**DATE PRESENTING CLINICAL SIGNS**

8/30/2021

History: Took to AAVEC (ER) on 8/8/21 - Lethargic, urinating all the time, and skin infection. Presented on 7/31/21 for a 1-month history of PU/PD and eating less.

PATIENT

Jimminy Cricket
Grimes

Current Medications: Codeine 45mg PO every 8 to 12 hours, Ketoconazole 200mg PO SID, Simparica Trio.
Lab Results: 8/8/2021 (at AAVEC) CBC very mild lymphopenia, Chem - phos 1.9 (2.5-6.8), 4dx - neg for all, UA - pH 9.0 suspect cocci, 3-5 epo cells, Urine culture - no growth.
7/31/21: CBC/Chem NSF, UA 4+ epithelial cells with rafts.

SPECIES

Canine

Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: IV sedation utilized for AUS
Stat Report: not requested

BREED

Mixed breed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****SEX**

Male, neutered

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 is normal. There is questionable thickening of the urethra just proximal to the prostate.

AGE

10/19/2015

The prostate is enlarged (4.09 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is heterogeneous with foci of mineralization. The prostatic urethra is not overtly dilated.

WEIGHT

88.2 lbs.

The left kidney is normal size (6.97 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.51 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.65 cm at cranial pole) (0.71 cm at caudal pole) (2.99 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.

HOSPITAL NAME

Noah's Ark Veterinary
& Boarding Resort

The right adrenal gland is normal size (0.67 cm at cranial pole) (0.76 cm at caudal pole) (3.78 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.

REFERRING VET

Dr. Prestia

Spleen

The spleen is normal in size (1.73 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.

INVOICE

11972

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. 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.

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. 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

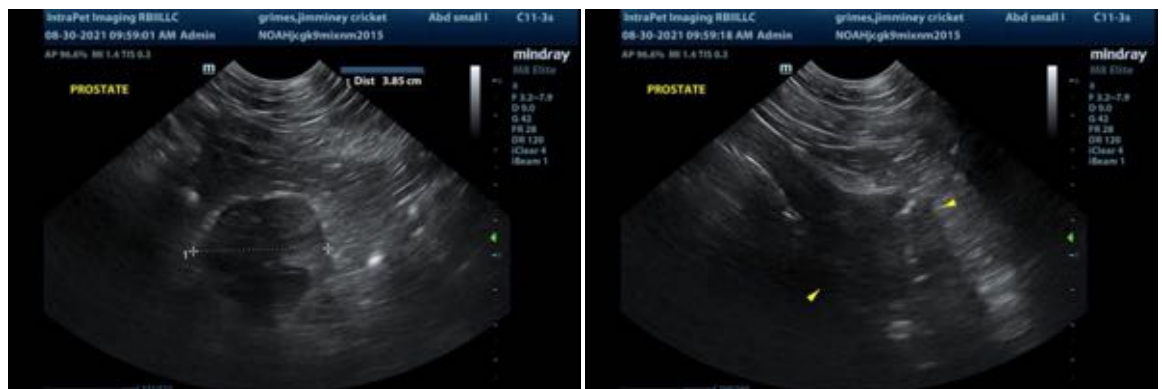
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- The prostate changes could be consistent with infiltrative neoplasia (i.e., adenocarcinoma, transitional cell carcinoma). Alternatively, if the patient was recently neutered, the prostate could exhibit these changes. Correlation with clinical findings is recommended.
- Questionable proximal urethral thickening. Differentials include infiltrative neoplasia, inflammation, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine BRAF test is recommended to further evaluate for prostatic neoplasia. If results are inconclusive, consider traumatic urethral catheterization with submission of the prostatic cells for cytologic evaluation.
- Also consider three-view thoracic radiographs to assess for pulmonary metastatic disease.







The information and recommendations provided are based on the images presented by the referring veterinarian. 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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