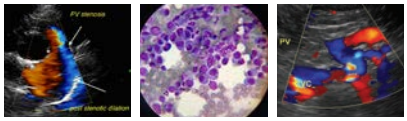
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

10/28/21

PATIENT

Simba Brooks

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

7/26/10

WEIGHT

24.77 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

BPH of Columbia

REFERRING VET

Dr. Shobe

INVOICE

26727

PRESENTING CLINICAL SIGNS

Recurring hematuria starting March 2021. Pt was treated with two courses of Clavamox which slightly improved the condition but didn't resolve. 10/12/2021 a large, painful prostate was palpated on rectal exam. Patient also has atopic dermatitis and chronic otitis.
Current Medications: 9/2021: Clavamox 250mg PO q12h x 14d; 9/2021: Apoquel 16mg PO q24h continuous; 3/2021: Clavamox 312.5mg PO q12h x 14d.
Lab Results: (10/2021): UA turbid, USG 1.043, 3+ blood, 2+ protein, >50RBC/hpf, 11-20 WBC/hpf; no bacteria, no crystals, 0-1 transitional epithelial cells. (9/2021): CBC/Chem WNL; (3/2021): UA USG 1.050, 3+ blood, 2+ protein, + glucose, TNTC RBC, 3-6 WBC/hpf, bacteria positive (no additional notes).
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Torbugesic IV, low dose.
Stat Report: Not requested.

Brief evaluation of the heart was declined.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall largely appears normal with mild thickening evident at the cystourethral junction, with the wall measuring 0.87 cm in the dependent portion. The rest of the trigone appears normal with no evidence of wall thickening, masses, or cystic calculi.

The prostate is large in size for this neutered male dog, measuring 3.57 cm x 4.24 cm in the sagittal view. It is slightly irregular in shape with mixed echogenicity and hyperechoic shadowing/mineralized areas. There are no visible abnormalities associated with the prostatic urethra, and no calculi observed. Findings are concerning for a prostatic mass.

The left kidney has a normal shape and size (6.09 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.4 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.83 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.76 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a large, mixed echogenic, partially cystic mass effect in the caudal third of the spleen, measuring 3.96 cm x 5.6 cm. This mass effect deviates the capsule.

Liver
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a mild amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal
The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm 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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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 pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild sublumbar lymphadenopathy evident with a sublumbar lymph node measuring 0.91 cm x 1.88 cm. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Large, mixed echogenic, mineralized, somewhat irregular prostate – In a dog neutered early in life, this is an abnormal prostate and concerning for prostatic neoeplasia. If this dog was neutered later in life due to prostatic disease, this could be less abnormal.

- Mild thickening of the urinary bladder wall of the trigone. This could be imaging artifact or extension of a possible prostatic mass into the urinary bladder.

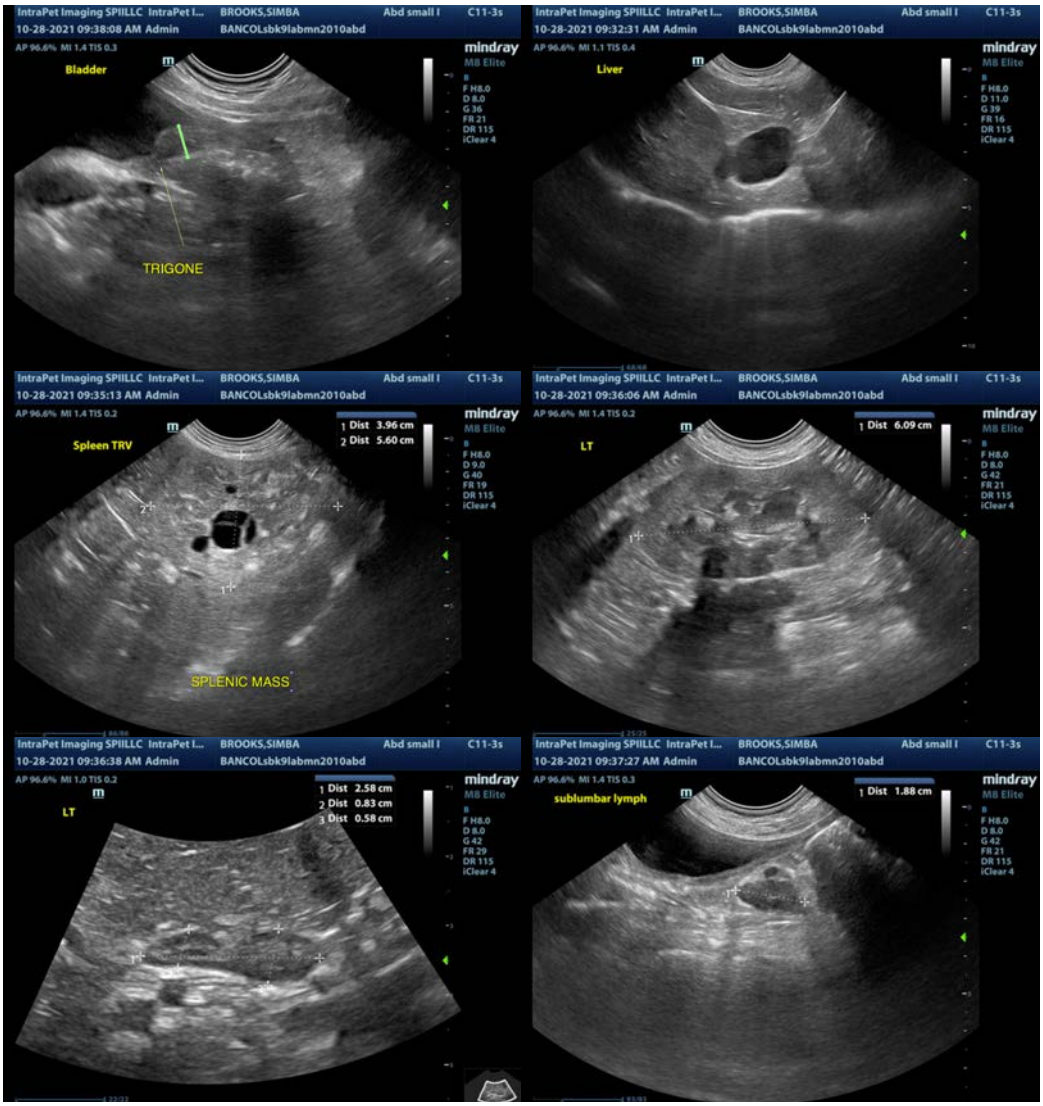
- Large mixed echogenic, partially cystic mass on the spleen – This mass distorts the splenic capsule. Differentials for the mass include neoplasia (example of hemangiosarcoma, hemangioma, round cell neoplasia), hematoma, abscess, other.

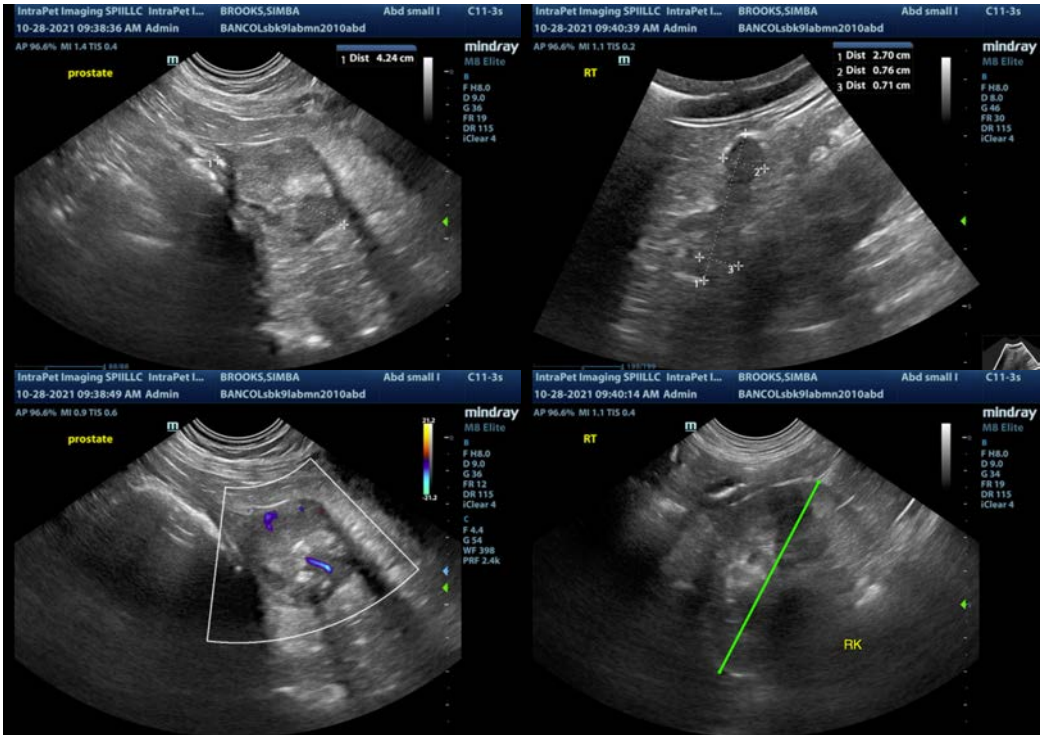
- Mild sublumbar lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. This is of concern due to its proximity to the prostate.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate appears large, irregular and mineralized in this patient. As a neutered male dog, this is very atypical and very concerning for possible underlying prostatic neoplasia. Recommend a fine needle aspirate of the prostate and/or traumatic catheterization at the level of the prostate. Additionally, you could consider urine BRAF testing. If urine BRAF test is positive, this increases the likelihood of a carcinoma. If the test is negative, it is inconclusive.

Additionally, there is a mass effect in the spleen. This could be benign or malignant. Depending on what is going on with the prostatic lesion, you could consider splenectomy for diagnostic and therapeutic purposes. Recommend 3-view thoracic radiographs.





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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com