



PATIENT

Junior Bailie

SPECIES

Canine

BREED

Rottie X

SEX

Male

AGE

6 Years

WEIGHT

32.4 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Nigel Gumley

HOSPITAL NAME

Cedarview AH

REFERRING VET

Dr. Nigel Gumley

INVOICE

46433

DATE

4/5/23

PRESENTING CLINICAL SIGNS

Owner noticed constipation problems 3 weeks ago. Seen by primary vet and found swelling lateral to anus, drained 180 mls sanguineous fluid. Seen at emergency clinic and radiographs taken showing mass to left of anus in perineal region with mineralization and suspected of being a rectal carcinoma. Also noted to have prostatomegaly, likely BPH.

Abnormal PE/Chem/CBC/UA Results: Soft fluctuant mass left of anus, non-painful; normothermic. No peripheral lymph node enlargement. Rectal wall normal on digital exam but nodular feel at end of finger to tissues on left. Non-painful prostate palpated caudal abdomen, bladder small. Otherwise normal. CBC, chem normal. Normal calcium. Abdominal US showed no lymphadenopathy, no masses except for cystic structures right and left of prostate that appear to have communication to internal prostatic cysts. Suspect periprostatic cysts with development of left perineal hernia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately 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 (5.83 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. No mineral is noted. **See other.

The right kidney is normal in size (6.58 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.

The left kidney is normal in size (6.26 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

The right adrenal gland is normal in size (0.51 cm at the cranial pole and 0.53 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.42 cm at the cranial pole and 0.44 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The 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

The 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.



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The 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.

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Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with 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 (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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.

SEX

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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Free Abdomen

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There is no evidence of free peritoneal effusion noted in these images.

The medial iliac 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, there are multiple variably sized, fluid-filled cystic structures adjacent to the prostate, as well as a large fluid-filled structure that also appears to contain mineral densities in the perineal region adjacent to the rectum, per labeled images. The cystic appearing perineal structure does not appear to contain much solid tissue and is completely deflated post-aspirate/drainage.

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ULTRASONOGRAPHIC FINDINGS

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- **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.

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- **Cystic perineal structure** - Based on history, physical exam description, and images provided, this structure appears to potentially be a perineal hernia. However, infiltrative neoplastic disease/mass cannot be definitively ruled out. Having said that, there does not appear to be obvious attachment/communication with the GI tract or the anal glands.

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

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a 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 ratio is recommended.

Cytology as well as culture and sensitivity of the drained fluid is recommended, followed by antibiotic therapy based on culture and sensitivity results.



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Ultimately, consultation with a surgeon for neuter, suspected hernia repair, and paraprostatic cyst omentalization is recommended.

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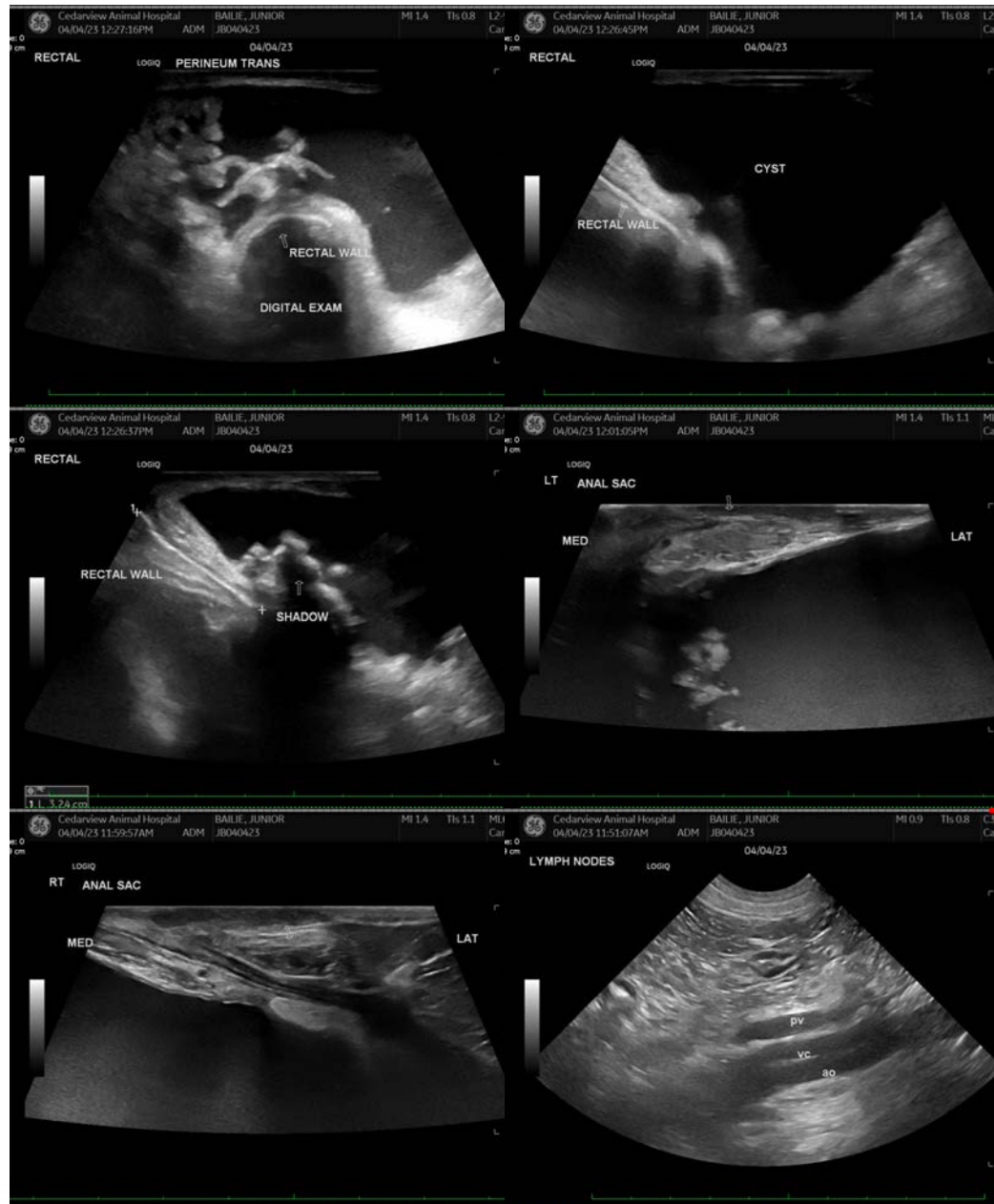
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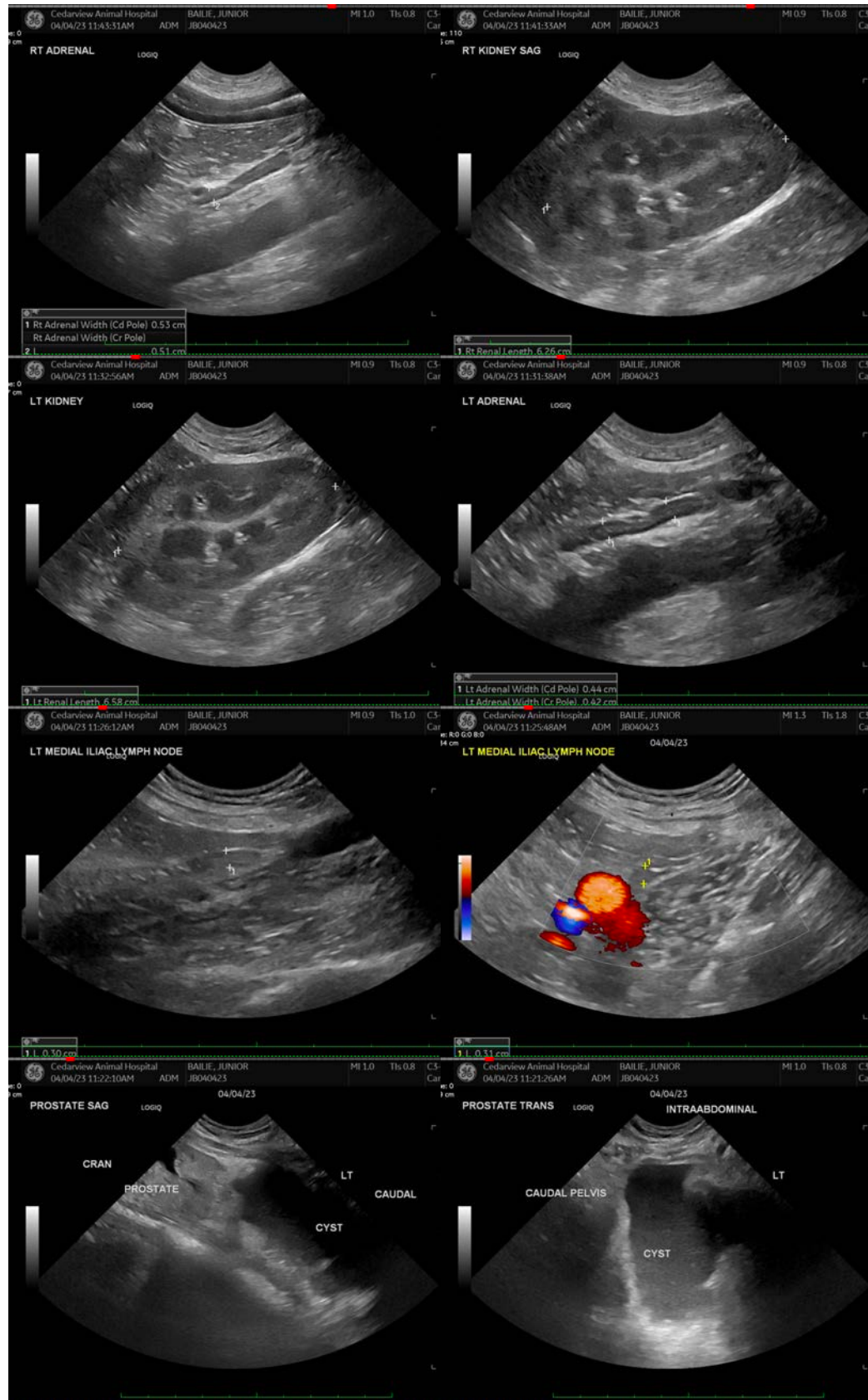
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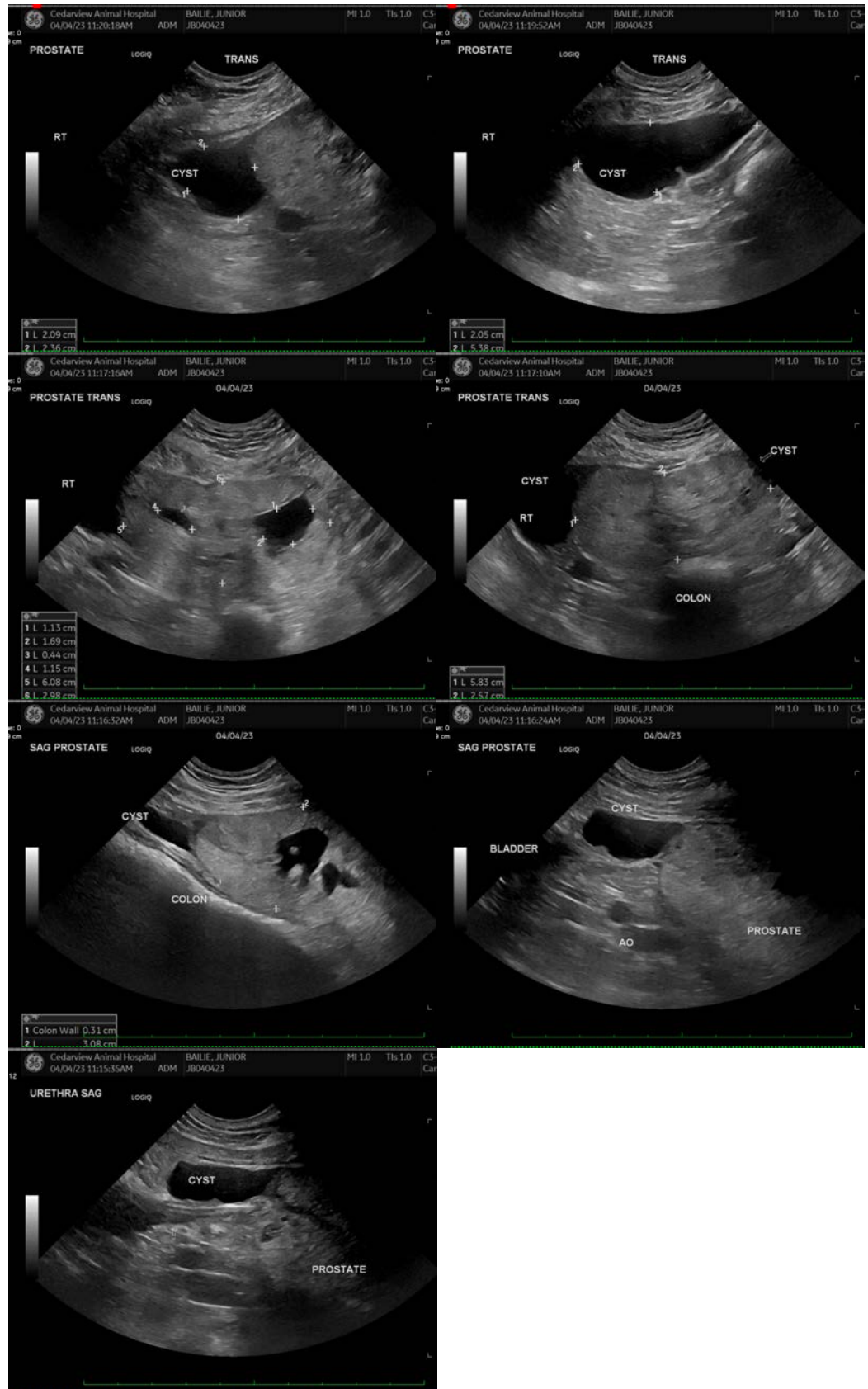
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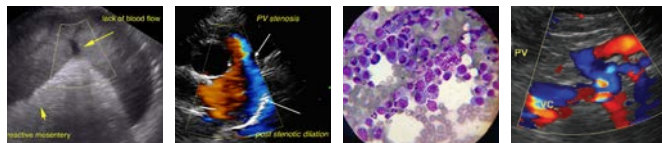
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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