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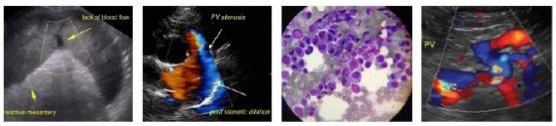


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Jackson Triggs Robertson

SPECIES

Canine

BREED

Mixed Collie X

SEX

Neutered Male

AGE

16.5 years

WEIGHT

22.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Glanbrook Vet Svc

REFERRING VET

Dr. McGowan/Weaver

INVOICE

10964

DATE

5/26/22

PRESENTING CLINICAL SIGNS

History: Episodes of coughing and ataxia over weekend (after administration of 50mg trazadone) Dribbling urine (diagnosed at OVC with prostatomegaly and recurrent uti) No Heart murmur.

Abnormal PE/Chem/CBC/UA Results: Please see attached rads. Heart appears rounded on radiographs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 visible portion of the proximal urethra are normal.

The prostate is mildly enlarged (3.12 cm in length) (1.90 cm in width) with a normal shape and smooth peripheral contours. Parenchyma is homogenous. No focal lesions are observed. The prostatic urethra is moderately dilated (0.79 cm in diameter). There is an echogenic to mineralized, irregular structure within the lumen of the prostatic urethra.

The left kidney is normal size (4.93 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized.
A few, small, cortical cysts are present. A few nonobstructive nephroliths are seen. Mild pyelectasia is present (0.27 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.82 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.

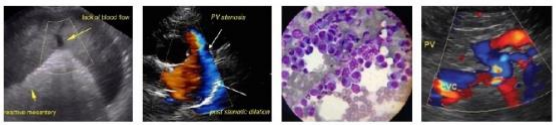
Adrenal Glands

The left adrenal gland is normal size (0.58 cm at cranial pole) (0.64 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.

The right adrenal gland is normal size (0.97 cm at cranial pole) (0.41 cm at caudal pole) (2.16 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 normal in size (1.88 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and mottled in appearance, with a few, small, ill-defined hypoechoic nodules (the largest measuring 0.85 cm in diameter). Splenic vasculature is normal with no evidence of thrombosis.



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Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is slightly mottled in appearance and hypoechoic relative to the spleen. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated, echogenic, mostly gravity dependent debris/sludge is observed within the lumen . The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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 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

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

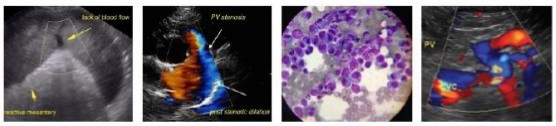
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The prostatomegaly could be consistent with emerging neoplasia (i.e., prostatic adenocarcinoma, transitional cell carcinoma), hyperplastic change associated with late-in-life neutering (if applicable), other. The echogenic structure within the prostatic lumen may represent a tumor, inflammatory tissue, aggregated debris, other.
- Bilateral age-related renal changes with nonobstructive nephrocalcinosis and left pyelectasia.

Secondary Findings

- The hepatic parenchymal changes are most consistent with age-related remodeling. However, correlation with clinical findings is recommended with the patient's liver values is recommended.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

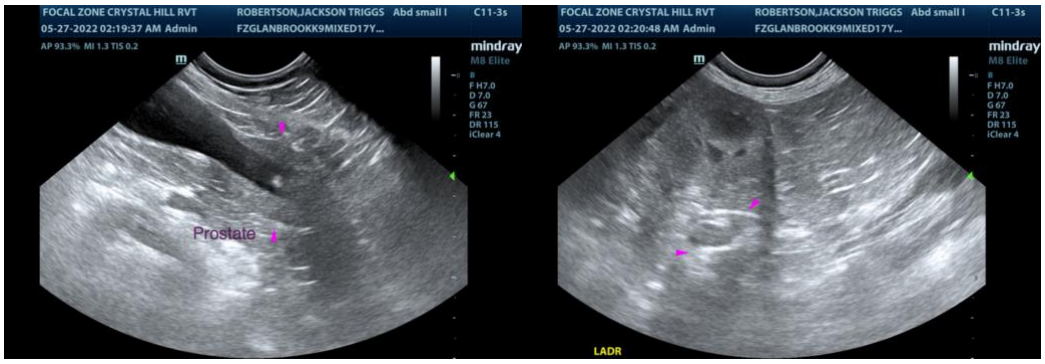
- Given the prostate changes, consider the following:

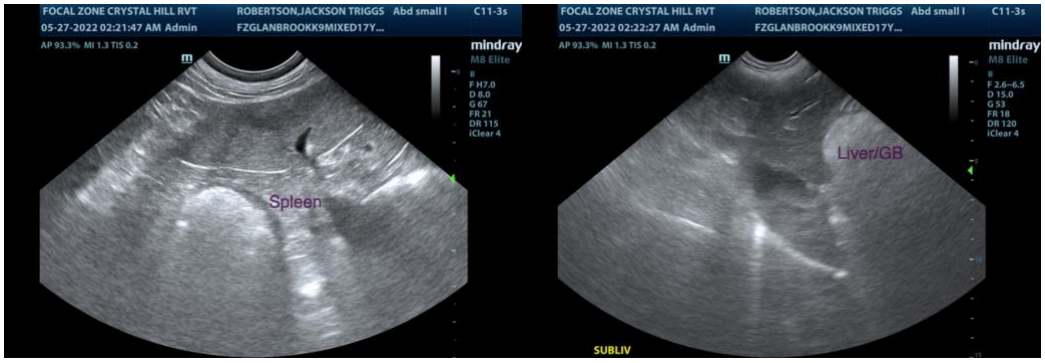
1. Baseline lab work, including a CBC Chemistry panel, urinalysis and T4 is recommended, if not already performed.

2. Thoracic radiographs to assess for metastatic disease

3. A urine BRAF test to further evaluate for lower urinary tract neoplasia. It should be noted that a negative test does not rule out the possibility of cancer. Therefore, if a negative result is obtained and clinical suspicion for neoplasia is high, additional testing (i.e., traumatic urethral catheterization or surgical biopsy) may be necessary to get a definitive diagnosis.

4. Given the history of dribbling urine, a urine culture and sensitivity is recommended. Cystocentesis should be avoided. Urine can be obtained via catheterization.





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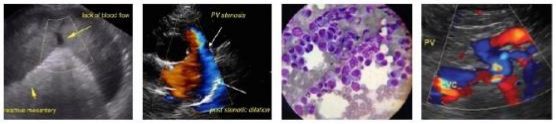

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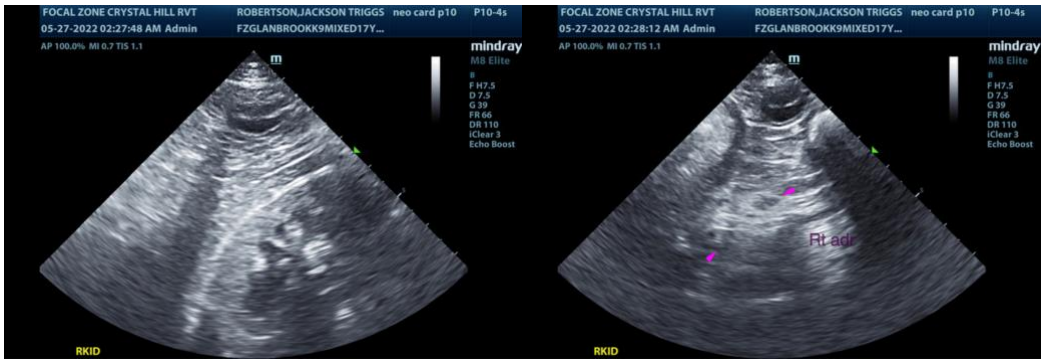

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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