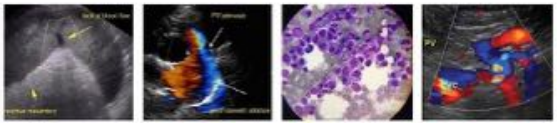


PATIENT

Colby Danieliak

SPECIES

Canine

BREED

Labrador mix

SEX

Male, neutered

AGE

9 Yrs.

WEIGHT

37.5 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Beatties Burlington PH

REFERRING VET

Dr. Ruggieri

INVOICE

12227

DATE

9/21/21

PRESENTING CLINICAL SIGNS

History: Difficulty urinating, dribbling small amounts, emergency clinic drained bladder last evening-- 800mL total Difficulty passing bm for months. Will attempt to defecate multiple times during walk Mild discomfort on palpation of cranial abdomen. Rectal exam, ~5cm, oval, firm, mass palpated on ventral side of rectum, with frank blood seen on gloved finger afterwards. Metronidazole, Tramadol, Forti Flora.
Abnormal PE/Chem/CBC/UA Results: CPL- Abnormal on 9/17/21 UA performed on 9/20/21-- Leukocytes present- 25 Leu/uL, Blood present- 250 Ery/uL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended. The wall is normal in thickness with a smooth mucosal surface. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is enlarged (4.10 x 3.13 cm) with a slightly irregular shape. The parenchyma is heterogeneous with foci of mineralization. The prostatic urethra is not overtly dilated. The mesentery surrounding the prostate is mildly hyperechoic.

The left kidney is normal size (6.27 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.79 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal 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 (0.76 cm at cranial pole) (0.70 cm at caudal pole) (3.66 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.

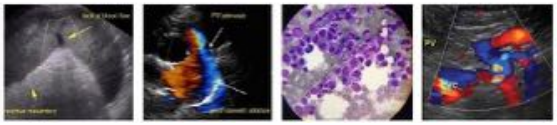
The right adrenal gland is normal size (1.19 cm at cranial pole) (0.81 cm at caudal pole) (2.82 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size 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 lumen is moderately



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distended. The wall is thin and smooth. Luminal contents are anechoic. 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 majority of the colonic wall is normal. A focal area of thickening (up to 0.48 cm) is observed in the region just dorsal to the prostate. There is retention of the normal layering pattern. 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 1.23 cm medial iliac lymph node is visualized.

ULTRASONOGRAPHIC FINDINGS

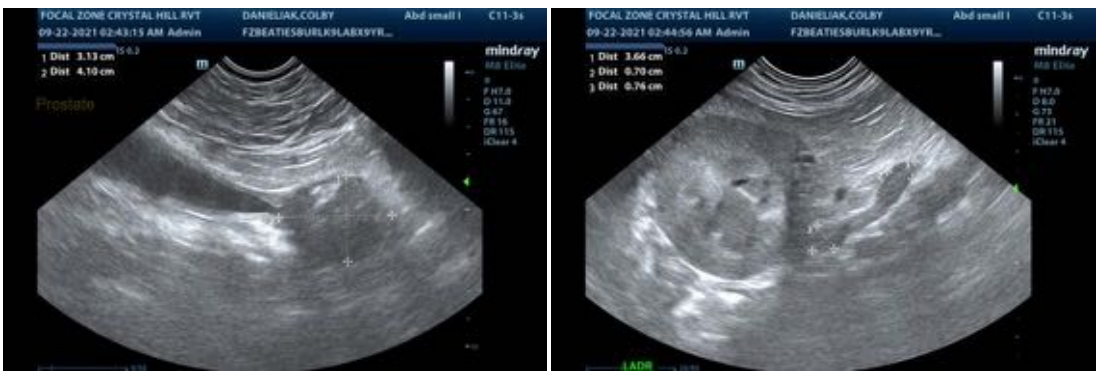
Prostatic mass. Neoplasia (i.e., prostatic adenocarcinoma, transitional cell carcinoma) is considered likely. Regional retroperitonitis is present.

The focal colonic wall thickening is most consistent with an inflammatory process, likely secondary to adjacent prostatic pathology. There is no gross evidence of infiltrative disease.

The prominent medial iliac lymph node is most likely reactive with a lower possibility of infiltrative neoplasia.

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 lower urinary tract neoplasia. If results are inconclusive, traumatic urethral catheterization with submission of the cells for cytologic evaluation can be considered.



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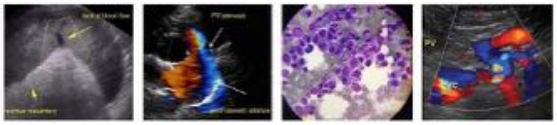

THE FOCAL ZONE
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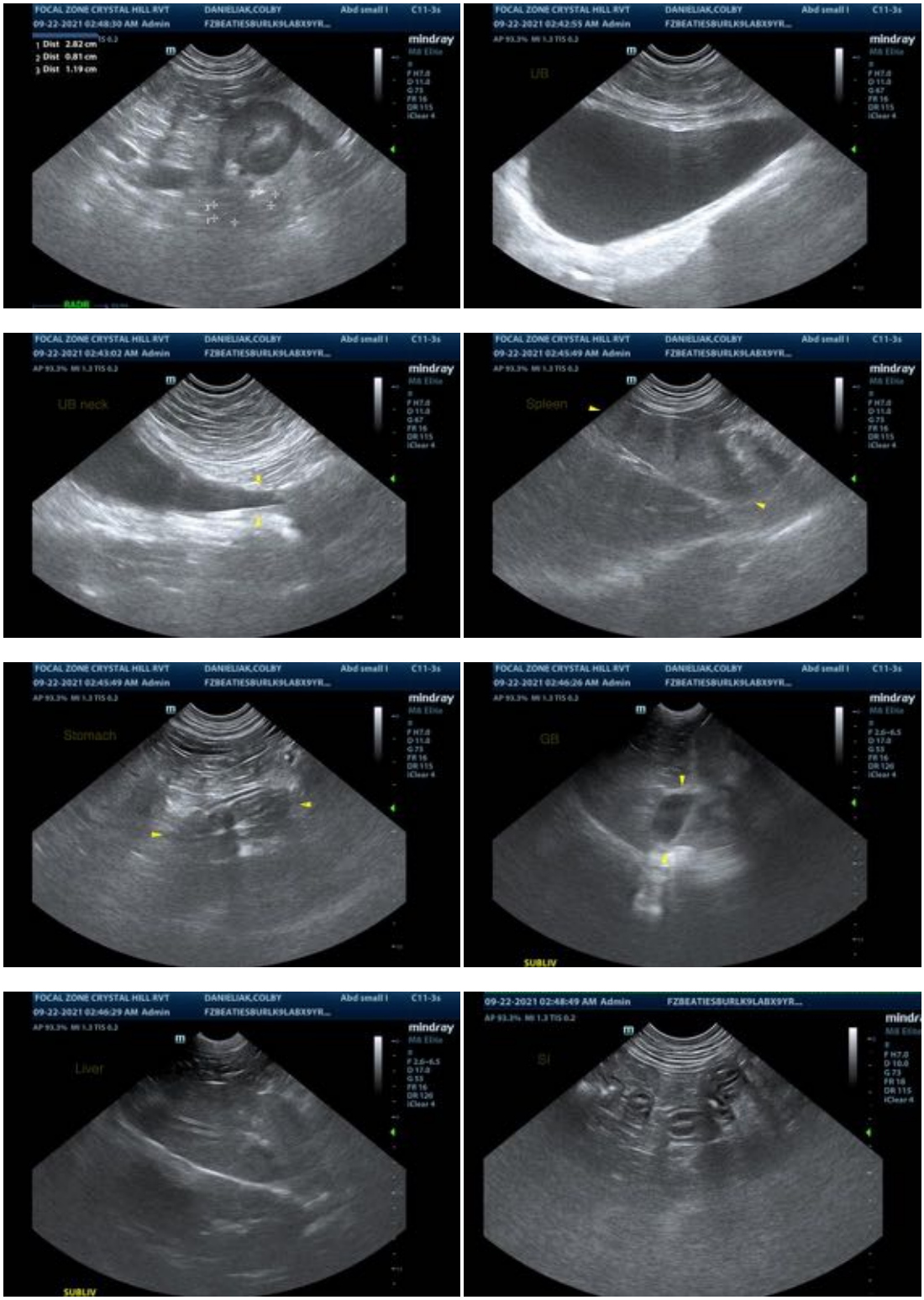

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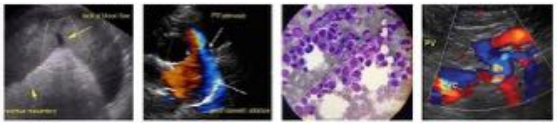

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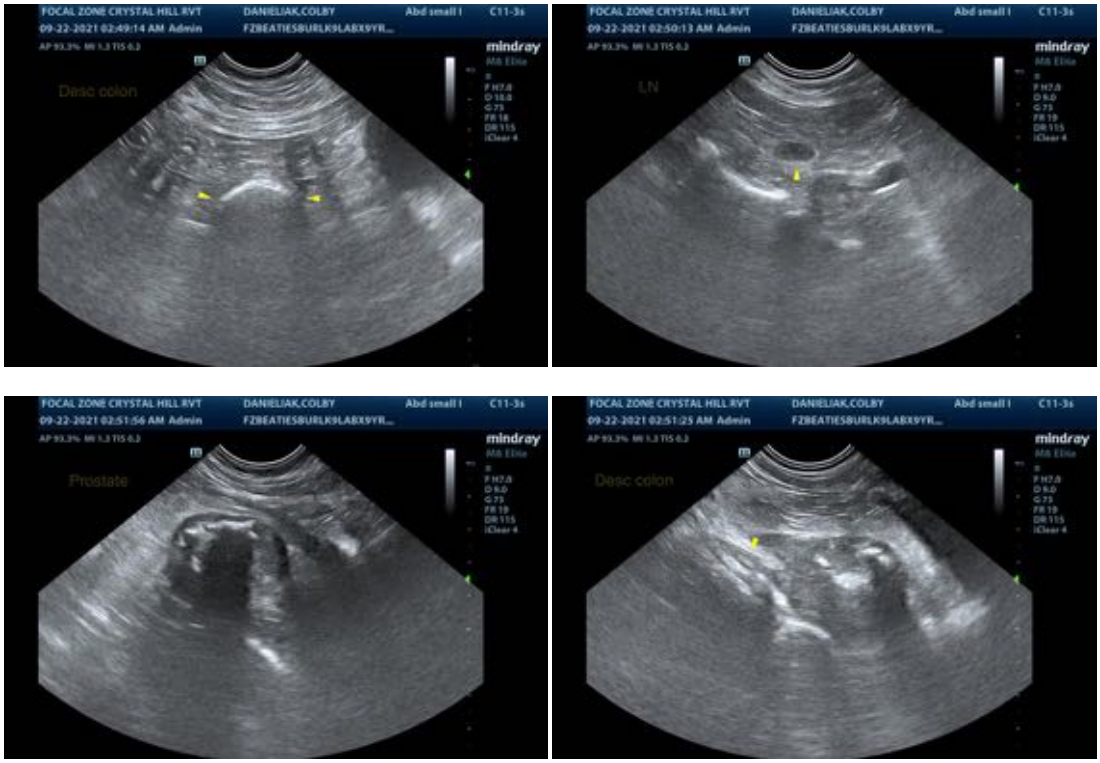

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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