**DATE PRESENTING CLINICAL SIGNS**

9.29.2022

Patient has had a 3-week history of dripping frank blood from the penis. When P urinates, there is also blood in the urine. P will sometimes urinate multiple times when he goes outside but is not having any accidents in the house. Was seen on 9/21/22 at Fullerton AH for a second opinion. Previous bloodwork and urinalysis were fairly unremarkable, and pet was treated empirically with TMS, Baytril, and Cefpodoxime over the past month. Owner reports no improvement at all with antibiotic. Has not given any oral medication in 48 hours.

PATIENT

Mikey Wimbrough

SPECIES

Canine

PE on 9/21/22 revealed frank red blood coming from urethra. On rectal, the most caudal edge of an enlarged prostate/mass was palpable. Brief ultrasound screening revealed a cavitated mass-like structure caudal to the bladder. 1 lateral abdominal radiograph showed no stones in the bladder. Unable to make out edges of prostate/mass on radiograph.

BREED

German Shepherd

Current Medications: Piroxicam 0.3mg/kg (15mg) SID - called into pharmacy on 9/21/22

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

AGE

1/18/2015

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**WEIGHT**

116lbs

Urinary System

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small to moderate amount of echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

INTERPRETED BY

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

The **prostate** is enlarged (5.21 x 3.13 cm) with an irregular shape. The parenchyma is heterogenous with ill-defined, hypoechoic areas, and a few, small cystic regions. A few foci of mineralization are also seen. The prostatic urethra is not overtly dilated.

HOSPITAL NAME

Fullerton Animal
Hospital

The **left kidney** is normal size (7.81 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.

REFERRING VET

Dr. Durastanti

The **right kidney** is normal size (7.76 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.

INVOICE

11741

Adrenal Glands

The **left adrenal gland** is normal in length (0.34 cm at cranial pole) (0.47 cm at caudal pole) (2.68 cm in length); with a flattened contour; 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.

Spleen

The **spleen** is normal in size (2.32 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 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** 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 **gastric lumen** is mildly distended with ingesta and gas. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally gas-distended. The small intestinal wall is normal in thickness 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 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.

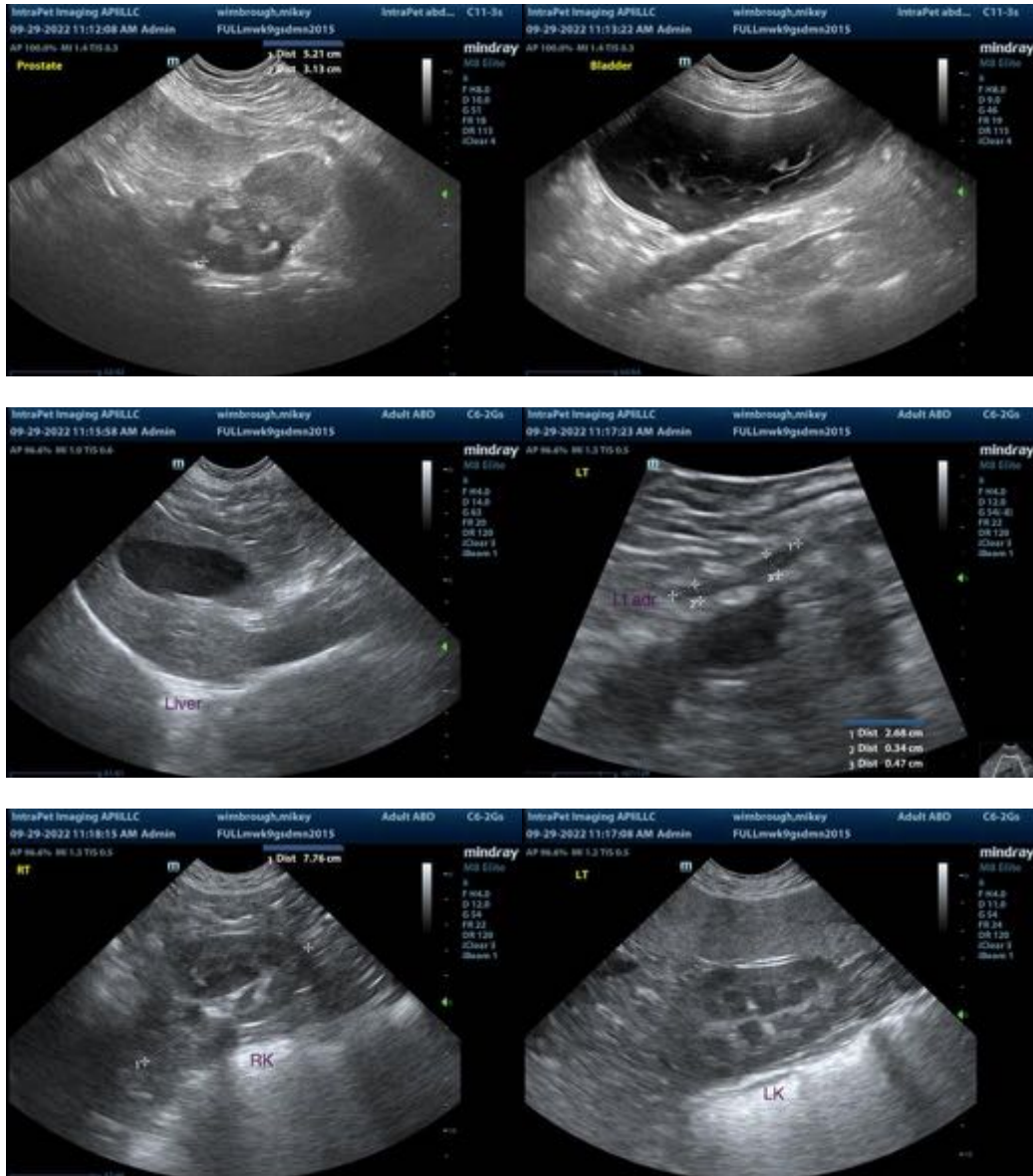
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The prostate changes are most concerning for neoplasia (i.e., prostatic adenocarcinoma or transitional carcinoma).
- The urinary bladder debris could be consistent with cells, crystals, exfoliated material and/or lipid droplets.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine BRAF test to assess for lower urinary tract neoplasia. It should be noted however, that a negative result does not completely rule out the possibility of cancer. Therefore, if a negative result is obtained, further testing (i.e. traumatic urethral catheterization or biopsy) may be necessary to get a definitive diagnosis.
- Thoracic radiographs are recommended to assess for pulmonary metastatic disease.



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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