

**DATE PRESENTING CLINICAL SIGNS**

1/10/22

History: CC- 11/18/21- Difficulty urinating; prostate exam -enlarged prostate and sl irregular; prominent ureter.

PATIENT

Pope Doedderlein

Current Medications: Enrofloxacin 68mg, 1/2 SID x 28 days

Carprofen 75mg- 1/2 SID x 28 days.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Dexdom/torb- 0.05ml each IV

SPECIES

Canine

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

West Highland Terrier

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Male, neutered

Urinary System

The urinary bladder is mildly distended. Uniform, apical wall thickness was noted and measured up to 0.6 cm. Contents included primarily anechoic fluid combined with both gravity dependent and suspended echogenic, non-shadowing and shadowing debris within the fluid. No cystoliths are observed. The trigone and visible pelvic urethra are also thick with irregular, mucosal surface. The trigone measures 0.5 cm thick and the proximal urethra measures 0.23 cm thick. Mineralization is noted throughout the tissue.

AGE

9/29/2009

The prostate is irregularly enlarged and measured 3.4 x 4.0 cm. The prostate is asymmetrical with a heterogenous echotexture and hypoechoic echogenicity. It has poor demarcation from surrounding tissue. Encroachment into the urethra and trigone of the urinary bladder as described above is noted. Mineralization of the parenchyma is present.

WEIGHT

21.3 lbs.

Left kidney is normal in size (4.8 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

INTERPRETED BYBeth Johnson, DVM
DACVIM

Right kidney is normal in size (4.17 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed. There is a 0.68 cm discrete, homogenous, hyperechoic nodule in the medulla adjacent to the renal pelvis in the cranial pole of the right kidney.

HOSPITAL NAME

Essex Middle River VH

Adrenal Glands

Left adrenal gland is normal in size (0.61 cm at cranial pole) (0.72 cm at caudal pole) (1.87 cm in length), shape and contour. Corticomedullary structure is unremarkable.

REFERRING VET

Dr. Hicks

Right adrenal gland is normal in size (0.7 cm at cranial pole) (0.66 cm at caudal pole) (1.88 cm in length), shape and contour. Corticomedullary structure is unremarkable.

INVOICE

12815

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. Gallbladder is

mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

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.

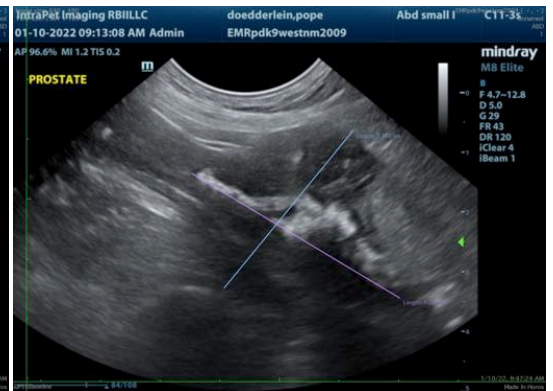
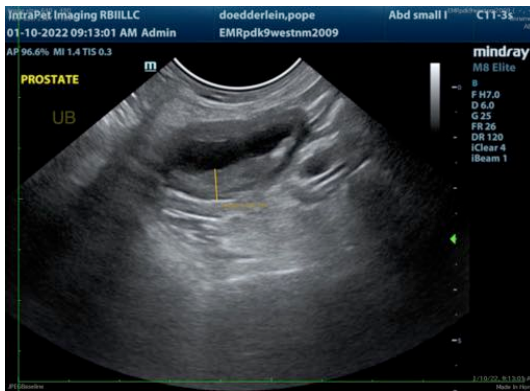
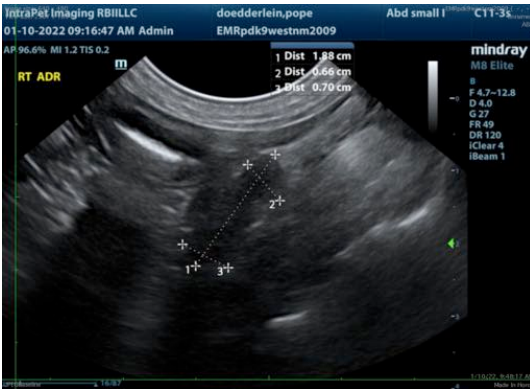
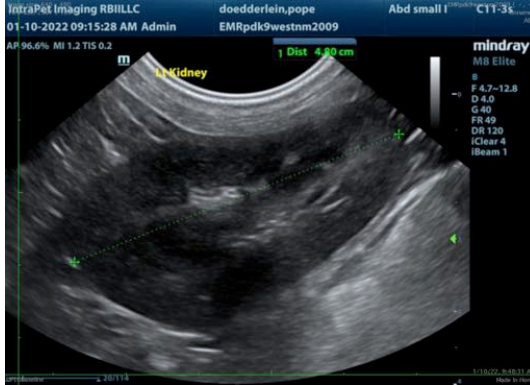
ULTRASONOGRAPHIC FINDINGS

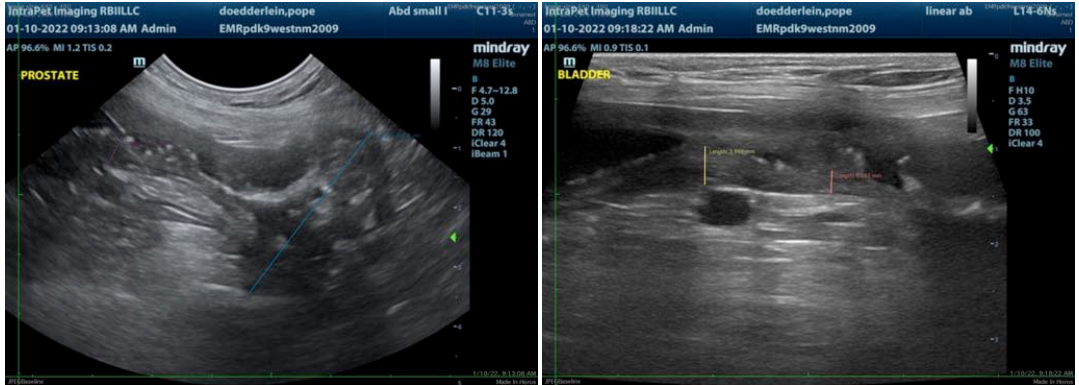
PRIMARY FINDINGS:

- Prostatic neoplasia most concerning for carcinoma versus other infiltrative neoplasia. Severe prostatitis (bacteria or fungal) cannot be ruled out, but is considered less likely.
- Urethral and trigone thickening, most concerning for infiltrative neoplasia either originating in the trigone and extending to the prostate or more likely prostatic neoplasia extending into the urethra and trigone.
- Apical bladder wall thickening and urinary bladder debris/sand is most consistent with concurrent, chronic cystitis.
- Right medullary renal nodule. Non-architecture disrupting lesions can be seen with non-neoplastic lesions such as a chronic hematoma, granuloma or inflammation i.e. pyogranulomatous lesion. However, infiltrative primary neoplasia or metastatic disease cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include urinalysis and urine culture as well as submission of urine to look BRAF gene mutation which is associated with urinary bladder/prostatic carcinoma. Pending results other diagnostic options include traumatic catheterization or FNA (with small risk of tumor seeding/trailing). If possible and if the patient's coagulation status is appropriate FNA of the renal nodule is also recommended to look for evidence of metastatic disease and if not already performed three view thoracic radiographs are recommended to further assess cardiopulmonary status as well as look for metastatic disease.





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

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