

**DATE**

6/6/22

**PRESENTING CLINICAL SIGNS**

History of occasional inappropriate urination / straining to urinate. Pet was thought to have bladder stones on x-rays but later realized it was mineralization of prostate.

Current Medications: Clomipramine 10 mg BID, Gabapentin 100-200 mg Q 8-12 hours, Tramadol 50 mg Q 8-12 hours.

**PATIENT**

Coco Altwater

Lab Results: Urinalysis – Hematuria. CBC/Chem - overall WNL

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**SPECIES**

Canine

Imaging Performed By: Rachel Brillhart, RDMS.

**BREED**

Bichon Mix

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

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.

**SEX**

Neutered male

The left kidney is normal is size (5.25 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. A hyperechoic band parallel to the corticomedullary border was present. There is no evidence of pyelectasia, mineral or infarcts observed.

**AGE**

1/22/12

The right kidney is normal is size (4.81 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. A hyperechoic band parallel to the corticomedullary border was present. There is no evidence of pyelectasia, mineral or infarcts observed.

**WEIGHT**

30 lbs

The prostate is irregularly enlarged measuring 3.5 – 3.75 cm in diameter with a diffusely heterogeneous parenchyma including multifocal mineral foci. The prostate is poorly demarcated from surrounding tissues.

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM**Adrenal Glands**

The right adrenal gland is normal in size (0.71 cm at cranial pole and 0.68 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**HOSPITAL NAME**

Essex Middle River VC

The left adrenal gland is normal in size (0.7 cm at cranial pole and 0.77 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**REFERRING VET**

Dr. Beizavi

**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.

**INVOICE**

10726ag

**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. Too numerous to count hepatic biliary stones throughout the biliary tree were present. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is unable to be visualized in these images.

**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.

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.

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### ***Pancreas***

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.

### ***Free Abdomen***

Sublumbar lymphadenopathy is appreciated with a characteristic node measuring 1.37 cm x 0.76 cm in shape and being hypoechoic and irregular in appearance.

## **ULTRASONOGRAPHIC FINDINGS**

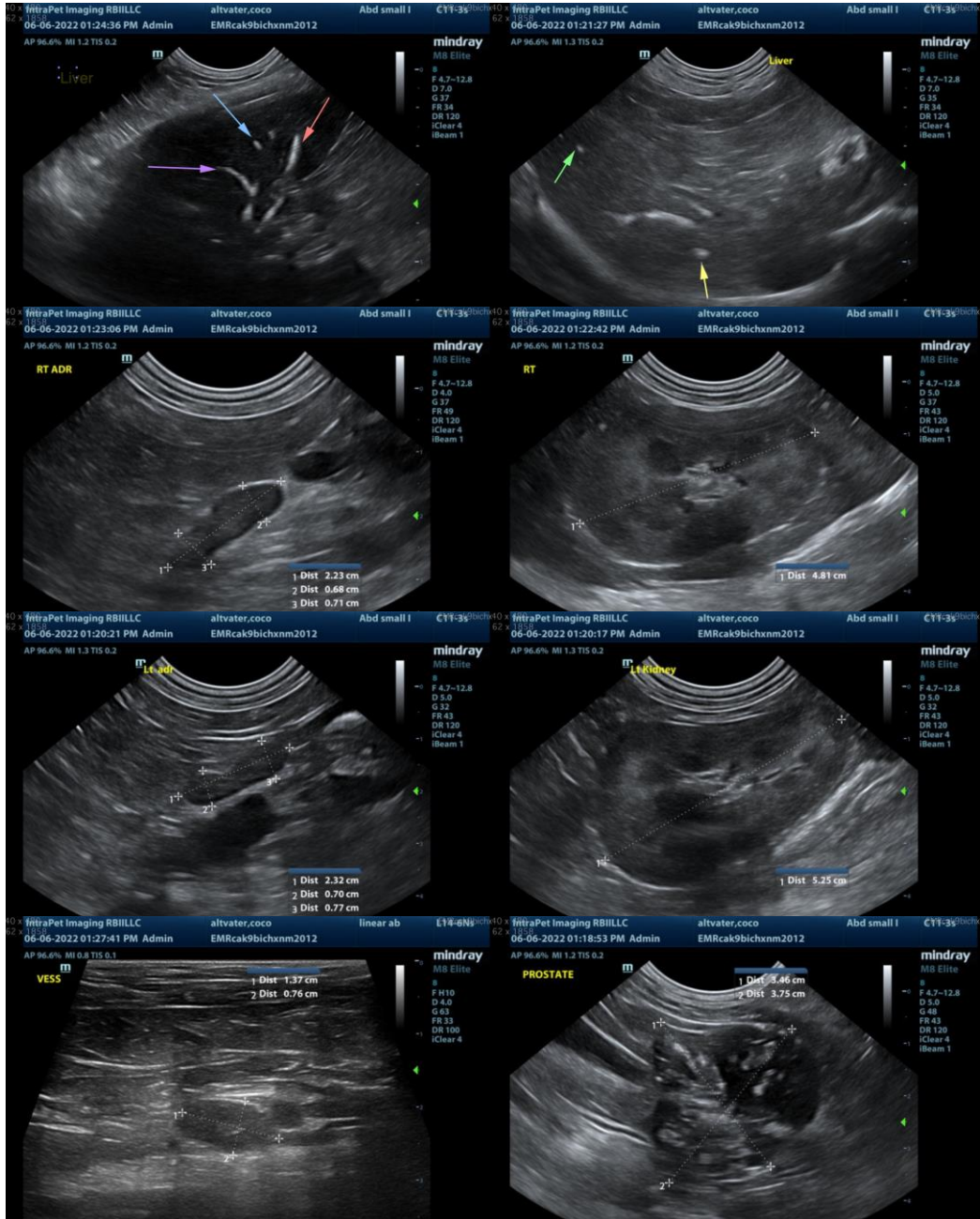
- A mineralized prostatic mass most concerning for infiltrative neoplasia. Benign prostatitis cannot be ruled out but it considered less likely.
- Sublumbar lymphadenopathy, differentials including both metastatic disease as well as reactive lymphadenopathy.
- Incidental intrahepatic biliary stones
- Bilateral renal medullary rim sign of unknown clinical significance and can be a normal variant. Medullary rim sign(s) should be interpreted in combination with other more specific indications of kidney disease such as isosthenuria, proteinuria, azotemia, etc.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

UA and C/S as well as submission of urine to look for BRAF gene mutation which is associated with urinary bladder/prostatic carcinoma.

Other diagnostic options could include a FNA of the prostate with a small risk of tumor seeding/trailing, for both cytology and C/S vs traumatic catheterization for cytology and C/S. If prostatic carcinoma is diagnosed, a FNA of the sublumbar node is recommended if possible and if normal patient coag status.

In the meantime, empirical therapy with an antibiotic that penetrates the prostate such as Butyryl and/or an anti-inflammatory non-steroidal could be considered.



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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