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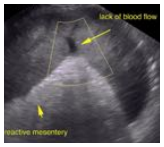
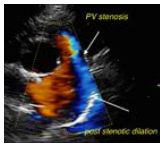
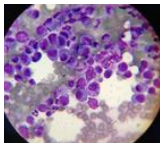
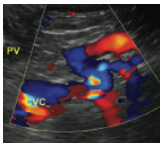
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Gixxer Daneker

SPECIES
Canine

BREED
Labrador Retriever

SEX
Neutered male

AGE
12 years

WEIGHT
73 lbs

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

IMAGING PERFORMED BY
Dr. Carpenter

HOSPITAL NAME
Pennridge AH

REFERRING VET
Dr. Makem

INVOICE
43292

DATE
3/14/23

PRESENTING CLINICAL SIGNS

History: 12.4 yo MN Lab 73# Sedated with butorphanol Hx 7/25/22 - Presented for straining to defecate, prostatitis suspected based on rectal and prostate discomfort/clin signs. Fastscan US performed by rDVM and prostatomegaly noted with no mineralization. Started on Carprofen, clinda, baytril. Recheck on 8/8/22 - prostate appeared smaller on recheck US and patient was clinically better Represented to ER facility several weeks later and castration recommended and was performed on 9/2/22. ON 1/3/23 Patient presented with hematuria. UA showed bacteriuria and inc RBC/WBC. Started on Amoxi/Baytril and carprofen 2/15/23 Hematuria resolved, fastscan of bladder showed suspicious sediment noted as blood clot vs mass effect 3/1/23 Recheck scan noted a mass effect in bladder. Washout was performed and patient was switched to piroxicam and started on gabapentin/tramadol. Bloodwork has been normal. Here today for chest rads (no metastatic disease noted) and full AUS. O was offered CADET BRAF and opted to hold a this time pending US review.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Complex mottled roughly spherical large mass with documented blood flow and areas of mineralization originating from bladder apex extending into lumen towards neck of bladder.

Prostate is normal in size to slightly enlarged with a well defined mottled area of mass effect measuring 2x2cm.

The kidneys have a smooth 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 left kidney measured 6.18 cm and the right kidney measured 6.39 cm.

Adrenal Glands

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 right adrenal gland was not definitively visualized but the vasculature in the area was within normal limits. The left adrenal gland measured 2.3 cm in length and 0.67 cm at the caudal pole and 0.66 cm at the cranial pole.

Spleen

Spleen contains approximately 2.8 x 1.4 cm hypoechoic roughly ovoid area mid body with mild capsular expansion. The remainder of the spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. 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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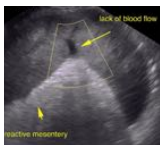
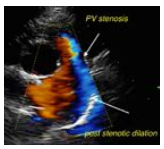
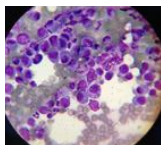
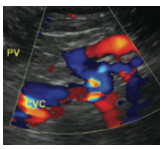

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Gastrointestinal

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.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Urinary bladder mass
2. Prostatic mass effect
3. Splenic hypoechoic region
4. Degenerative renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinary bladder mass is large and complex and most concerning for carcinoma given areas of mineralization. Percutaneous aspiration could be attempted, though there is a reported risk of seeding cancer cells along the track of sampling. Presence of prostatic mass effect is concerning for local metastasis, though this may represent an area of healing prostatic abscess or other scar tissue given reported clinical history. CADET BRAF test is a reasonable non-invasive screen test for transitional cell carcinoma and may provide a diagnosis without risk of seeding tumor cell via percutaneous sampling.

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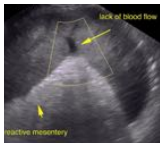
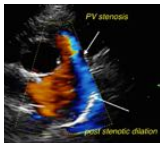
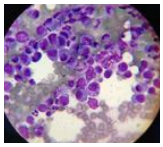
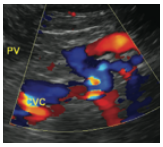

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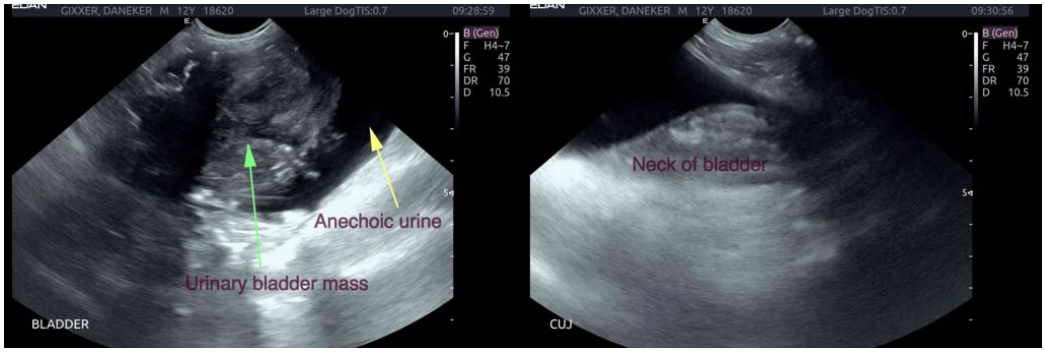
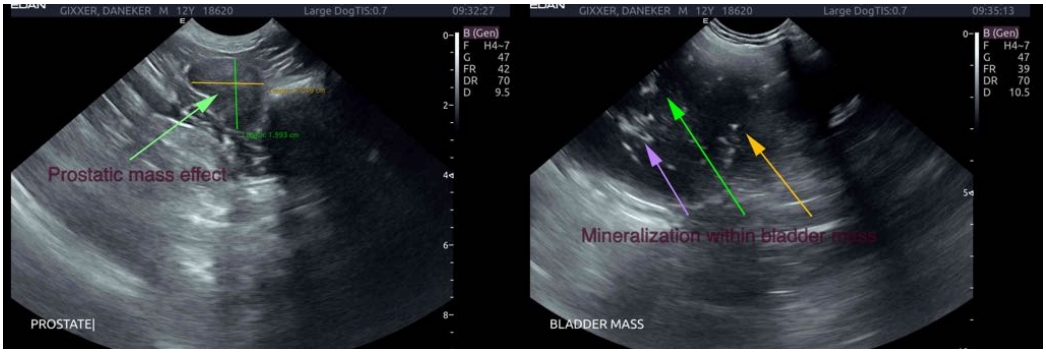
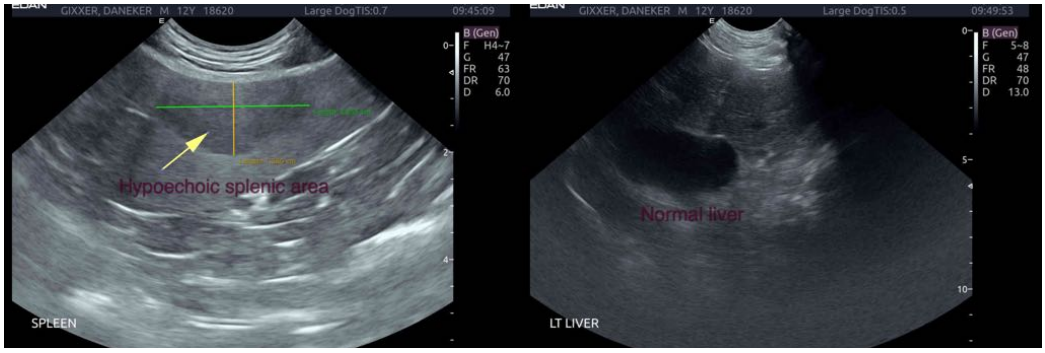
Focal area of splenic parenchymal abnormality may represent infiltrative disease (lymphoma, MCT, other) or may be an area of active regeneration, reaction or inflammation, or focal infarct. Splenic aspirate is indicated to further define.

Renal changes are likely age related degeneration. Correlate clinical significance with blood work/urinalysis findings and clinical signs.







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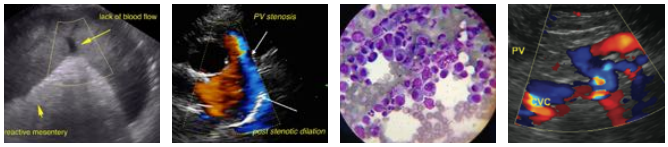

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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