



PATIENT PRESENTING CLINICAL SIGNS

Thor Rivera	History: Presented as a referral for an abdominal ultrasound for evaluation of possible mass in the prostate. The rDVM palpated an obstruction on the rectum and could not perform a rectal exam, possible mass was palpated. PT presented originally to a different animal clinic with a history of severe constipation and pt was hospitalized with IV fluids, antibiotics. There BW was done and showed Leukocytosis and Elevated Creatinine and radiographs showed severe constipation. PT presented for a second opinion to the rDVM as pt has not improved and there was obstruction on rectum was noticed and the abdominal ultrasound was recommended. Pt was given SQ fluids, Vit B12, Lixotinic, Rimadyl and was instructed to continue Lactulose.
SPECIES	
Canine	
BREED	Abnormal PE/Chem/CBC/UA Results: PE: abdominal pain and distension. Urinary dribbling.
Malamute	

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX Urinary System

The **urinary bladder** is distended. The wall is normal in thickness. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethral wall are normal. The proximal urethral lumen is mildly to moderately dilated.

AGE

The **left kidney** is enlarged (14.80 cm in length); with an irregular shape. Severe hydronephrosis is present (6.45 cm in the longitudinal plane). Only a thin, irregular rim of hyperechoic cortical tissue remains. No nephroliths are seen. The proximal ureter is severely dilated (1.77 cm) but is not able to be followed distally.

6 years

WEIGHT

The **right kidney** is enlarged (12.40 cm in length); with an irregular shape. Severe hydronephrosis is present (5.60 cm in the longitudinal plane). Only a thin, irregular rim of hyperechoic cortical tissue remains. No nephroliths are seen. The right ureter is severely dilated (1.97 cm) but is not able to be followed distally.

62 lbs

INTERPRETED BY

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

Adrenal Glands

The **left adrenal gland** is normal size (0.56 cm at cranial pole) (0.71 cm at caudal pole) (2.64 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 region of the **right adrenal gland** is evaluated. No obvious pathology is observed.

IMAGING PERFORMED BY

Dr. Ferrer DVM

Spleen

The **spleen** is normal in size (1.37 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.

HOSPITAL NAME

Paseos VC

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.

REFERRING VET

Dr. Jose Barrera

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.

INVOICE

11478

Gastrointestinal

The **gastric lumen** is moderately distended with ingesta. The gastric wall is 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

DATE

8.24.22

colonic wall is normal. The lumen of the descending colon is moderately to severely distended with granular-appearing fecal material (see also "Other" category).

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

Trace free fluid is observed. The abdominal **lymph nodes** are normal/not visible.

Other

A >11.00 cm irregular, well-circumscribed, heterogenous mass is observed in the caudal abdomen, just dorsal to the urinary bladder trigone region. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

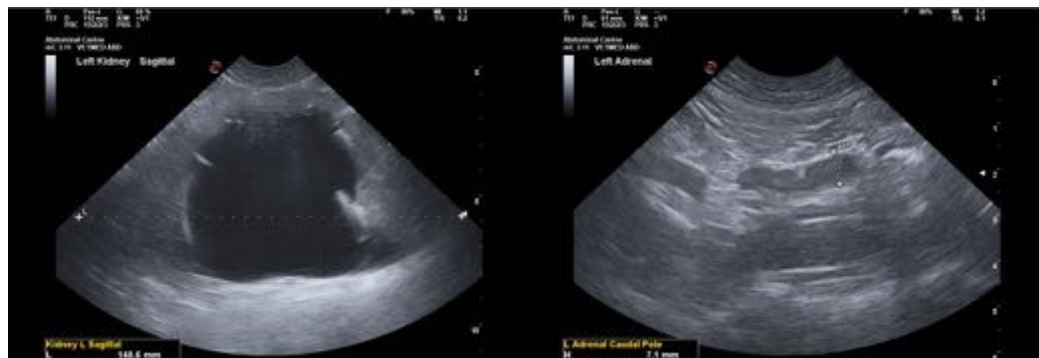
- Caudal abdominal mass, the origin of which is unclear. It may be arising from prostate, mesentery, colon, urethra, lymph node, other soft tissue structure. Neoplasia is strongly suspected with a lower possibility of a benign process (i.e., focal inflammatory lesion). Regional peritonitis is present.
- The bilateral hydronephrosis/hydroureter is likely secondary to impingement of the mass on the distal ureters.

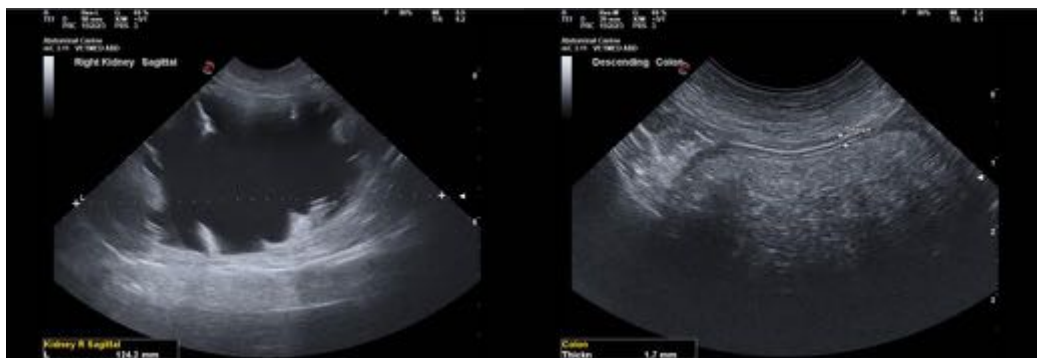
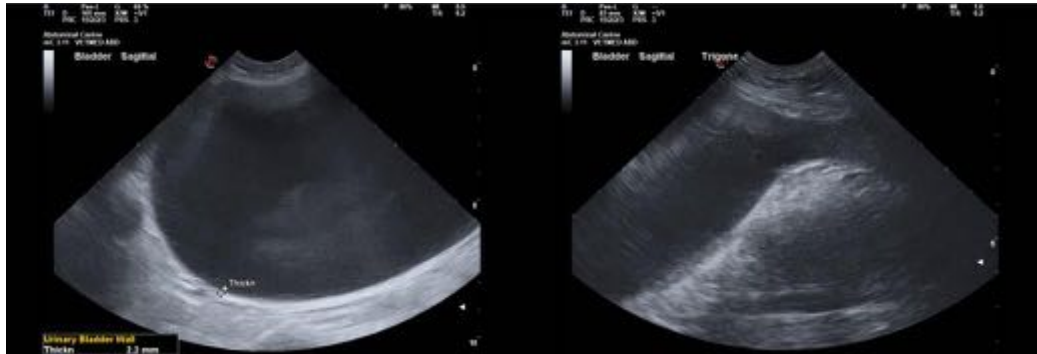
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Submission of the cytology sample from the mass is recommended.

Ultimately, if surgical removal/debulking of the mass is desired, consider referral to a board-certified surgeon. An abdominal/pelvic CT scan would be useful in presurgical planning.





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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