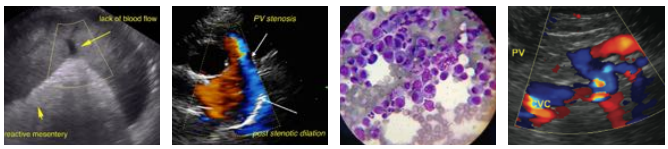
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Mookie Schleer

SPECIES
Canine

BREED
Boxer

SEX
Neutered male

AGE
9 years

WEIGHT
66.5 lbs

INTERPRETED BY
Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY
Michelle Roche

HOSPITAL NAME
Fredon AH

REFERRING VET
Dr. Grau

INVOICE
42526

DATE
11/15/22

PRESENTING CLINICAL SIGNS

History: ADR, seemed to have bloating, lethargic .
Abnormal PE/Chem/CBC/UA Results: pale mm, RBC 3.62, HCT 26, retic 100, WBC 26.6, alb 2.6, bun 54, creat 1.7. decreased detail cranial/mid abdomen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The prostate is enlarged with mixed, echogenic, suspected mass that obliterated normal prostatic tissue. The mass is complex and contains a larger, hyperechoic area and small areas of suspected mineralization. FNA is recommended as prostatic carcinoma is a primary differential. There is no visible associated sublumbar lymphadenopathy.

The left kidney has a slightly irregular capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. Small cortical cysts are visible. No evidence of pelvic dilation was present. The left kidney measures 3.5 cm.

The right kidney has a slightly irregular capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. The right kidney measured 6.63 cm.

Adrenal Glands

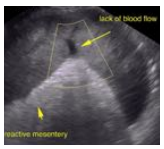
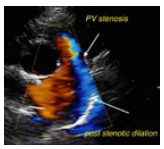
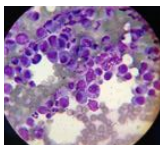
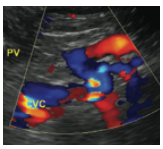
The left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.2 cm in length and 0.53 cm at the cranial pole and 0.57 cm at the caudal pole. The right adrenal gland is largely obscured by overlying gas in the colon.

Spleen

The spleen has a slightly heterogenous parenchyma and is hyperechoic to the liver. Renal cortical parenchyma was noted with a slightly irregular capsule. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. The echogenicity and echotexture is slightly coarse. This is likely a mild, aging change. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed. The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large, complex, suspected prostatic mass. Primary differentials are a prostatic carcinoma or something more unusual like a hemangiosarcoma in the prostate. Prostatic aspirate is recommended to further differentiated severe prostatitis, bacterial or inflammatory changes are potentials. It does not appear like a prostatic abscess or typical prostatitis. Therefore, neoplasia is more strongly suspected.

Secondary Findings

- Aging changes to the liver and kidneys as described as well as changes to the spleen, which is likely an aging change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Liver and splenic aspirate can be considered if there is a strong suspicion of metastatic disease. However, this is not consistent with imaging. While awaiting results or a prostatic aspirate, you can consider starting the dog on Baytril to treat for possible bacterial prostatitis and any GI supportive care as needed based on clinical signs. A Cadet BRAF test could be considered as prostatic carcinoma do often show the mutation that will be picked up on the Cadet BRAF test, but a FNA of the prostate is often diagnostic.

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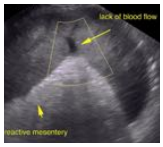

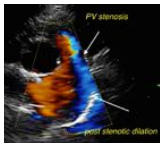

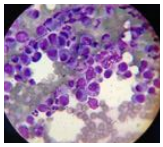
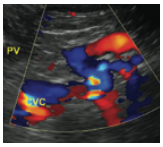

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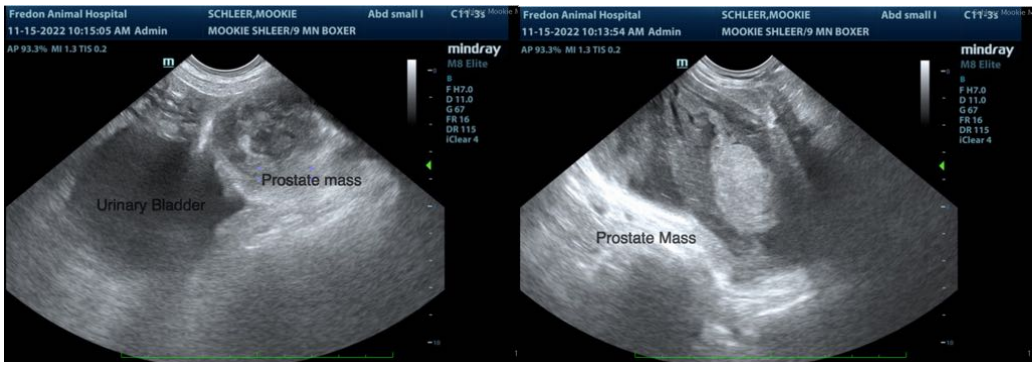

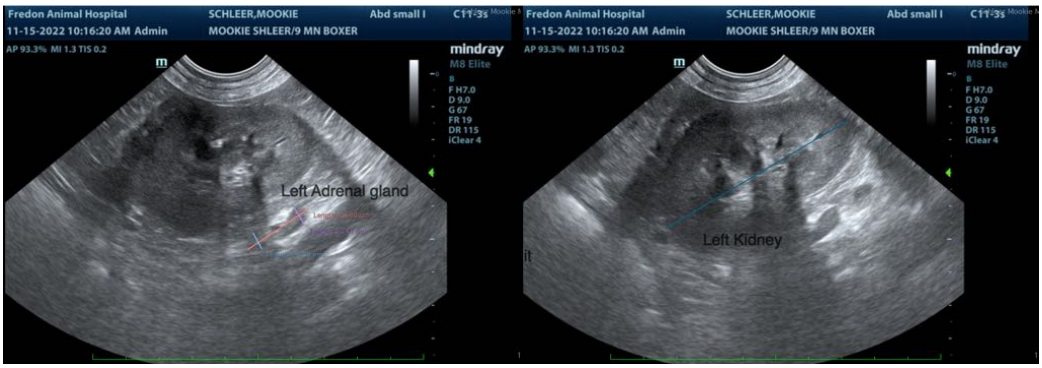

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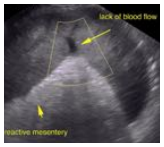

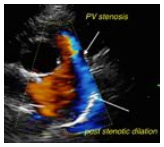

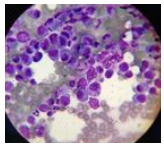
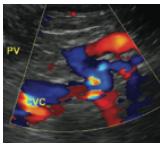

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
info@SonoPath.com