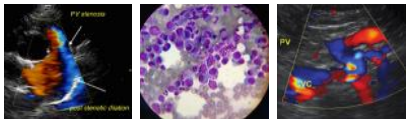
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

1/9/23

PATIENT

Tadoe Shipley

SPECIES

Canine

BREED

Labrador Retriever

SEX

Intact Male

AGE

4/20/16

WEIGHT

67.9 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Goessling

INVOICE

20525

PRESENTING CLINICAL SIGNS

History: Patient is having trouble urinating again. Was urinating fine this morning and then this afternoon, started straining to pee and peeing blood. Had been doing okay since finishing meds until recently. Owner couldn't afford to refill meds initially, so had been off piroxicam since Christmas day until 3 days ago and then just got gabapentin filled again yesterday. Usually does well with the gaba but today, still seemed painful and peed out a big puddle of blood. Today he didn't want to eat, which is unusual.

Current Medications: Gabapentin 600 mg q 8 hrs, Piroxicam 10 mg q 24 hrs, Ciprofloxacin 1000mg q 24 hrs
Radiographs: Nov 2022 and Jan 2023 have persistent mineralized mass effect that was initially thought to be the bladder, but on contrast rad
on 1/7/23, clearly ventral to the bladder. Still appears to have prostatomegaly.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV sedation.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is symmetrically enlarged (6.32 cm wide) with smooth margins that are well differentiated from surrounding tissue. Normal bilobed shape is maintained. Parenchyma is heterogenous with scattered hyperechoic foci present. No mineral is noted. An approximately 3.0 cm – 3.5 cm cystic area is noted in the mid prostate.

Left kidney is normal is size (6.49 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal is size (6.59 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Left adrenal gland is normal in size (2.74 cm long x 0.56 cm at cranial pole and 0.59 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (3.03 cm long x 0.62 cm at cranial pole and 0.63 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver
Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal
The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas
The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen
There is no evidence of peritoneal effusion. The sublumbar lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

In the caudal abdomen, cranial to the urinary bladder, there is a round, heterogenous, primarily hypo- to even anechoic structure without apparent blood flow that measures approximately 6.0 cm x 8.0 cm in size without definitive origin able to be determined, however, given the location in some views, association with the prostate, as is seen with a prostatic cyst or abscess is considered probable.

Other
Both testicles are visualized without evident testicular pathology.

ULTRASONOGRAPHIC FINDINGS

- Benign prostatic hyperplasia with an anechoic area consistent with a cyst vs abscess vs other present– Prostatic findings are most consistent with Benign Prostatic Hyperplasia (BPH) and hyperechoic foci consistent with increased vascularity and fibrosis often associated with BPH. Active prostatitis cannot be ruled out. Infiltrative neoplasia cannot be ruled out but is considered less likely.
- The avascular, apparently fluid filled caudal abdominal mass is of unknown tissue origin, however, given the location, association with the prostate, i.e., complicated cyst or more likely prostatic abscess is most probable.

- Reactive sublumbar lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

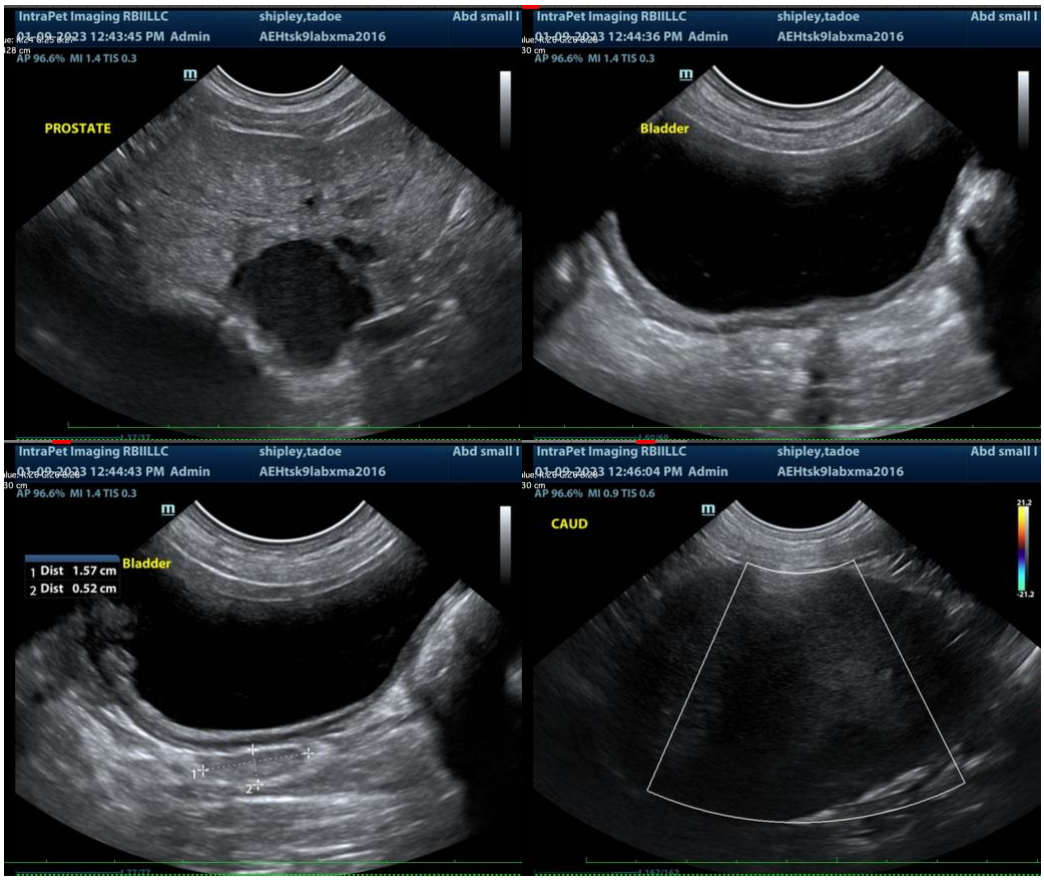
Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

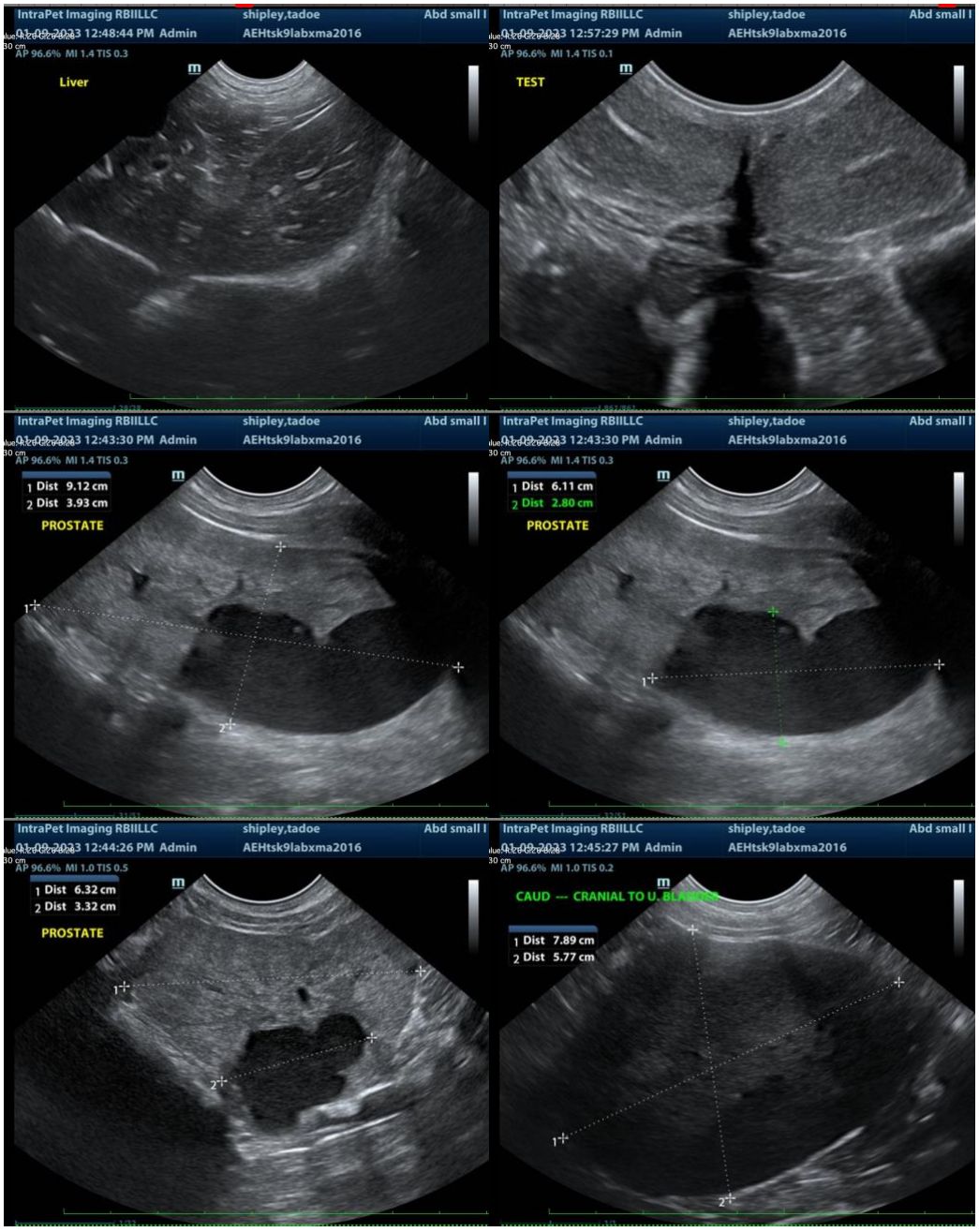
A fine needle aspirate of the caudal abdominal mass, for both cytology, as well as culture and sensitivity, at which time complete draining, if possible, is recommended, if patient coagulation status is appropriate.

Alternatively, neutering this patient, if elected, is recommended, to prevent further progression of benign prostatic hyperplasia, at which time, a caudal abdominal exploratory could be performed for removal/sampling of the mass, and if it is a prostatic abscess, omentalization, etc.

In the meantime, continued medical management with anti-inflammatories, antibiotics, ideally based on culture and sensitivity results, etc. is recommended.

Given the questionable origin of the structure, if surgery is elected, and resources are available, a presurgical planning abdominal CT scan could be considered.

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shipley,tadoe
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AP 96.6% MI 1.4 TIS 0.3
Liver
IntraPet Imaging RBIILLC
shipley,tadoe
Abd small l
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2 Dist 3.93 cm
PROSTATE
IntraPet Imaging RBIILLC
shipley,tadoe
Abd small l
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PROSTATE
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shipley,tadoe
Abd small l
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AP 96.6% MI 1.0 TIS 0.5
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2 Dist 3.32 cm
PROSTATE
IntraPet Imaging RBIILLC
shipley,tadoe
Abd small l
01-09-2023 12:45:27 PM Admin
AEHtsk9labxma2016
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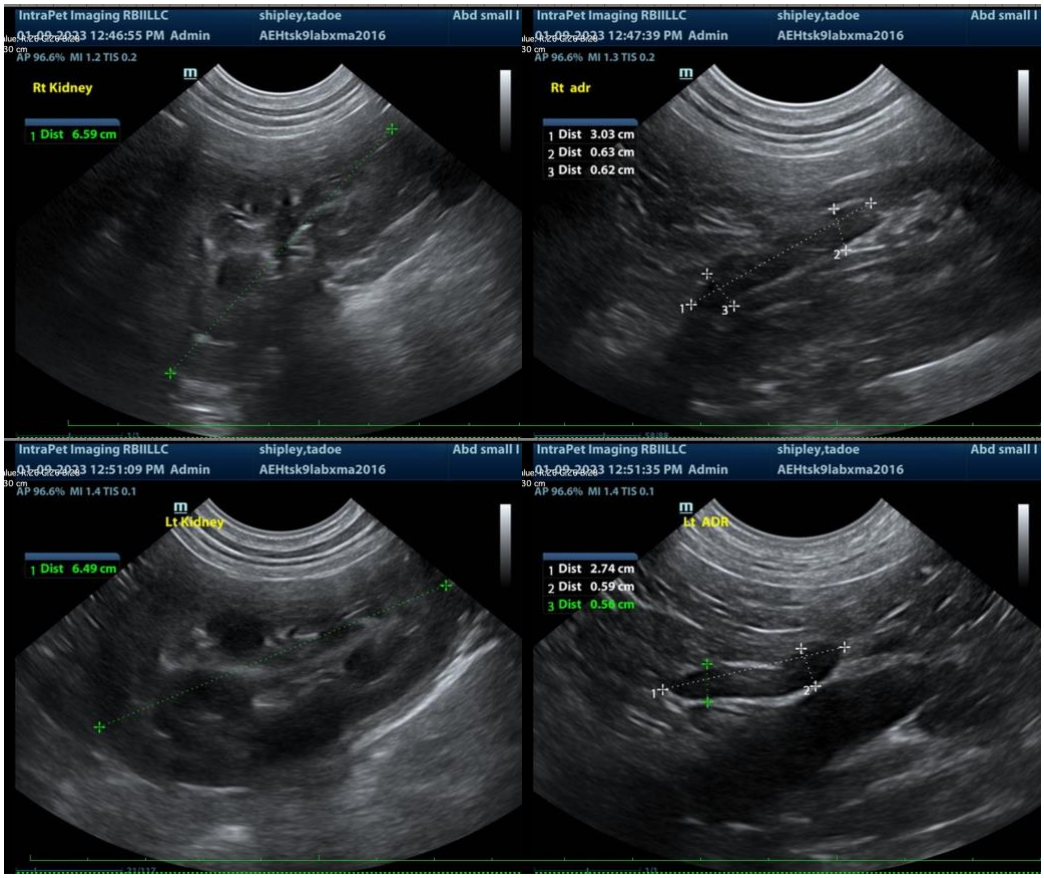
CAUD --- CRANIAL TO U. BLADDER
1 Dist 7.89 cm
2 Dist 5.77 cm



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