



PATIENT PRESENTING CLINICAL SIGNS

Brooks Davis The patient has a history of hematuria and stranguria since August. Improves with antibiotics but symptoms recur. Now is vomiting.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

German shepherd mix

The urinary bladder is mildly to moderately distended. The wall is normal in thickness with a slightly irregular mucosal surface in the region of the apex. A moderate to large amount of aggregated, echogenic debris is observed within the lumen along with a scant of mineralized sand. The region of the trigone is normal. The proximal urethral lumen is slightly irregular.

SEX

Male, neutered

The prostate is enlarged (3.52 cm in width) with a mass effect and irregular peripheral contours. The parenchyma is heterogeneous with small foci of mineralization. The prostatic urethra is not overtly dilated. Surrounding mesentery is mildly hyperechoic.

AGE

10 Yr. old

The left kidney is normal size (6.92 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

73 lbs.

The right kidney is normal size (8.48 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
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(Small Animal Internal
Medicine)

Adrenal Glands

The left adrenal gland is normal size (0.44 cm at cranial pole) (0.57 cm at caudal pole) (2.38 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.

IMAGING PERFORMED BY

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The right adrenal gland is normal size (1.19 cm at cranial pole) (0.67 cm at caudal pole) (3.30 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

Sea Islands AH

Spleen

The spleen is normal in size (2.49 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.

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Dr. Ohlandt

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

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PATIENT

distended. The wall is thin and smooth. A moderate amount of echogenic to mineralized gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Brooks Davis

Gastrointestinal

SPECIES

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.

Canine

BREED

German shepherd mix

Pancreas

SEX

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.

Male, neutered

Free Abdomen

AGE

There is no evidence of free fluid. The medial iliac lymph nodes are prominent, the largest measuring 1.71 cm in length. Glandular shape and echogenicity are normal. Surrounding mesentery is mildly hyperechoic.

10 Yr. old

WEIGHT

Other

73 lbs.

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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(*Small Animal Internal Medicine*)

ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

- Prostatomegaly/mass effect. Neoplasia is suspected. Top differentials include prostatic adenocarcinoma and transitional cell carcinoma. There is suspicion for invasion into the proximal urethra. Adjacent retroperitonitis is present.
- The urinary bladder debris could be consistent with cells, crystals, exfoliated material and/or lipid droplets.

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Secondary Findings:

- Mild bilateral age-related renal changes.
- Mineralized gallbladder debris- incidental.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Consider three-view thoracic radiographs to assess for pulmonary metastatic disease.
- A urine BRAF test can be considered to confirm neoplasia. However, it should be noted that a negative result does not completely rule out the possibility of neoplasia. Therefore, if a negative result is obtained, consider additional diagnostics (i.e., traumatic urethral catheterization or

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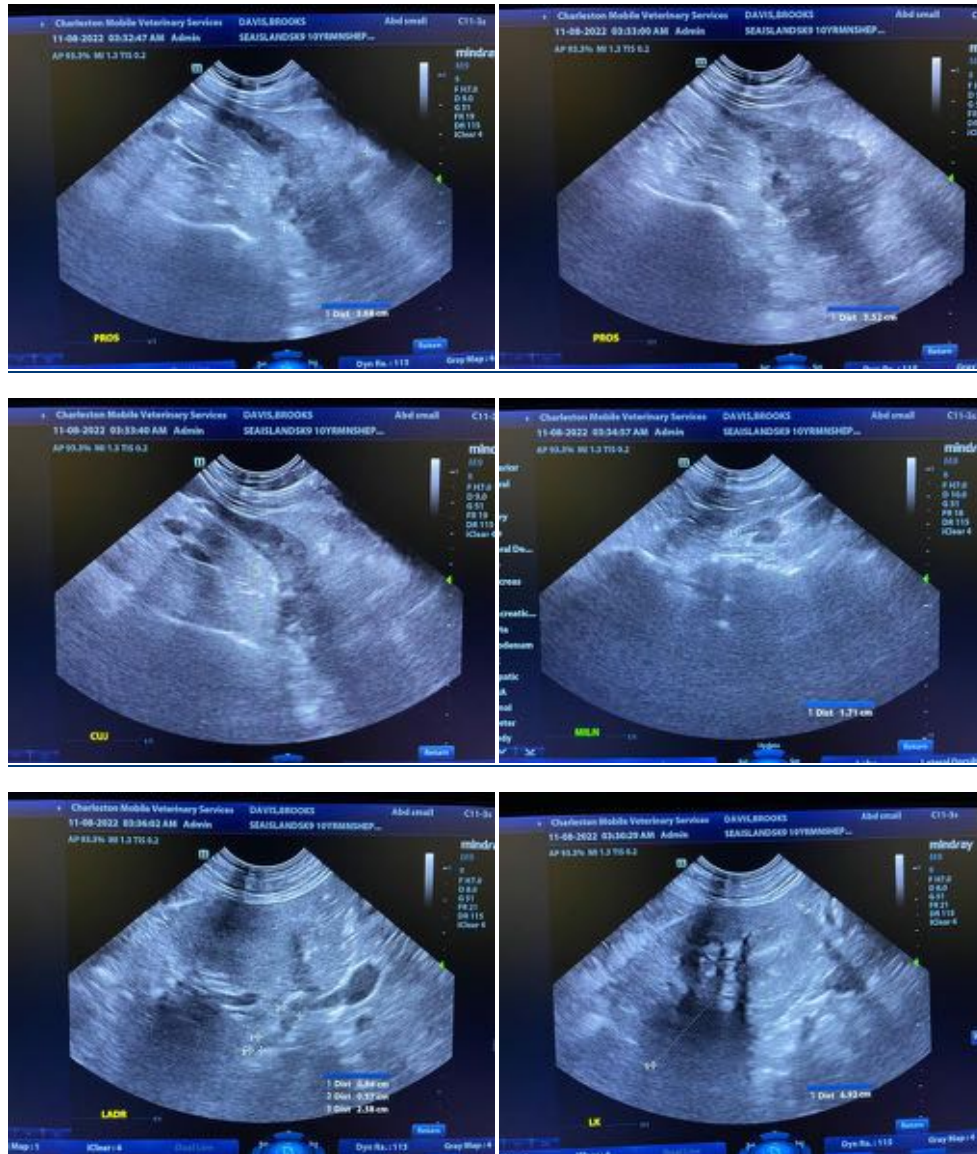
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surgical biopsy). Consultation with a board-certified oncologist can also be considered, particularly if the client is interested in pursuing aggressive chemotherapy. If a more conservative approach is desired, Piroxicam can be considered but is unlikely to be of benefit in cases of prostatic adenocarcinoma.





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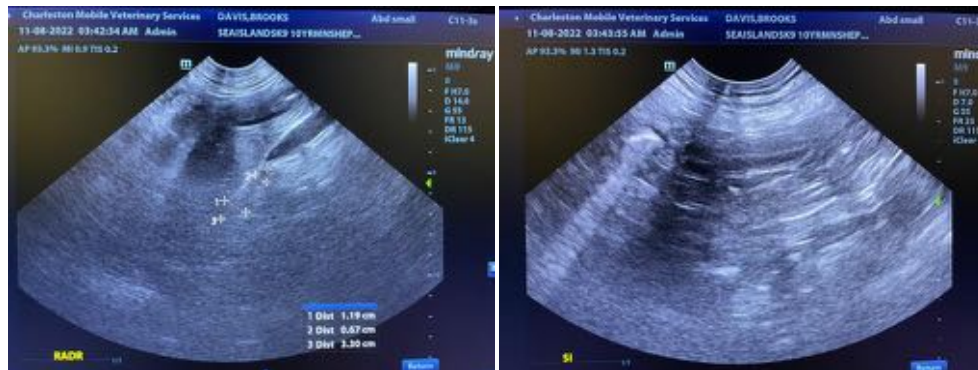
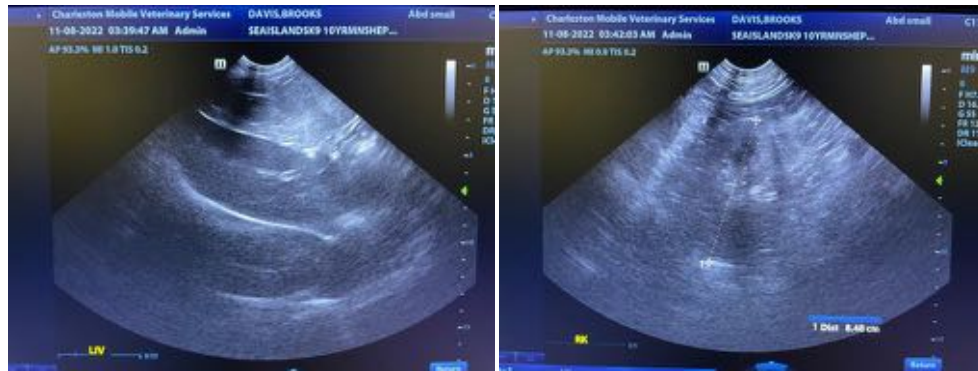
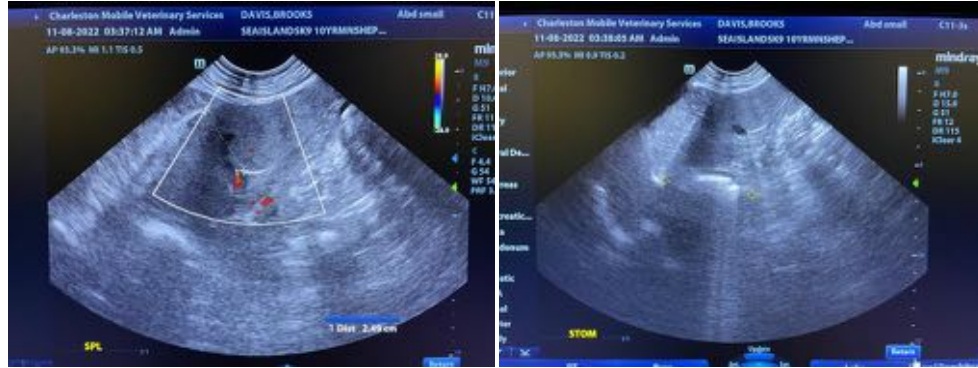
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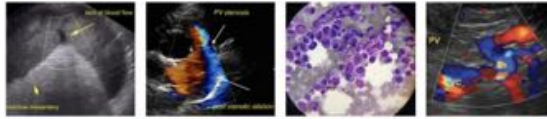
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible



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in the image/video clips provided.

Brooks Davis

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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