

**DATE PRESENTING CLINICAL SIGNS**

1/6/23

History: Straining to urinate, PU/PD last few months. Recent labs showed mild azotemia, proteinuria. Pet has dropped 5 lbs in past 2 weeks. Prostate feels moderately enlarged on exam but symmetrical and non tender

**PATIENT**

Hutch Dulong

Current Medications: K/D diet.

Lab Results: SDMA 27, Creat 1.7, BUN 32 on 12/15/22. UPC > 3.7, casts present

Date of Previous IntraPet Ultrasound: No previous.

**SPECIES**

Sedation: Not required to complete full diagnostic ultrasound.

Canine

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

**BREED****LIMITED ULTRASONOGRAPHIC EXAMINATION**

Beagle

**Urinary Tract****SEX**

The urinary bladder is moderately distended with anechoic urine. Much of the bladder wall appears relatively normal with normal wall thickening, but in the area of the trigone and proximal urethra, the bladder wall becomes irregular, creating a mass effect within the trigone region, measuring 1.17 cm x 1.58 cm, and extending into the urethra and prostate. The left ureter is visualized as dilated and likely at least partially obstructed at the level of the urinary bladder, measuring 0.5 cm with mass effect visualized within the lumen. There is no evidence of calculi visualized.

Neutered Male

**AGE**

2/6/12

**WEIGHT**

23.7 Pounds

The prostate is large in size, measuring 2.3 cm in height and 2.2 cm in width. It is relatively normal in shape with smooth external margins, but the parenchyma is mottled, and irregular tissue is visualized, obscuring the prostatic urethra, extending into the pre-prostatic urethra and into the trigone region of the urinary bladder.

**INTERPRETED BY**

The left kidney has a normal shape and size (5.15 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal. Numerous cortical cysts were present. Significant pyelectasia was present, measuring 0.64 cm. The distal left ureter can be visualized at the level of the apex of the urinary bladder, measuring approximately 0.41 cm.

The right kidney has a normal shape and size (4.76 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal. Numerous cortical cysts were present.

**Other**

A peripheral mass effect is visualized while scanning the right kidney. A full abdominal scan was offered and declined at this time.

**HOSPITAL NAME**

Greenbriar VC

**REFERRING VET**

Dr. Boccanfuso

**INVOICE**

20468

**ULTRASONOGRAPHIC FINDINGS**

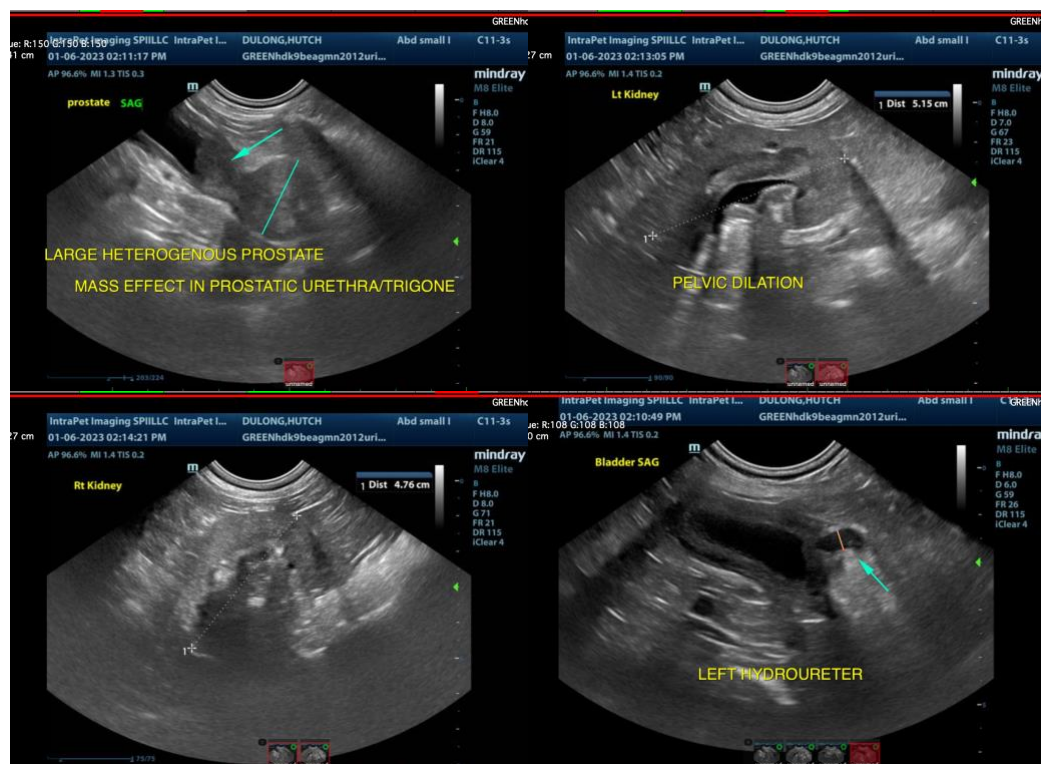
- Enlarged, heterogenous prostate with soft tissue visualized within the prostatic urethra, pre-prostatic urethra and trigone of the urinary bladder- The findings are concerning for invasive prostatic neoplasia with extension into the urinary bladder and obstruction of the left ureter.
- Decreased corticomedullary distinction in both kidneys with small cortical cysts. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Left sided renal pelvic dilation and left hydroureter- The findings are consistent with obstruction of the left ureter at the level of the trigone with the mass effect described.

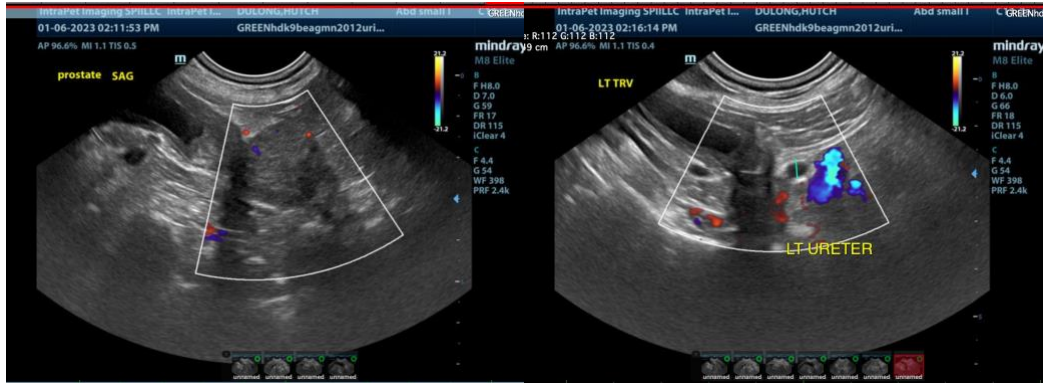
### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate appears large with slightly irregular parenchyma. There is mass effect visualized within the prostatic urethra, pre-prostatic urethra and extending into the trigone and urinary bladder, which is obstructing the left ureter with resultant hydroureter and pyelectasia of the left kidney. Alternately, this mass effect could have started in the urinary bladder and extended toward the prostate. Primary differential would be a transitional cell carcinoma, although other possibilities exist. Consider a fine needle aspirate of the prostate. If this is not diagnostic, a traumatic catheterization with sample for cytology would likely be helpful.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

\*Recommend full abdominal scan, as possible mass is visualized near the right kidney.





**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.

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