment options.



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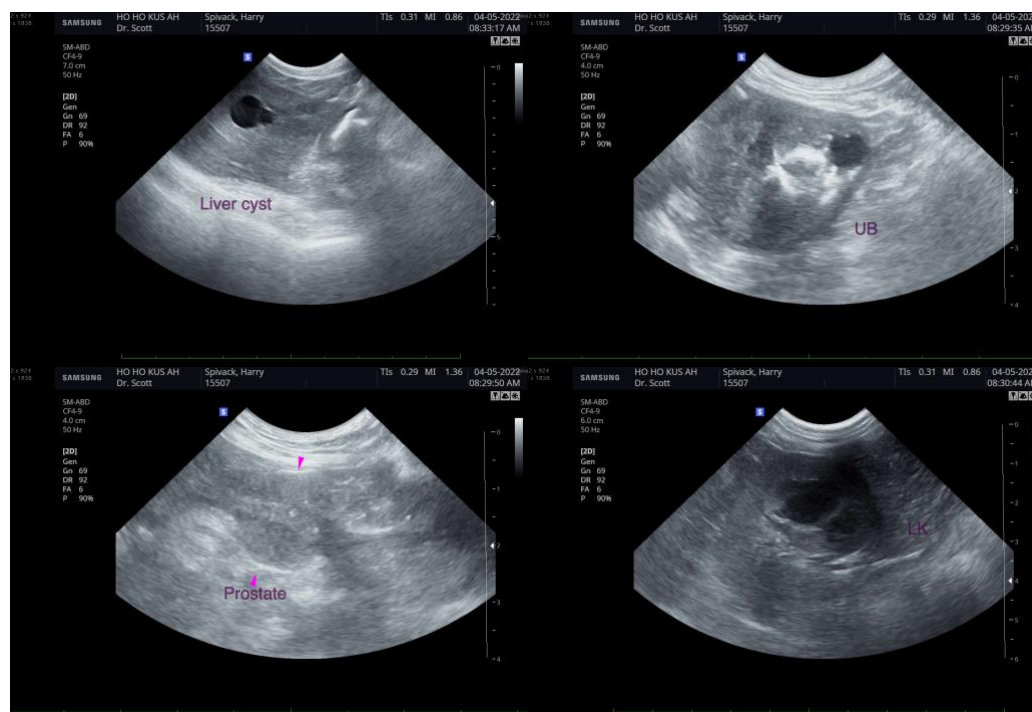
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If a palliative approach is desired, consider empirical treatment for transitional cell carcinoma (see below). However, if prostatic adenocarcinoma is present, this protocol is not likely to be effective.

1. Piroxicam at 0.3 mg/kg PO every 24 hours (may need to be compounded in smaller patients)
2. Misoprostol (stomach protectant) at 2 mcg/kg PO every 12 hours
3. Baseline renal values should be performed then repeated every 4 weeks to monitor for nephrotoxicity





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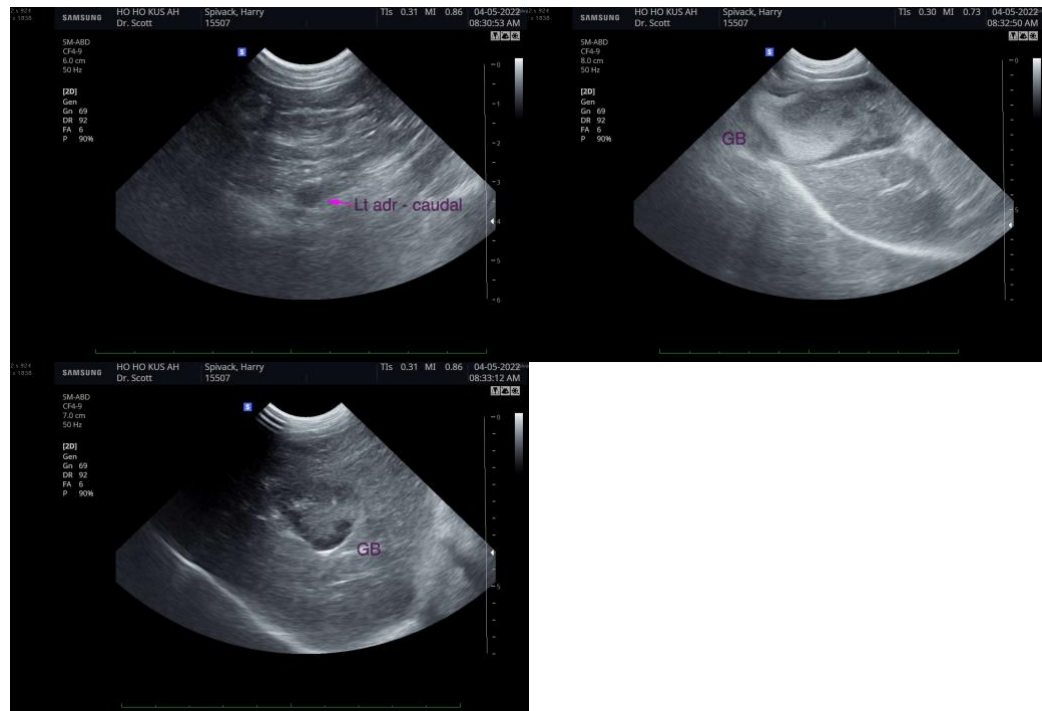
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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