



PATIENT

Hunter Gewain

SPECIES

Canine

BREED

Bernese Mtn. Dog

SEX

Neutered Male

AGE

9 Years 8 Months

WEIGHT

83.6

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Hallihan

INVOICE

22183

DATE

4/24/23

PRESENTING CLINICAL SIGNS

History: Possible mass effect caudal abdomen. Panting all the time. enlarged prostate, lyme positive - c6 high (86) P was not NPO - ate at least 1/2 his breakfast Not given PVP's - was given 1.5mL torb IV on doxycycline and rimadyl

Abnormal PE/Chem/CBC/UA Results: Retic - 143.9 (hi), WBC - 18.84 (hi), Neu - 15.51, PLT - *78 (lo) , MPV - 16.4 (hi), PCT - 0.13 u/a - PH - 5.0 (lo), RBC 4 - 10 (hi)

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 prostate is markedly, asymmetrically enlarged, measuring approximately 6.0 cm wide with irregular margins, that appear poorly differentiated from surrounding tissue. Parenchyma is diffusely heterogenous, partially cystic and hypoechoic to surrounding tissue.

Left kidney is normal in size (5.62 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 in size (4.8 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 (0.55 cm at cranial pole and 0.76 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is unable to be well visualized in these images.

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

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. 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



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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.

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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.

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

Pancreas

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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

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There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

Cranial, slightly dorsal to the urinary bladder, there is a 3.5 cm x 4.0 cm walled off echogenic fluid filled structure of definitively unknown tissue origin, that is suspected to be adjacent to or attached to/related to the prostate, potentially.

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There is no evidence of heart base or pericardial pathology noted in these images at this time. If cardiac function evaluation is desired a full echocardiogram is recommended.

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ULTRASONOGRAPHIC FINDINGS

- Marked heterogenous prostatomegaly is concerning for infiltrative neoplasia with possible secondary cysts/abscesses or even, while uncommon in neutered dogs, a paraprostatic cyst, as the structure described adjacent to the urinary bladder. Benign bacterial or even fungal vs other prostatitis, however, is also a differential and cannot be ruled out without further evaluation.
- Mild 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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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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.

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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/prostate 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. In the meantime, empirical therapy with a broad-spectrum antibiotic (or ideally an antibiotic based on culture and sensitivity

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results) as well as an anti-inflammatory (unless otherwise contraindicated based on patient co-morbidities) may begin to help alleviate clinical signs.

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Pending results, fine needle aspirate of the fluid filled structure adjacent to the urinary bladder could also be considered for both cytology as well as culture and sensitivity.

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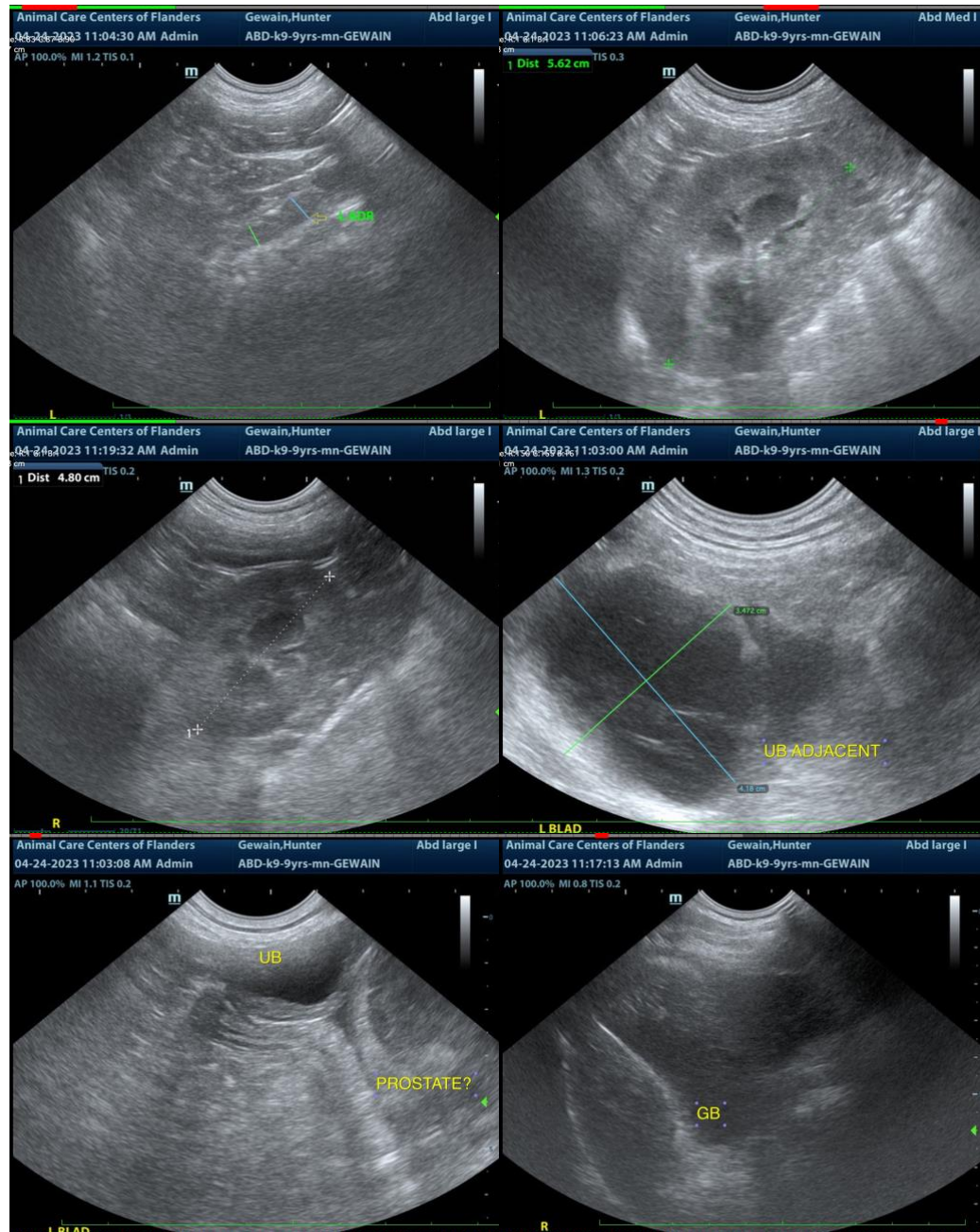
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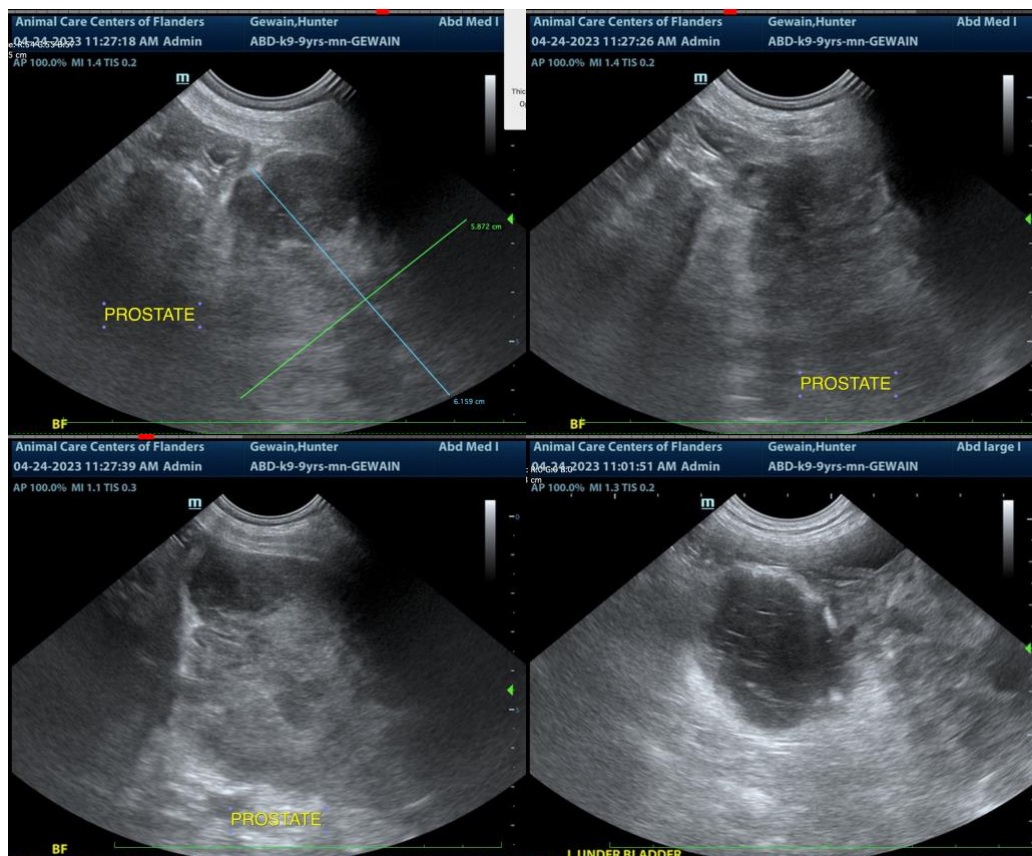
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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