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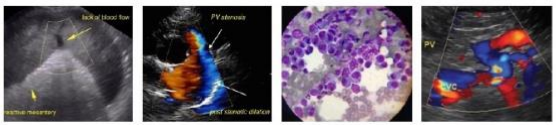

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Odie Bondarenko

SPECIES

Canine

BREED

LabXMastiff

SEX

Neutered Male

AGE

10 years

WEIGHT

54.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Millen Road AH

REFERRING VET

Dr. Sandhu

INVOICE

10873

DATE

5/5/22

PRESENTING CLINICAL SIGN

History: Palpable enlarged prostate under sedation. Highly anxious boy with history of a few neuro issues. Ongoing history of UTI's and urinary issues as well. Now urinating blood. Was put on Orbax and then Clavaseptin but not really improved.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is diffusely thickened (up to 1.03 cm) with an irregular mucosal surface. Focus of mineralization are observed at the dorsoapical aspect. A moderate amount of echogenic debris is suspended within the lumen. No cystic calculi are observed. The proximal urethral wall is thickened (up to 0.30 cm).

The prostate is enlarged (5.64 cm in length) (3.42 cm in width); with a mass effect. The shape is slightly irregular. Parenchyma is heterogenous with areas of mineralization as well as cavitated regions. The prostatic urethra is not overtly dilated.

The left kidney is normal size (4.52 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (7.07 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.36 cm at cranial pole) (0.43 cm at caudal pole) (2.39 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 right adrenal gland is normal size (1.21 cm at cranial pole) (0.75 cm at caudal pole) (3.31 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 normal in size (1.30 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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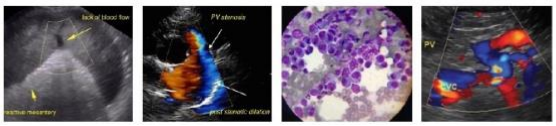

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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 not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. 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

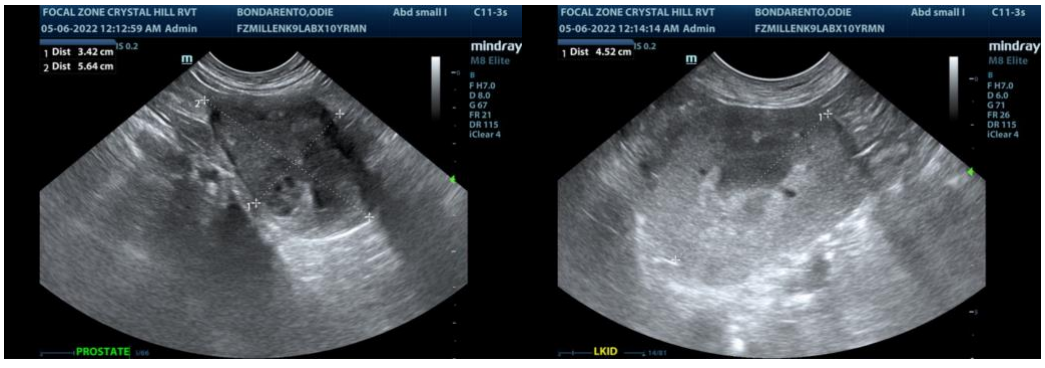
- Prostatic mass. Neoplasia (prostatic adenocarcinoma, transitional cell carcinoma) is suspected with a low possibility of benign process.
- The urinary bladder wall and proximal urethra changes could be consistent with cystitis/urethritis, or potentially, an extension of prostatic neoplasia into these regions.

Secondary Findings

- Bowel pattern consistent with inflammatory bowel disease. However, correlation with the patient's clinical history is recommended.
- Minor, bilateral age-related hepatic, and renal changes

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 screen for lower urinary tract neoplasia. It should be noted that a negative BRAF test does not exclude the possibility of cancer. Therefore, if results are negative, additional testing (i.e., traumatic urethra catheterization) with submission of prostatic cells for cytology or prostatic biopsy) should be considered.



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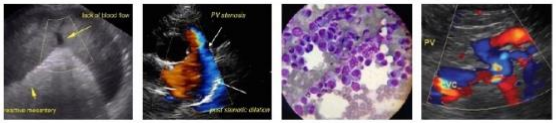

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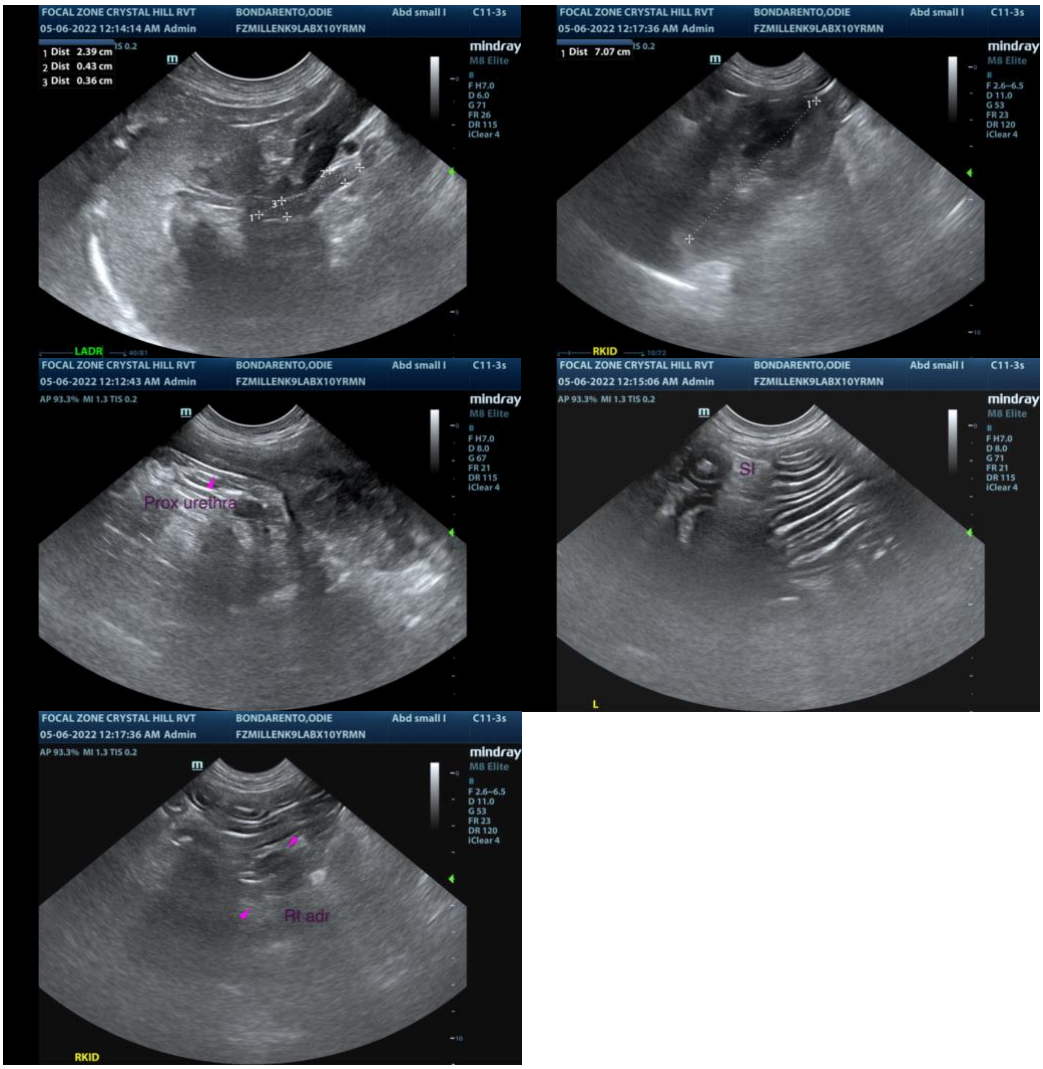

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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