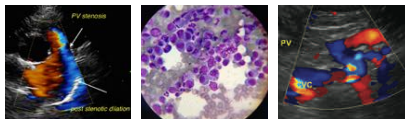
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE
1/10/22

PATIENT
Jackson Hurst

SPECIES
Canine

BREED
Shepherd Mix

SEX
Neutered male

AGE
9/16/11

WEIGHT
39.8 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

HOSPITAL NAME
Essex Middle River

REFERRING VET
Dr. Hicks

INVOICE
95093

PRESENTING CLINICAL SIGNS

History: CC 11/18/21- Straining to defecate/urinate, takes several days to do both; BCS- 4/9; 6 lb. weight loss since 2/16/21
Rectal exam- large, smooth mass cranial left rectal area Meds below did seem to help but O did not refill.
Current Medications: was prescribed (In November) Lactulose to soften stool, Carprofen 75mg, 1 SID, #30, Enrofloxacin 68mg- 1.5 SID, #42.
Lab Results: UA- USG 1.028; , WBC- 75-100, RBC- 30-50, Rare rods <9/HPF. Bloodwork basically WNL.
Radiographs: Lungs appear clear. Caudal abdomen- possible mass effecting rectal/prostate area.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended with anechoic contents. The bladder wall is normal in thickness with a smooth mucosal surface except at the trigone, which is thick and measured up to 1.4 cm thick, hyperechoic and irregular. The visible proximal urethra is not observed due to the disease present in the prostate. No masses or cystoliths are observed.

The prostate is irregularly enlarged (4.07 x 4.89 cm) for a neutered dog and asymmetrical with a heterogenous echotexture and a hypoechoic echogenicity. It has poor demarcation from the surrounding tissue. Encroachment into the urethra and trigone of the urinary bladder is noted. mineralization of the parenchyma is present. The center of the mass is anechoic/cavitated.

Left kidney is normal in size (5.93 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (5.6 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Adrenal Glands

Left adrenal gland is normal in size (2.0 cm long x 0.74 cm at cranial pole and 0.75 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (2.5 cm long x 0.93 cm at cranial pole and 0.85 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible gastric wall is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

Free Abdomen

Lymph nodes are normal with no observed enlargement.

ULTRASONOGRAPHIC FINDINGS

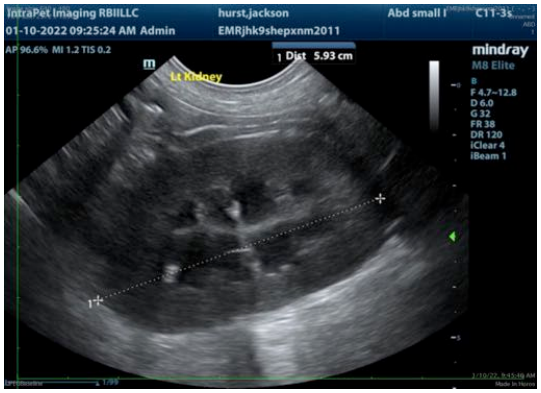
PRIMARY FINDINGS:

Prostatic neoplasia. Most concerning for carcinoma versus other infiltrative neoplasia, severe prostatitis (bacterial or fungal) especially given the anechoic, possibly fluid filled center. This mass appears to extend/invade into the trigone of the urinary bladder.

Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include a urine culture given the presence of an active urine sediment and bacteruria as well as submission of urine to look for BRAF gene mutation which is associated with urinary bladder/prostatic carcinoma. Other diagnostic options especially given the cavitated center of the prostatic mass could include a FNA (with small risk of tumor seeding/trailing) or traumatic catheterization for cytology and culture. Therapeutic recommendations include management of the urinary tract infection as well as the previously successful treatment with stool softeners, etc, anti-inflammatories such as Piroxicam could be considered pending cytology results as well as Omeprazole or misoprostol for gastroprotection while administering Piroxicam.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mindray
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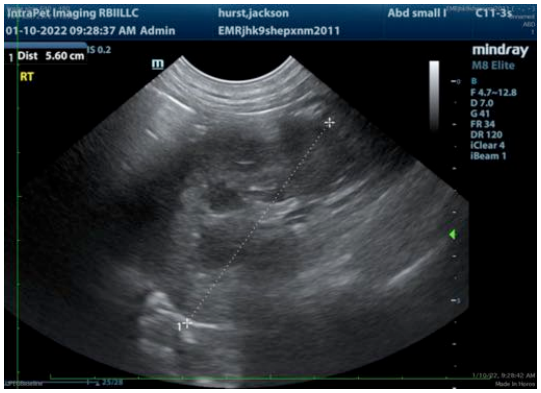
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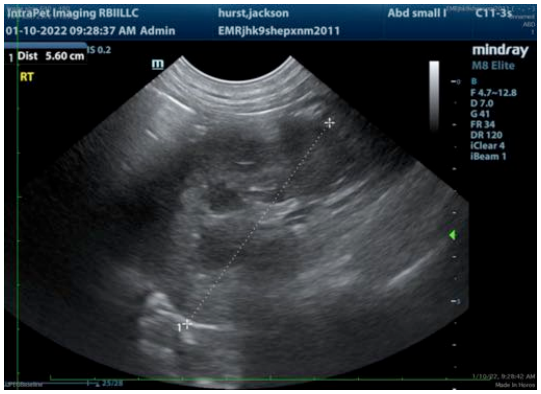
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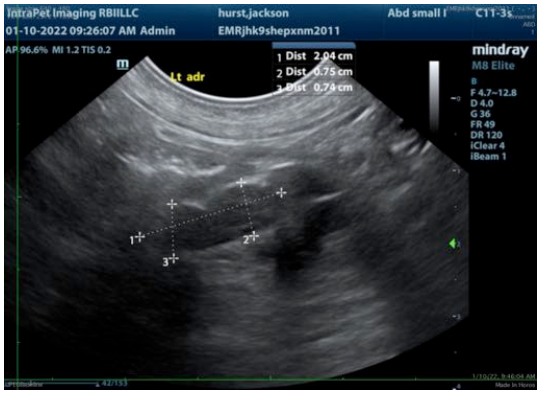
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2 Dist 0.75 cm
Lt adr
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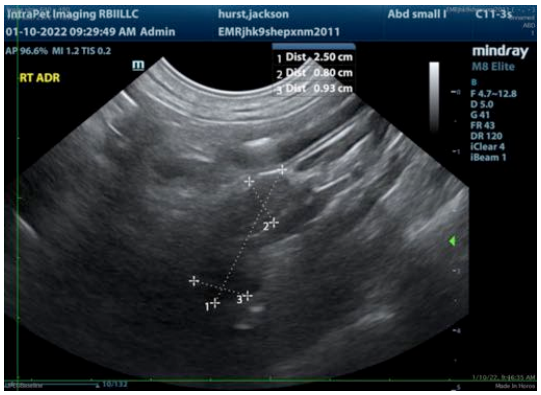
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3 Dist 0.93 cm
RT ADR
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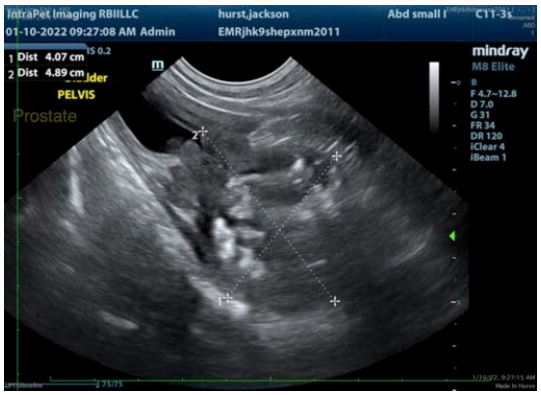
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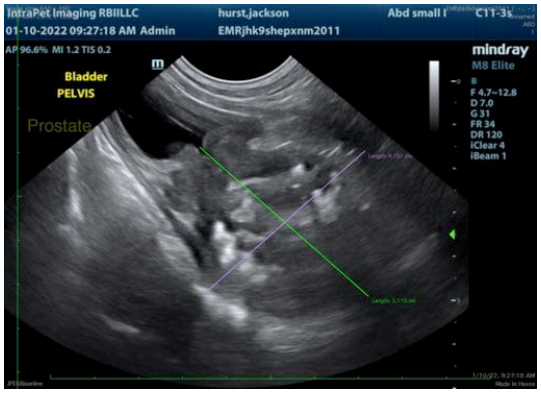
PELVIS
Prostate
mindray
M8 Elite



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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com