


PATIENT PRESENTING CLINICAL SIGNS

Draco Gron
 History: neutered male presented for recheck after having watery diarrhea last week. O gave P a cow knee bone treat and is suspicious that P has a foreign body obstruction. No vomiting, eating well. Diarrhea resolved a bit - smaller amount of feces than normal. P having difficulty sitting on rear end - palpated enlarged left side of prostate.

SPECIES

Canine
 Abnormal PE/Chem/CBC/UA Results: Difficulty sitting on rump. Lethargy. BW WNL. radiographs - prostatomegaly and bone fragments from bone treat previously eaten. purulent material expelled during prostatic FNA with blood. - submitted for cytology and culture

BREED

Labrador Retr

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System
SEX

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.

Neutered Male

AGE

The prostate is moderately enlarged (5.00+ cm wide) with a diffusely heterogenous and relatively hypoechoic parenchyma. The prostate is slightly asymmetrical, characterized by a distended anechoic/fluid-filled component involving what appears to be the left prostate. There is some difficulty fully distinguishing prostate from surrounding tissues, and a large amount of enhanced hyperechoic tissue surrounds what is visibly prostate.

6 years

WEIGHT

Left kidney is normal in size (7.16 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.

39.8 lbs

INTERPRETED BY

Right kidney is normal in size (5.90 cm), shape and echogenicity. (The full kidney is not imaged in one view, so that image is artificially small). 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.

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY
Adrenal Glands

The adrenal glands aren't able to be well-visualized in these images.

Tiffany Moore, DVM

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.

HOSPITAL NAME

Lone Mountain AH

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. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

REFERRING VET

Tiffany Moore, DVM

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.

INVOICE

12791

DATE

4.18.23



PATIENT *Gastrointestinal*

Draco Gron The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

SPECIES 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.
Canine

BREED The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas. Suspected boney fragments from the reported bone ingestion are present, without associated obstruction or inflammation or pathology.
Labrador Retr

SEX *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.
Neutered Male

AGE *Free Abdomen*
There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.
6 years

WEIGHT **ULTRASONOGRAPHIC FINDINGS**

Findings

39.8 lbs

- Prostatomegaly with poor distinction from surrounding tissue and evidence of inflammation surrounding the prostate. Differentials include both benign active prostatitis, as well as infiltrative neoplasia, and cannot be fully differentiated without additional information.

INTERPRETED BY

- There is ultrasonographic evidence of the bony fragments reportedly visualized radiographically. However, they are believed to be in the colon, without any associated obstruction pattern, inflammation or other pathology to note.

Beth Johnson, DVM
DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY This patient's clinical signs are believed to be primarily secondary to the prostatic disease, versus the bone ingestion, especially given the reported resolving gastrointestinal signs. If not recently evaluated, 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.
Tiffany Moore, DVM

HOSPITAL NAME Lone Mountain AH A fine-needle aspirate of the prostate was reportedly obtained and submitted for cytology as well culture and sensitivity. Pending those results, additional recommendations may include submission of urine to look for BRAF or gene mutation which is associated with urinary bladder/prostate cancer, as well as three view thoracic radiographs for further assessment of cardio-pulmonary status and to further evaluate for any evidence of metastatic disease, if not recently evaluated.

REFERRING VET Tiffany Moore, DVM

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SPECIES

Canine

BREED

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SEX

Neutered Male

AGE

6 years

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IMAGING PERFORMED BY

Tiffany Moore, DVM

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

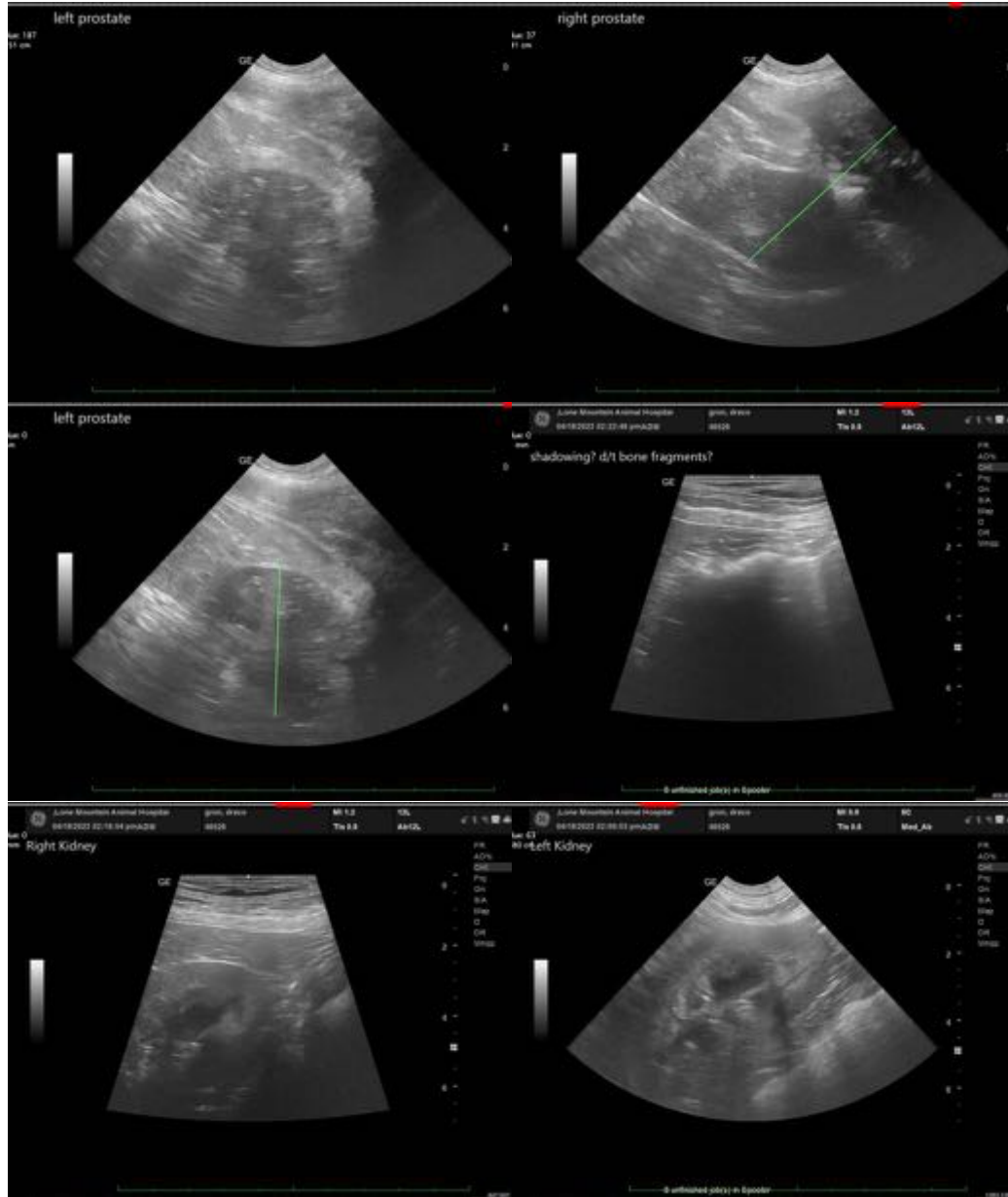
Tiffany Moore, DVM

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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
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