

**DATE PRESENTING CLINICAL SIGNS**

9/9/2021

History: Work up for perineal hernia workup reveals large abdominal mass.

Current Medications: Provable (for chronic intermittent soft stool)

Lab Results: Albumin is borderline low at 2.7, mild hyperglobulinemia, low T4.

PATIENT

Radiographs: No obvious evidence of metastatic disease.

Date of Previous IntraPet Ultrasound: No previous.

Riley Kuzyk

Sedation: Not needed.

Stat Report: Not requested.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

*Visualization of the cranial abdomen is somewhat obscured by the large cystic structure causing cranial displacement of the abdominal organs.

BREED

Boxer

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. 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.

SEX

Male

The prostate is enlarged (7.13 cm length x 3.82 cm width) with an irregular shape. The parenchyma is hyperechoic to heterogeneous. Several ill-defined fluid pockets are observed within the parenchyma. A >14 cm irregular cystic structure appears to be arising from the parenchyma and extends to the cranial abdomen. A scant amount of echogenic debris and fibrin strands are observed within the cystic structure. The structure causes cranial displacement of the abdominal organs. The prostatic urethra is not overtly dilated.

AGE

2012

WEIGHT

84.9 lbs.

The left kidney is normal size (7.52 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. Renal vasculature is normal.

INTERPRETED BYAndrea Nicastro, DVM,
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Medicine)

The right kidney is normal size (7.48 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A suspected cortical infarct is present. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

HOSPITAL NAMEBayside Animal Medical
Center**Adrenal Glands**

The left adrenal gland is normal in length (0.49 cm at cranial pole) (0.48 cm at caudal pole) (2.74 cm in length) with a slightly flattened contour. 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 not definitively visualized due to the presence of the large prostatic cyst.

REFERRING VET

Dr. Dearing

Spleen

The spleen is not definitively visualized due to the presence of the large prostatic cyst.

INVOICE

12057

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. A moderate amount of gravity dependent echogenic debris is observed within the lumen. 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

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

Other

The testicles are subjectively normal in size and symmetrical with homogeneous parenchyma. No focal lesions are observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The prostate changes are most consistent with benign prostatic hyperplasia with parenchymal cysts as well as a large paraprostatic cyst extending into the cranial abdomen. Concurrent bacterial prostatitis is possible; however, correlation with clinical findings is recommended.

Secondary Findings:

- Minor age-related renal changes with possible right cortical infarct.
- The flattened left adrenal gland may be a normal variant for this patient or may represent atrophy (i.e., secondary to hypoadrenocorticism).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider referral to a board-certified veterinary surgeon to discuss castration and surgical resection +/- omentalization of the paraprostatic cyst.





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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