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Clinical Sonography & Telecytology
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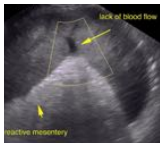

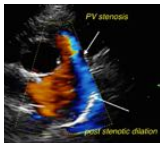

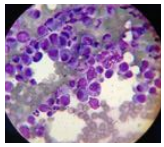
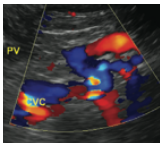

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1-800-838-4268 info@sonopath.com

PATIENT

Jasper Crenshaw

SPECIES

Canine

BREED

Border Collie Mix

SEX

Male

AGE

8 years

WEIGHT

63 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Beard

HOSPITAL NAME

West Prince AH

REFERRING VET

Dr. Gabbard

INVOICE

42367

DATE

12/27/22

PRESENTING CLINICAL SIGNS

History: Acute onset ADR. Painful, distended abdomen. Periods of pallor, vomits, collapses, has "swollen gums".
Radiographs reveal slightly enlarged prostate pushing dorsally on rectum. Mid abdominal soft tissue mass pushing down from the lumbar area.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **prostate** was uniformly enlarged with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign cystic pathology or both. Underlying neoplasia cannot be completely ruled-out but is lower on the differential list. This presentation is most consistent with benign prostatic hyperplasia with possible active prostatitis. Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture. The prostate measured 4.5 cm.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Reactive mesentery was noted associated with both kidneys. The right kidney was more recognizable, yet sublumbar extension of the pathology appeared to reach the right kidney as well.

Adrenal Glands

The **adrenal glands** were not visualized owing to the obscuring pathology. .

Spleen

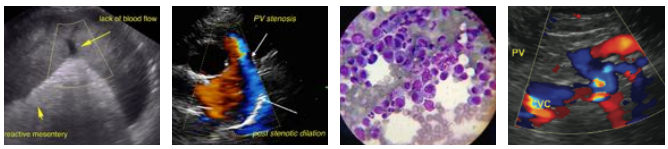
The **spleen** revealed subtle, heterogenous, hypoechoic nodular changes, yet were non-disruptive.

Liver

The **liver** revealed coarse architecture with multi-focal, hyperechoic, nodular changes with mild disruption of architecture. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. There was some retention of ingesta noted in the colon.

Pancreas

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

Free Abdomen

The iliac and sublumbar space revealed an undifferentiated mixed hypoechoic mass. The mass extended to the level of the iliac trifurcation with reactive surrounding mesentery. This is consistent with proliferative sarcoma or possible large blood clot. This appeared to be deriving from the left kidney; however, left adrenal origin cannot be completely ruled out that envelops the left kidney and sublumbar space. FNA of the transition of the undifferentiated mass to the left renal cortex would be recommended.

Heart

Rapid view of the heart revealed possible pericardial effusion or thoracic effusion. Further imaging is recommended.

ULTRASONOGRAPHIC FINDINGS

Sublumbar mass involving the left kidney and partially the right kidney, possible adrenal origin or hemangiosarcoma.

Subtle nodular splenic changes.

Nodular hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An echocardiogram is warranted as well as chest radiographs to assess for comorbidity. FNA of the undifferentiated mass in the transition with the left kidney as well as FNA of the spleen and liver is all indicated. CT evaluation would be ideal to assess if primary adrenal involvement may be playing a role. The prognosis is extremely guarded to poor depending on responsiveness to chemotherapy assuming this is a neoplastic process. Sarcoma or pheochromocytoma are the primary concerns.

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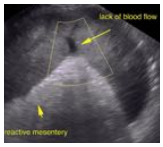
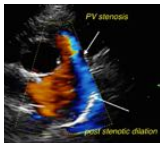
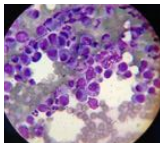
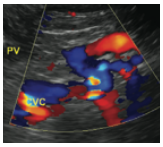

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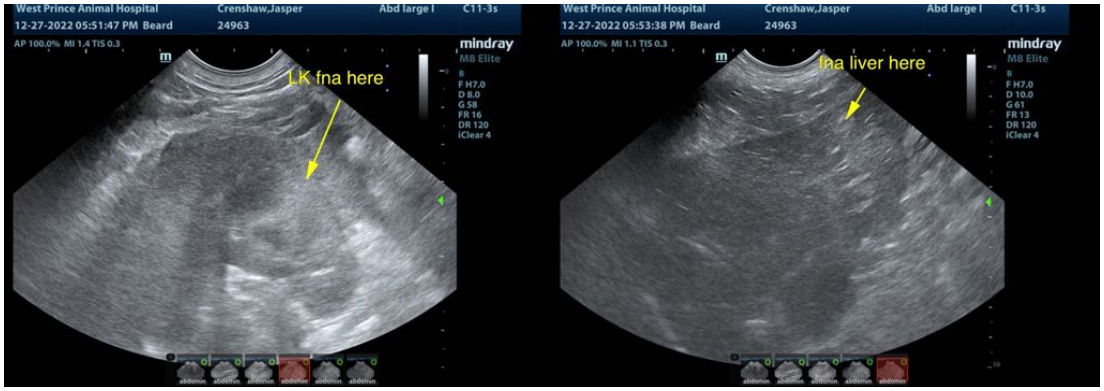

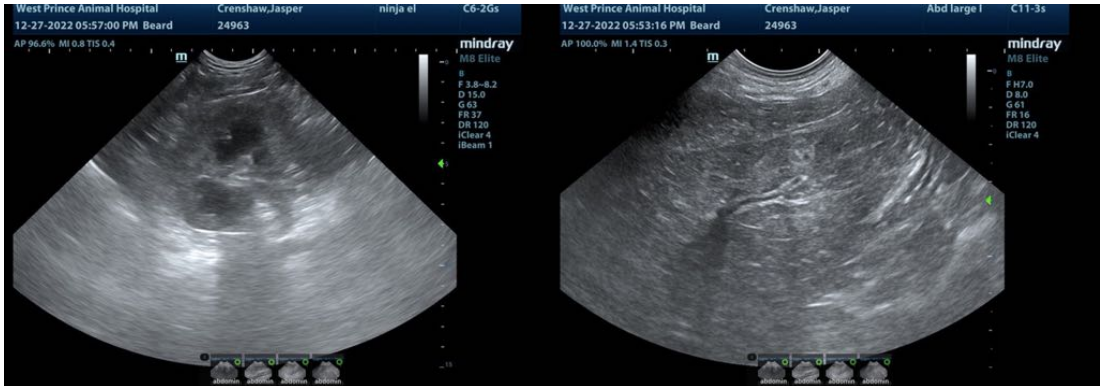

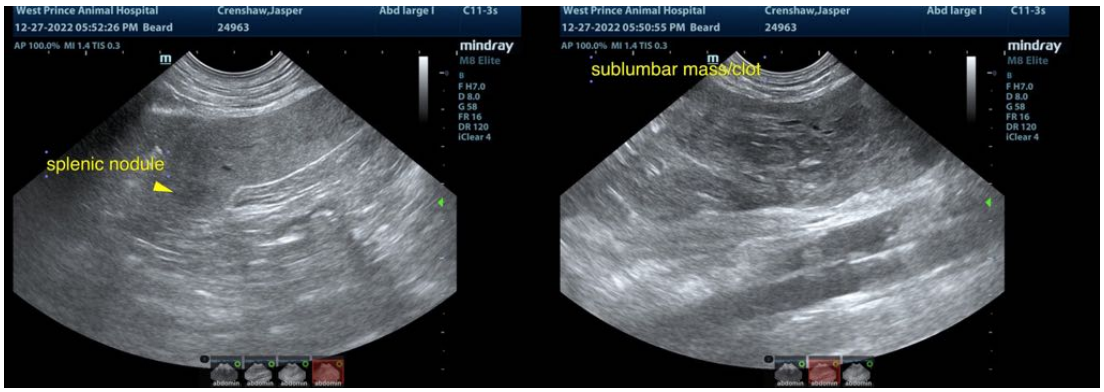

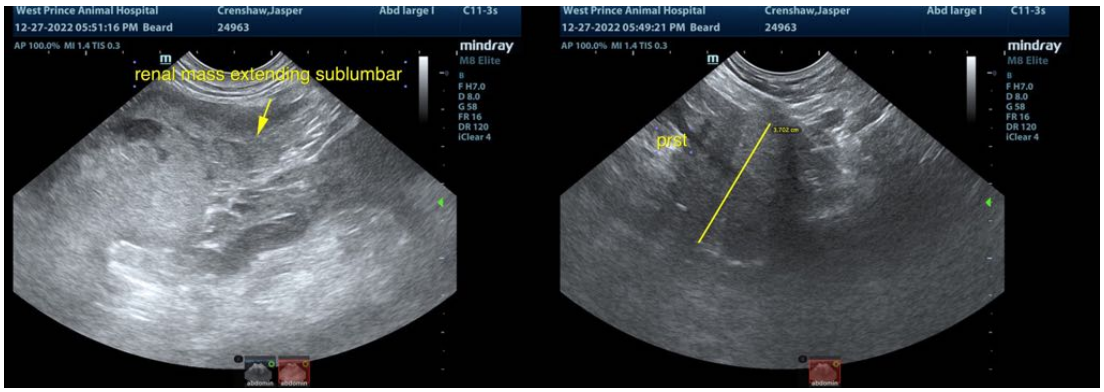

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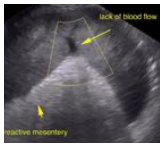
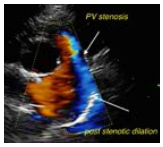
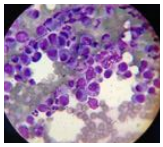
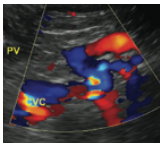

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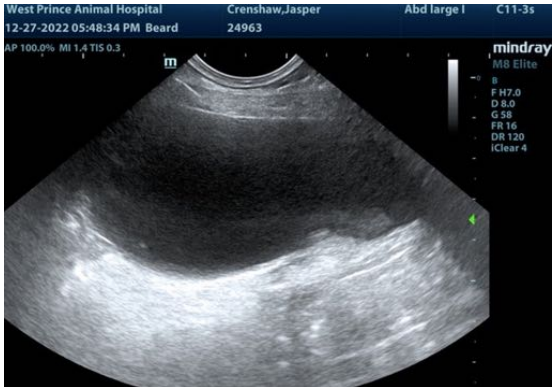

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com