



PATIENT PRESENTING CLINICAL SIGNS

PATIENT: Biscuit Lawver
PRESENTING CLINICAL SIGNS: History: Presented for stranguria. In August was seen for possible constipation decreased volume and increased frequency suspected straining to defecate.

SPECIES: Abnormal PE/Chem/CBC/UA Results: BW in August showed increase in SDAM (17) and USG of 1.012 but, that was all. Rads taken today showed very large bladder with enlarged prostate or large prostatic mass suspected. Chest rads are unremarkable. Urine was dribbling and we removed urine via catheter prior to ultrasound.
SPECIES: Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED: Pit Bull Mix
Urinary System

SEX: Male Neutered
The urinary bladder is moderately distended. The wall is mildly thickened (up to 0.30 cm). Luminal contents are mostly anechoic. There appears to be invagination of the wall in the region of the ventral urinary bladder neck, which has the appearance of a mass effect in 1-2 video clips but not in the other clips. No cystic calculi are observed. The wall of the proximal urethra is mildly thickened and irregular (up to 0.26 cm). The mesentery effacing the serosal surface is hyperechoic.

AGE: 8 Years
The prostate is enlarged (3.05 cm length x 4.56 cm width) with a slightly irregular shape. The parenchyma is heterogeneous with foci of mineralization and ill-defined cavitated lesions containing echogenic debris. The prostatic urethral walls appear mildly thickened. The lumen is not overtly dilated.

WEIGHT: 51 lbs.
The left kidney is normal in size (6.25 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY: Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)
The right kidney is normal size (6.89 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

IMAGING PERFORMED BY: Charlie Rodriguez
The left adrenal gland is normal size (0.54 cm at cranial pole) (0.61 cm at caudal pole); 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: Bethany Family Pet Clinic
The right adrenal gland is not definitively visualized.

Spleen

REFERRING VET: Dr. Hanrahan
The spleen is subjectively prominent in size (2.92 cm in width at the level of the hilus) with normal curvilinear peripheral contours. A light micronodular pattern is present throughout the parenchyma and the echotexture is coarse. No focal lesions are observed. Splenic vasculature is normal.

Liver

INVOICE: 12042
The liver is not visualized in its entirety. In the visualized portion, it appears normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder is briefly visualized in one video

DATE: 9/7/21



PATIENT

Biscuit Lawver

clip. It is moderately distended with normal wall thickness. Luminal contents appear anechoic. The cystic and common bile ducts are normal/not seen.

SPECIES

Canine

Gastrointestinal

The gastric lumen is moderately distended with ingesta and fluid. The gastric wall is normal in thickness with a normal layering pattern and appropriate mural detail. 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.

BREED

Pit Bull Mix

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.

SEX

Male Neutered

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

AGE

8 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

51 lbs.

Primary Findings:

- If the patient was neutered early in life, the prostate changes would be most consistent with prostatic neoplasia (i.e., prostatic adenocarcinoma or transitional cell carcinoma) with cystic, abscessed or necrotic areas. If the patient was neutered later in life, abscessation would be another consideration. There is questionable infiltration of the proximal urethra and urinary bladder neck. Caudal retroperitonitis is present, likely secondary to prostatic pathology.

INTERPRETED BY

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

Secondary Findings:

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Bilateral chronic age-related renal changes with dystrophic mineralization.

IMAGING PERFORMED BY

Charlie Rodriguez

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urine BRAF test is recommended to confirm prostatic neoplasia. If the test is inconclusive, traumatic urethral catheterization or surgical prostatic biopsy may be necessary to get a definitive diagnosis.

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

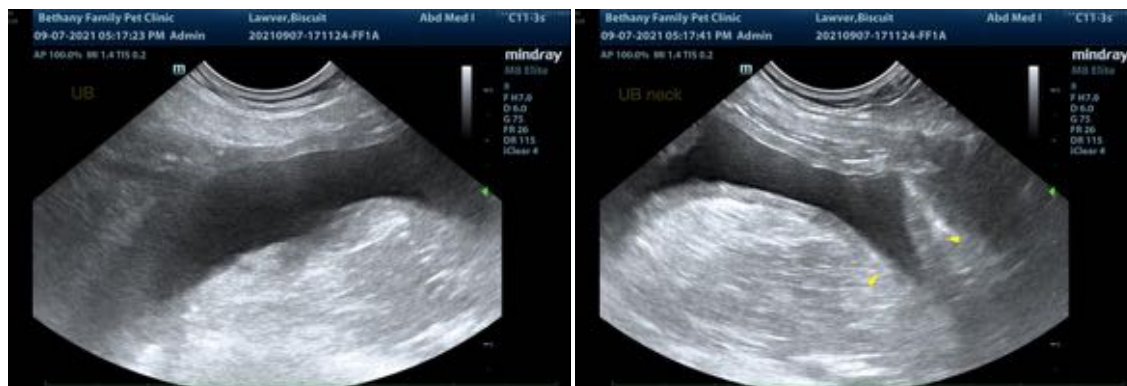
Dr. Hanrahan

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BREED

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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.

SPECIES

Canine

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.

BREED

Pit Bull Mix

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

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