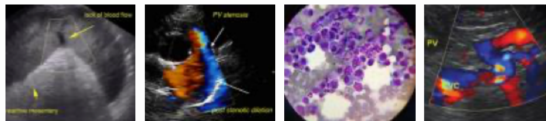


PATIENT
Roomba Van Cleave

SPECIES
Canine

BREED
Toy Poodle

SEX
Neutered Male

AGE
12 years

WEIGHT
2.88 lbs

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

IMAGING PERFORMED BY
Jenna Walsh, CVT

HOSPITAL NAME
West Hills AH

REFERRING VET
Dr Yuko Eguchi-coe

DATE
7.20.22

INVOICE
11245

PRESENTING CLINICAL SIGNS

History: Chronic hematuria Bilateral crypto-orchid - recent castration Current Medications Enrofloxacin 22.5mg 1/2 tab PO q 24 hours Radiographic Findings Hiatal Hernia Possible prostatic carcinoma - per prostate wash cytology
Abnormal PE/Chem/CBC/UA Results: Hematuria previous HX of pyuria Urine culture - positive

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1 cm, are normal.

The **prostate** is mildly enlarged (1.04 cm in width) with slightly irregular peripheral contours. Parenchyma is hypoechoic relative to surrounding omental fat and homogenous in appearance. No distinct focal lesions are observed. The prostatic urethra is mildly dilated (up to 0.30 cm in diameter) without evidence of intraluminal obstruction in the available images.

The **left kidney** is normal size (2.73 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. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (2.95 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. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.38 cm at cranial pole) (0.34 cm at caudal pole) (1.06 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.

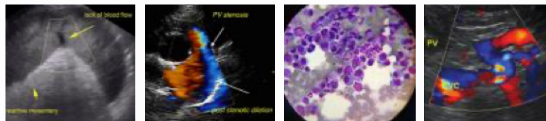
The **right adrenal gland** is normal size (0.51 cm at cranial pole) (0.27 cm at caudal pole) (1.28 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is overall normal in size (0.76 cm in width at the level of the hilus) with a suspected isoechoic swelling/nodule (1.35 x 1.08 cm) at the cranial pole. The remaining peripheral margins are curvilinear. The parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

Liver

The **liver** is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.



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The **gall bladder** is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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 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. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the **pancreas** is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic 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

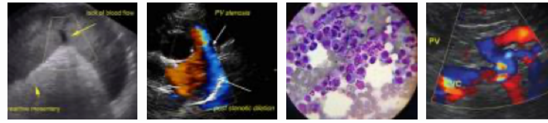
- The prostate changes are most consistent with residual/resolving benign prostatic hyperplasia. However, emerging neoplasia (i.e., carcinoma) cannot be completely excluded.

Secondary Findings

- Minor bilateral, age-related renal changes
- The nodule at the cranial pole at the spleen may represent a benign process (i.e., focus of lymphoid hyperplasia, extramedullary hematopoiesis or similar). Alternatively, an emerging tumor may be present.
- Suspected benign diffuse hepatopathy. Top differentials include vacuolar hepatopathy, or regenerative nodular hyperplasia. Infiltrative neoplasia is possible but considered less likely given the sonographic changes. Correlation with the patient's liver values is recommended.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

To further assess for prostatic neoplasia, a urine BRAF test is recommended. It should be noted that if the BRAF test is negative, cancer cannot be completely excluded and further testing (i.e., surgical biopsy) may be necessary to get a definitive diagnosis. It is possible that the patient's chronic hematuria may be secondary to bacterial prostatitis/pyelonephritis and/or prostatic hyperplasia.



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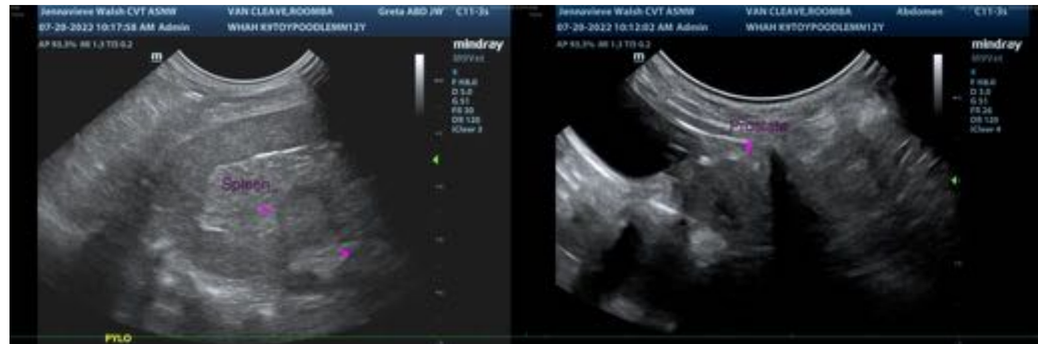
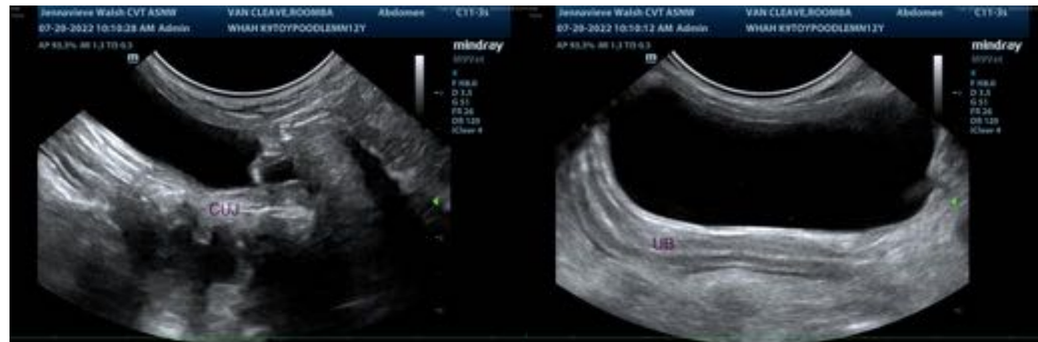
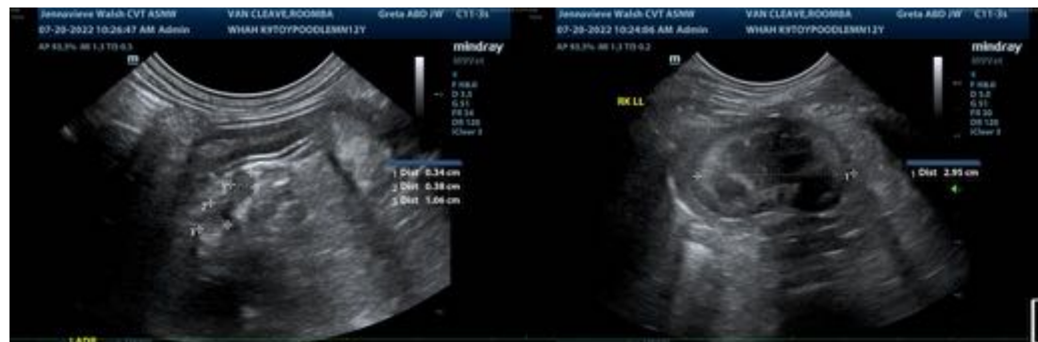
Another differential is benign essential renal hematuria, although this condition is considered quite rare. Given that prostatitis is a possibility, consider a prolonged antibiotic course (i.e., 3-4 weeks) with a recheck urine culture 5-7 days after the last dose.

Regarding the splenic nodule, consider a repeat ultrasound in 3-4 weeks to assess for progression.

Given the patient's age, three-view thoracic radiographs are also recommended to assess cardiopulmonary status, particularly if neoplasia is of concern.







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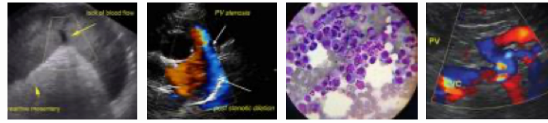

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AnimalSoundsNW.com 541-357-9423

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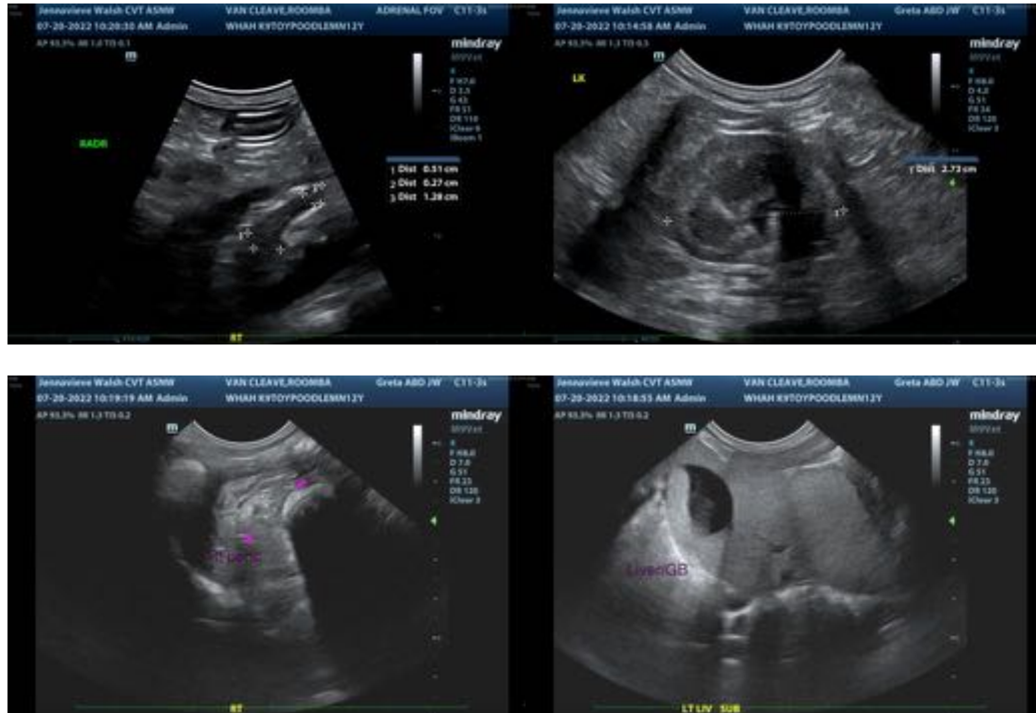

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com