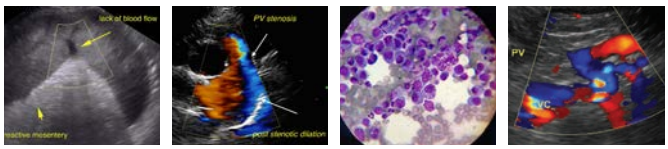
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Cheito Munoz

SPECIES
Canine

BREED
Pug

SEX
Neutered Male

AGE
8 Years

WEIGHT
20 Pounds

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

IMAGING PERFORMED BY
Dr. Ferrer

HOSPITAL NAME
Paeos Vet Center

REFERRING VET
Dr. Richard Gonzalez

INVOICE
42486

DATE
11/2/22

PRESENTING CLINICAL SIGNS

The patient presented as a referral for an abdominal ultrasound to evaluate for a possible mass. Radiographs were taken at rDVM and indicated a possible mass in the region of the bladder. Pt was recently neuter, 5 days ago.

Abnormal PE/Chem/CBC/UA Results: PE: no provided BW: done on 10-26-22, but not provided Xrays: possible mass on the bladder, the prostate area

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is diffusely mildly thickened, and the mucosa is mildly irregular. The trigone, ureteral papillae, and visible urethra (to a depth of 2cm) appear normal with no evidence of severe mucosal irregularities, masses or cystic calculi. Findings are most consistent with bacterial cystitis or lack of urine distension. Recommend urinalysis and culture.

The prostate is large (4.74 cm in height in the sagittal view and 5.4 cm in width). It has a relatively normal shape with smooth external margins. The parenchyma is heterogeneous and hyperechoic with numerous small focal cystic lesions, one of these measures 0.65 cm. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect, or calculi.

The left kidney has a normal shape and size (5.34 cm). Overall echogenicity is normal with adequate 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 hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.34 cm). Overall echogenicity is normal with adequate 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.41 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.

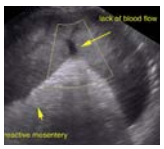
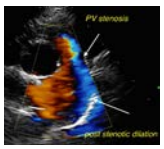
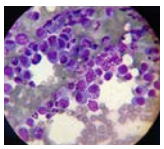
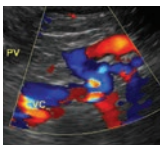
The right adrenal gland is normal in size measuring 0.49 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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.

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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. 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. Duodenum wall measures 0.45 cm. Jejunum wall measures 0.29 cm. 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. The medial iliac lymph nodes appear prominent. The left measures approximately 1.21 cm in height in the sagittal view. The right measures 0.54 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Large, hyperechoic, heterogeneous, mildly cystic prostate – Findings are most consistent with BPH +/- prostatitis.
- Mildly thickened and irregular urinary bladder wall with echogenic urine – Findings are most concerning for cystitis. Recommend urinalysis and culture.
- Prominent/enlarged iliac lymph nodes – Differentials include inflammation, infection, or underlying neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate is large, heterogeneous, and hyperechoic with small cystic lesions. This is probably most consistent with benign prostatic hypertrophy and prostatitis. It will be very important to culture the urine and treat the prostatitis for a long time in this patient, as the cystic lesions can trap bacteria. I would consider at least a 4-6 week course according to culture and sensitivity results, and re-ultrasound the prostate at 6 weeks to reassess as well as re-culture the urine on antibiotics to make sure the infection has cleared to the extent it can. I cannot definitively say this is not a neoplastic prostate, but it has few criteria for malignancy at this time. The fine needle aspirate is an excellent choice and would be my next recommendation (which was already performed).

The sublumbar lymph nodes are large. Hopefully these are reactive. Particularly if there is secondary prostatitis, these should be reevaluated at the recheck in 6 weeks as well.

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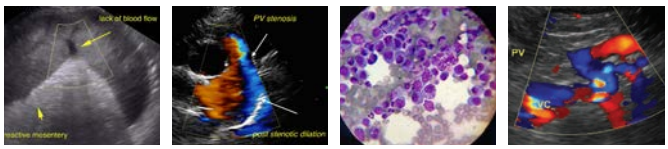

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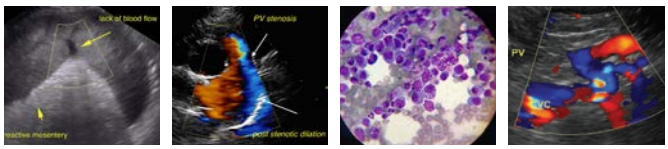

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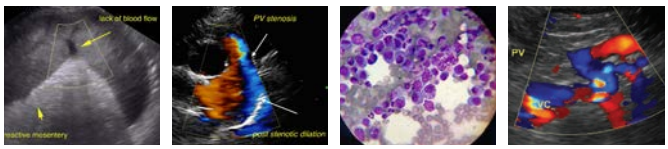

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com