

**DATE**

4/29/22

PRESENTING CLINICAL SIGNS

Trouble urinating for 4 months/ Cushing's disease.

PATIENT

Kasper Jennings

Current Medications: thyroxine 0.1mg 1/2 tablet BID, Gabapentin 25mg BID, Amoxi/clav 125mg in AM/ amoxi/clav62.5mg

PM, Azodyl SID.

Lab Results: BUN elevated.

SPECIES

Canine

Radiographs: Some calcification prostate gland.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

American Eskimo

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered male

Urinary System

Urinary bladder sand and ureteral dilation were present. The left ureter appeared dilated to 3.0 mm. The **prostate** was significantly mineralized. A 2.2 cm mass was present with a concurrent cystourethral junction mineralized mass noted occupying portions of the caudal bladder and pelvic urethra, expanding to 2.34 cm.

AGE

12/16/07

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia was noted, measuring 1.21 cm x 1.5 cm in the right kidney. The left kidney measured 4.36 cm in length x 0.49 cm. The right kidney measured 4.9 cm.

WEIGHT

16 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Adrenal Glands**

Both **adrenal glands** were 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 1.94 cm x 0.66 cm at the caudal pole and 0.7 cm at the cranial pole. The right adrenal gland measured 2.05 cm x 0.72 cm at the caudal pole and 0.79 cm at the cranial pole.

HOSPITAL NAME

Chadwell AH

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

REFERRING VET

Dr. Gold

INVOICE

14972

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some moderate age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or

regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes 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 demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

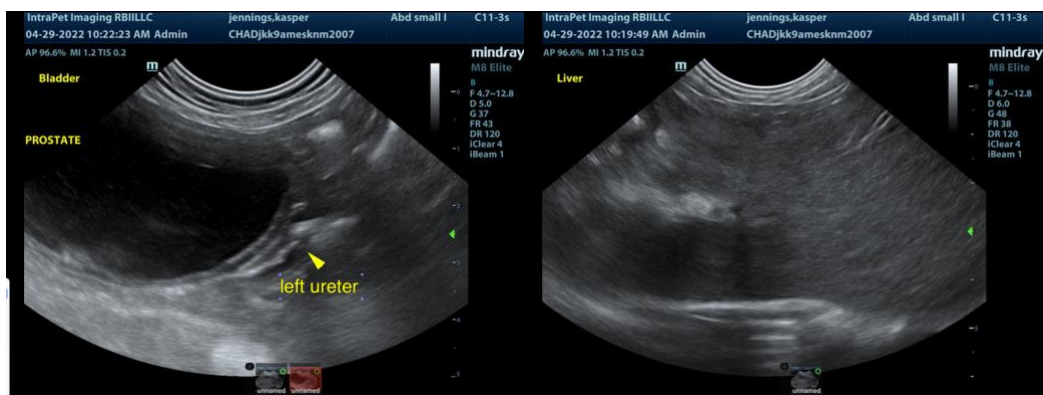
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

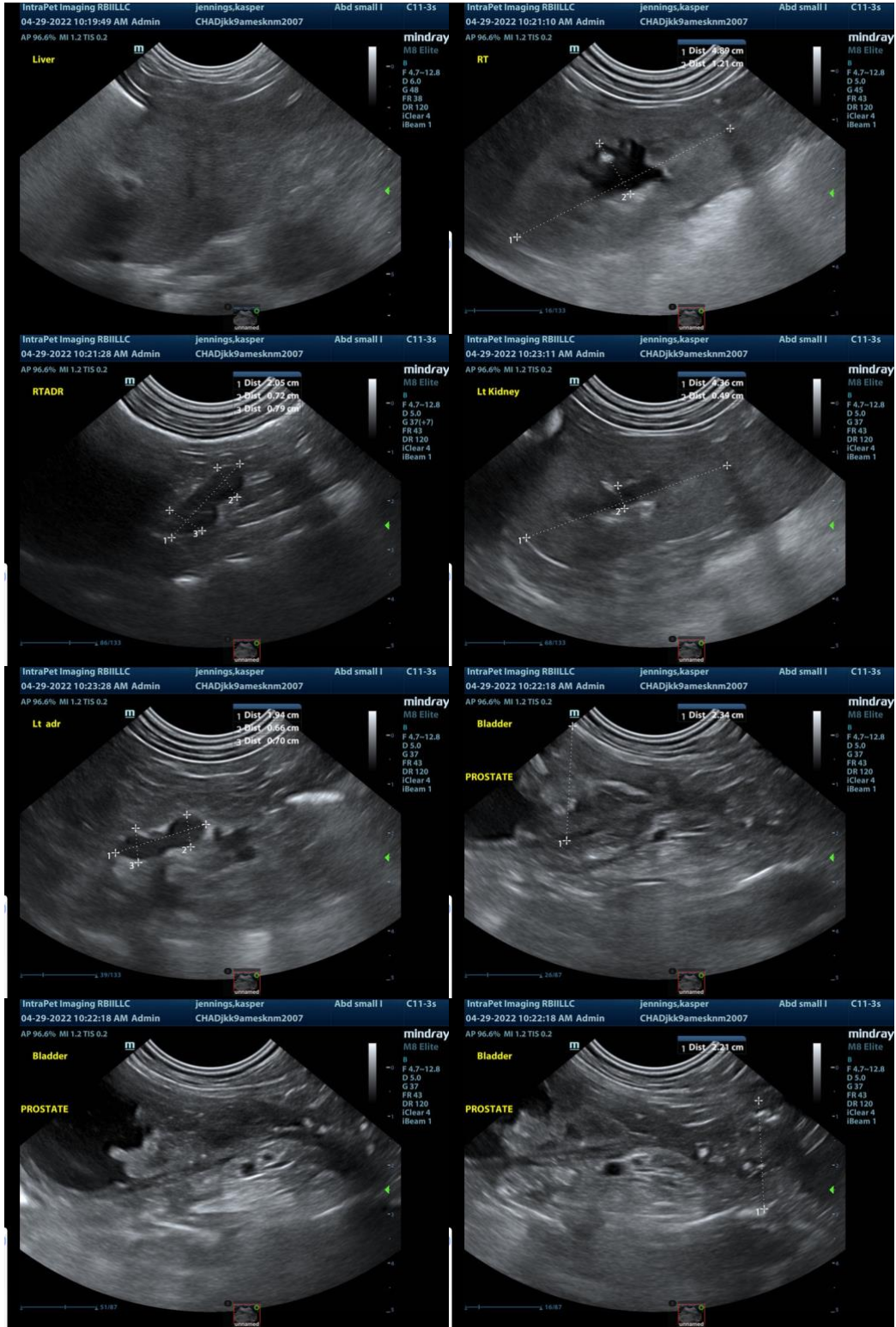
ULTRASONOGRAPHIC FINDINGS

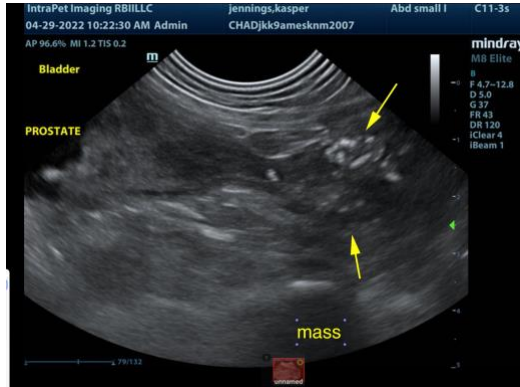
- Prostatic urethral and bladder mass, strongly consistent with transitional cell carcinoma
- Concurrent bladder sand and ureteral dilation also noted
- Bilateral renal pyelectasia
- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Referral for urethral stent placement and chemotherapy indicated. Prognosis is poor long term, however, stent placement and chemotherapy may allow for some palliative quality of life.







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.

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