IMAGING PERFORMED BY

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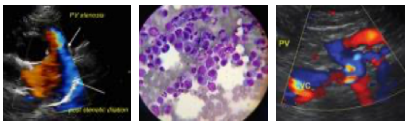

SonoPath
Clinical Sonography & Telecytology
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DATE

9/3/21

PATIENT

Newman Fedele

SPECIES

Canine

BREED

Mixed breed

SEX

Male, neutered

AGE

2012

WEIGHT

46 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Swan Creek VC

REFERRING VET

Dr. Holloway

INVOICE

12022

PRESENTING CLINICAL SIGNS

History: Dribbling urine, chronic UTI, chronic diarrhea.

Lab Results & Radiographs: USG 1.019 with 3+ proteinuria and an active sediment and bacteriuria from 7/1.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: IV torb
Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. A mass effect is present in the region of the trigone with extension into the prostatic urethra and prostate. The prostate is enlarged (5.83 x 4.42 cm), irregular and heterogeneous in appearance. The surrounding mesentery is hyperechoic. No cystic calculi are observed within the urinary bladder. The remaining bladder wall is normal in thickness with a smooth mucosal surface.

The left kidney is normal size (6.31 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. Severe pyelectasia/hydronephrosis is present (2.17 cm in the longitudinal plane). There is diffuse hydroureter (1.01 cm proximally and 0.41 cm distally). There is suspected infiltrative of the bladder mass into the distal left ureter. There is no evidence of nephroliths or infarcts. Renal vasculature is normal.

The right kidney is normal size (6.18 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.

Adrenal Glands

The left adrenal gland is normal size (0.64 cm at cranial pole) (0.55 cm at caudal pole) (1.93 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 (1.01 cm at cranial pole) (0.68 cm at caudal pole) (2.77 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 (1.89 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 gallbladder 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.

Gastrointestinal

The gastric lumen is mildly to 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 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
There is no evidence of free fluid. A 2.02 x 1.48 cm irregular hypoechoic sublumbar lymph node is visualized.

ULTRASONOGRAPHIC FINDINGS

- Caudal urinary bladder/proximal urethral/prostatic mass effect. Neoplasia (i.e., transitional cell carcinoma, prostatic adenocarcinoma) is considered likely. Regional retroperitonitis is present. The left hydroureter/hydronephrosis secondary to urinary obstruction at the level of the trigone/distal left ureter.

- The sublumbar lymphadenopathy is concerning for infiltrative neoplasia with a lower possibility of reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

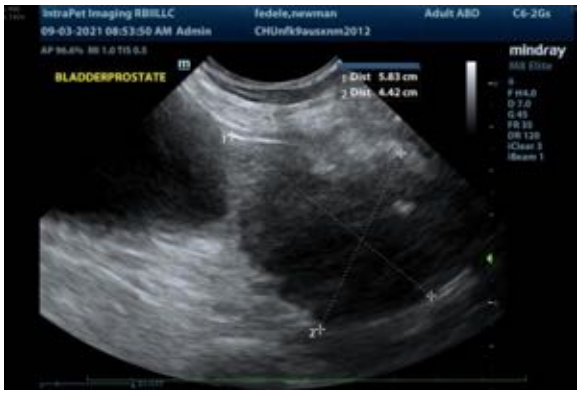
- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

- A urine BRAF test is recommended to confirm a neoplastic process. If an aggressive approach is desired, consider a referral to a board-certified oncologist to discuss chemotherapy options. If palliative care for the bladder mass is desired, consider the following regimen:

    1. Piroxicam at 0.3 mg/kg PO every 24 hours (may need to be compounded in smaller patients)
    2. Misoprostol (stomach protectant) at 2 mcg/kg PO every 12 hours
    3. Baseline renal values should be performed then repeated every 4 weeks to monitor for nephrotoxicity

*It should be noted that if prostatic adenocarcinoma is present, piroxicam is unlikely to be effective.


IntraPet Imaging RBIILLC
fedele,newman
Abd small I
C11-3s
09-03-2021 09:03:12 AM Admin
CHUnfk9ausxnm2012
mindray
LT ADR
Dist 1.93 cm
Dist 0.74 cm
Dist 0.64 cm


IntraPet Imaging RBIILLC
fedele,newman
Adult ABD
C6-2Gs
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BLADDERPROSTATE
Dist 5.83 cm
Dist 4.42 cm


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fedele,newman
Adult ABD
C6-2Gs
09-03-2021 08:53:50 AM Admin
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BLADDERPROSTATE
Dist 2.71 cm


IntraPet Imaging RBIILLC
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Adult ABD
C6-2Gs
09-03-2021 08:51:57 AM Admin
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BLADDER
Mass


IntraPet Imaging RBIILLC
fedele,newman
Abd small I
C11-3s
09-03-2021 08:43:31 AM Admin
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mindray
Bladder
UB
PROSTATE


IntraPet Imaging RBIILLC
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Abd small I
C11-3s
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CHUnfk9ausxnm2012
mindray
Spleen

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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com