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Clinical Sonography & Telecytology
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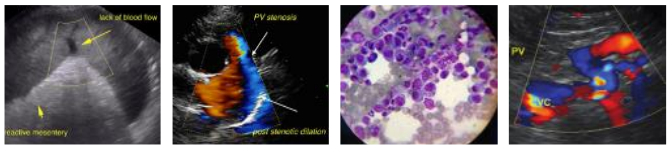


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Miles Davis Pierce

SPECIES

Canine

BREED

Rat Terrier

SEX

Male

AGE

13.5 Years

WEIGHT

24.8 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Kimball AH

INVOICE

19029

DATE

12/5/22

PRESENTING CLINICAL SIGNS

History: Recurring blood in urine. Has improved on meds.

Abnormal PE/Chem/CBC/UA Results: Attached urinalysis lab results, abdominal x-rays, and visit notes for related recent visits.

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.

The testicles are both well visualized without evident pathology.

Prostate is symmetrically enlarged (4.5 cm wide) with smooth margins that are well differentiated from surrounding tissue. Normal bilobed shape is maintained. Parenchyma is diffusely hyperechoic. Several small anechoic cysts are noted. The largest cyst measures approximately 1.0 cm in diameter. No mineral is noted.

Left kidney is normal is size (6.0 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. Cortical cysts were noted.

Right kidney is normal is size (5.4 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. Cortical cysts were noted.

Adrenal Glands

Left adrenal gland is normal in size (0.49 cm at cranial pole and 0.63 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The caudal pole of the right adrenal gland is normal, measuring 0.4 cm thick. The cranial pole is not well visualized.

Spleen

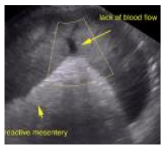
Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

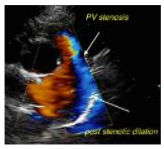
Liver

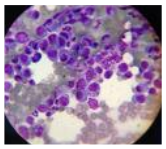
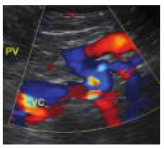
Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. A 4.0 cm x 5.0 cm hypoechoic nodule/mass is noted in the left liver and a smaller 3.0 cm similar appearing nodule/mass is noted near it. 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





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The visible stomach wall is normal in thickness and layering. The lumen of the stomach 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 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 left medial iliac lymph node is enlarged and hypo- to anechoic, almost cyst like in appearance, measuring 2.0 cm long x 1.0 cm wide.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Benign Prostatic Hyperplasia with cysts – Prostatic findings are most consistent with Benign Prostatic Hyperplasia (BPH) and concurrent benign prostatic cysts. Active prostatitis cannot be ruled out. Infiltrative neoplasia cannot be ruled out but is considered less likely.
- Hypoechoic liver nodule/mass. Differentials for which include both benign etiology, such as nodular hyperplasia, hepatoma/adenoma, etc., as well as infiltrative neoplasia, including well differentiated primary hepatocellular carcinoma versus round cell neoplasia versus metastatic disease versus other and cannot be differentiated without tissue sampling.
- Medial iliac lymphadenopathy, both reactive lymphadenopathy, as well as metastatic disease are differentials and cannot be differentiated without tissue sampling.

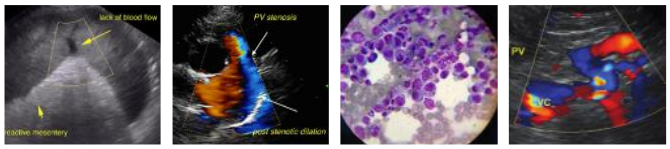
Secondary Findings

- Bilateral renal cortical cysts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patients prostatic changes and medial iliac lymph node changes, benign prostatic hyperplasia, potentially chronic bacterial prostatitis or potentially even infiltrative neoplasia of the prostate is likely the cause for the patients reported hematuria. Recommendations include a urinalysis and urine culture, if indicated based on urinalysis results, are recommended. Submission of urine to look for BRAF gene mutation, which is associated with urinary bladder cancer, could be considered. Other diagnostic options include traumatic catheterization, fine needle aspirate (with small risk of tumor seeding/trailing) or cystoscopy for further sampling.

If as suspected, the prostatic changes are benign. Therapeutic recommendations include neutering the



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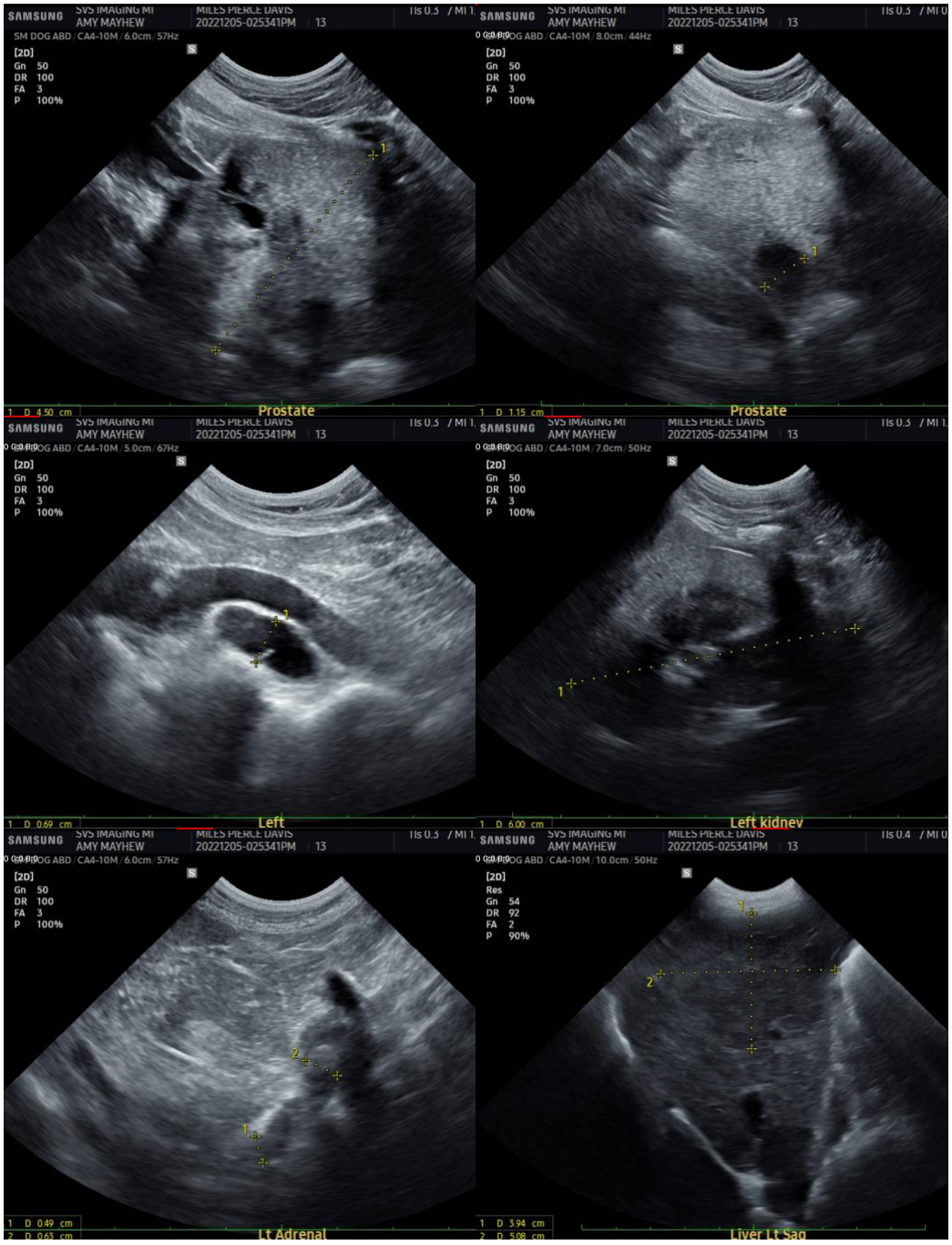
patients if possible.

Prior to that, given the concurrent pathology noted in the liver, three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

A fine needle aspirate of the liver nodule/mass is recommended if the patients coagulation status is appropriate.



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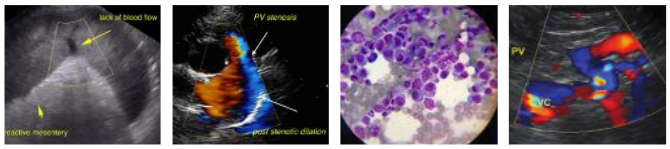

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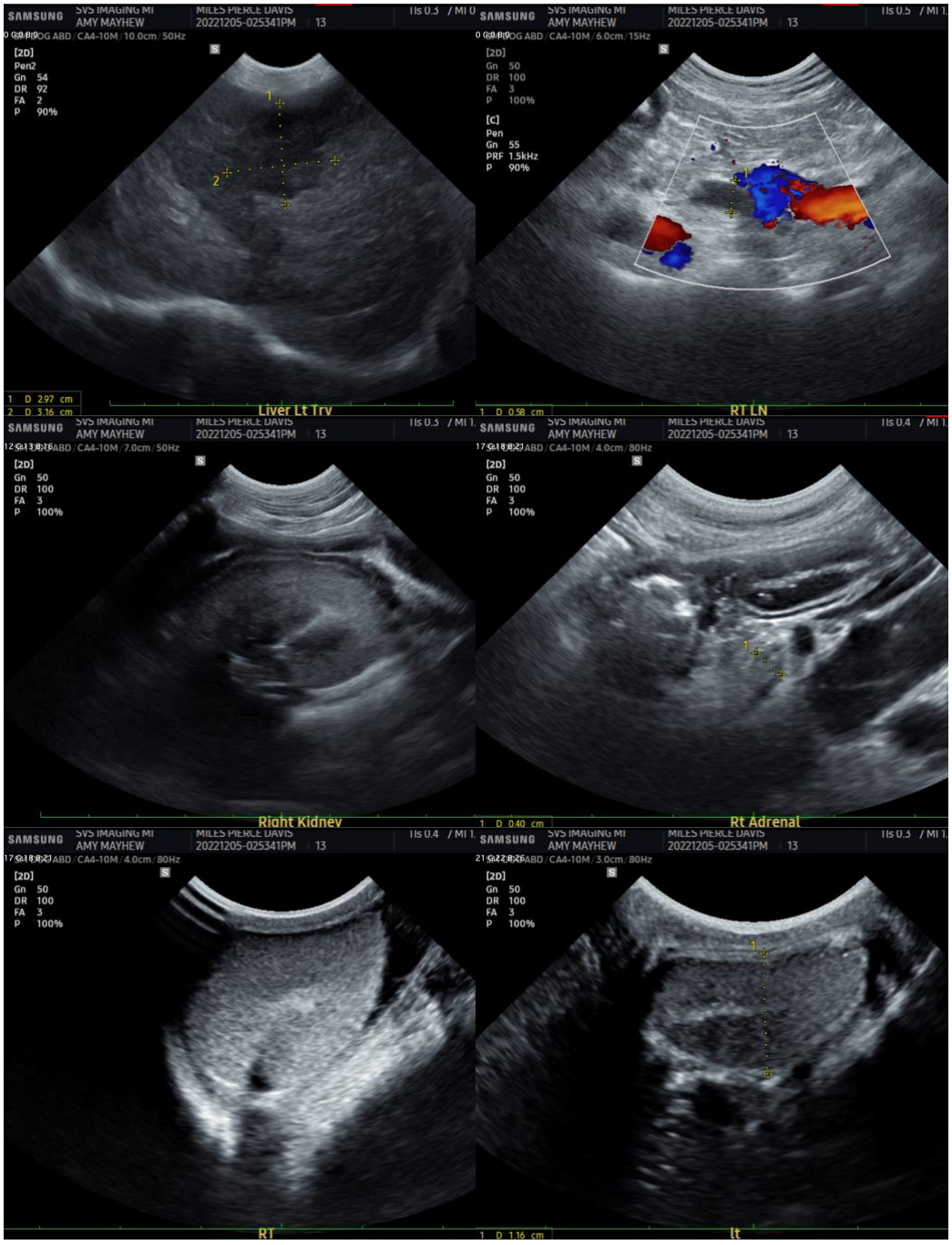

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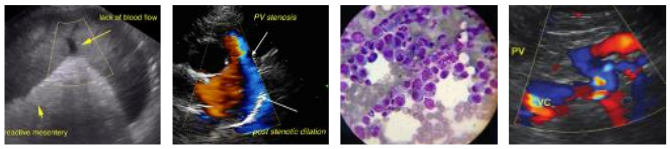

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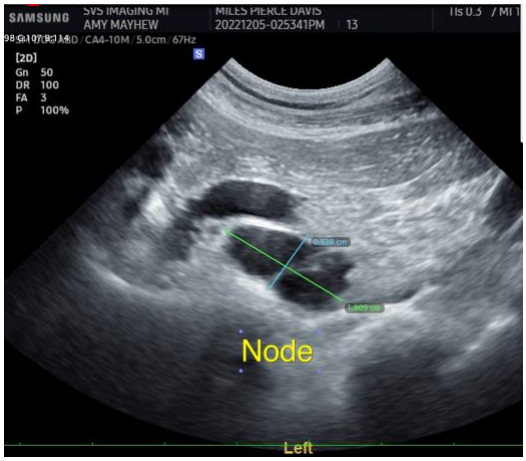

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com