**PATIENT**

Buzz Howell

**PRESENTING CLINICAL SIGNS**

Neutered in October b/c of enlarged prostate. Straining to defecate since then.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Blood work WNL, Rads show enlarged prostate, full colon, colon stricture caused by enlarged prostate. Palpable mass Rt lateral abdomen - LN?

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

Poodle X

**Urinary System**

The urinary bladder is moderately distended with echogenic urine. The Bladder wall is diffusely irregular and thickened, measuring at 0.57 cm. This thickening progresses and increases in severity in the region of the trigone, where a mass effect is created measuring approximately 4.66 cm x 2.41 cm. This coalesces into the area of the prostate, which is enlarged but more normal, measuring approximately 2.16 cm x 2.5 cm.

**SEX**

Neutered Male

The left kidney has a normal shape and size (8.25 cm) with significant pyelectasia (0.62 cm) and early hydronephrosis. The proximal ureter is visualized at 0.60 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 or infarcts. Renal vasculature is normal.

**AGE**

9 Years

**WEIGHT**

55 Pounds

The right kidney has a normal shape and size (6.71 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 hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.66 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.

**IMAGING PERFORMED BY**

Sara Pender, CVT

The right adrenal gland is normal in size measuring 0.53 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.

**HOSPITAL NAME**

SVS Imaging QC

**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.

**REFERRING VET**

Dr. Wilhelm

**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.

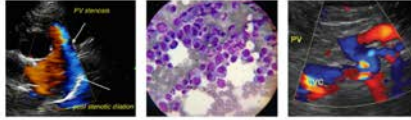
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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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***Gastrointestinal***

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of 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 0.36 cm. Jejunum wall measures 0.31 cm. Visualized peristalsis appears appropriate. The proximal duodenum appears somewhat fluid dilated, possibly associated with lack of fasting.

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 severe mesenteric lymphadenopathy present, with the most significant enlargement in the pelvic region, where the iliac lymph nodes are large, hypoechoic, and rounded, measuring 3.8 cm x 1.94 cm and 2.4 cm in diameter. Additionally, there are other sublumbar lymph nodes visualized measuring 2.0 cm in diameter and 1.54 cm in diameter. The omentum is hyperechoic in the caudal abdomen.

**ULTRASONOGRAPHIC FINDINGS**

- Irregular urinary bladder with echogenic urine – Findings could be consistent with cystitis or early neoplastic change.
- Large, irregular mass effect in the trigone of the urinary bladder – This lesion coalesces with the prostate and causes significant narrowing of the urethra, and likely obstruction of the left ureter. There is high concern for underlying neoplasia.
- Decreased corticomedullary distinction in both kidneys with left-sided pyelectasia and hydroureter – The bilateral renal findings are consistent with age-related change. Pyelectasia and hydroureter are likely due to a ureteral obstruction at the level of the trigone and urinary bladder.
- Severe caudal abdominal lymphadenopathy – The severe mesenteric lymphadenopathy is most concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation. There is significant concern for metastatic disease from the trigonal/prostatic mass.



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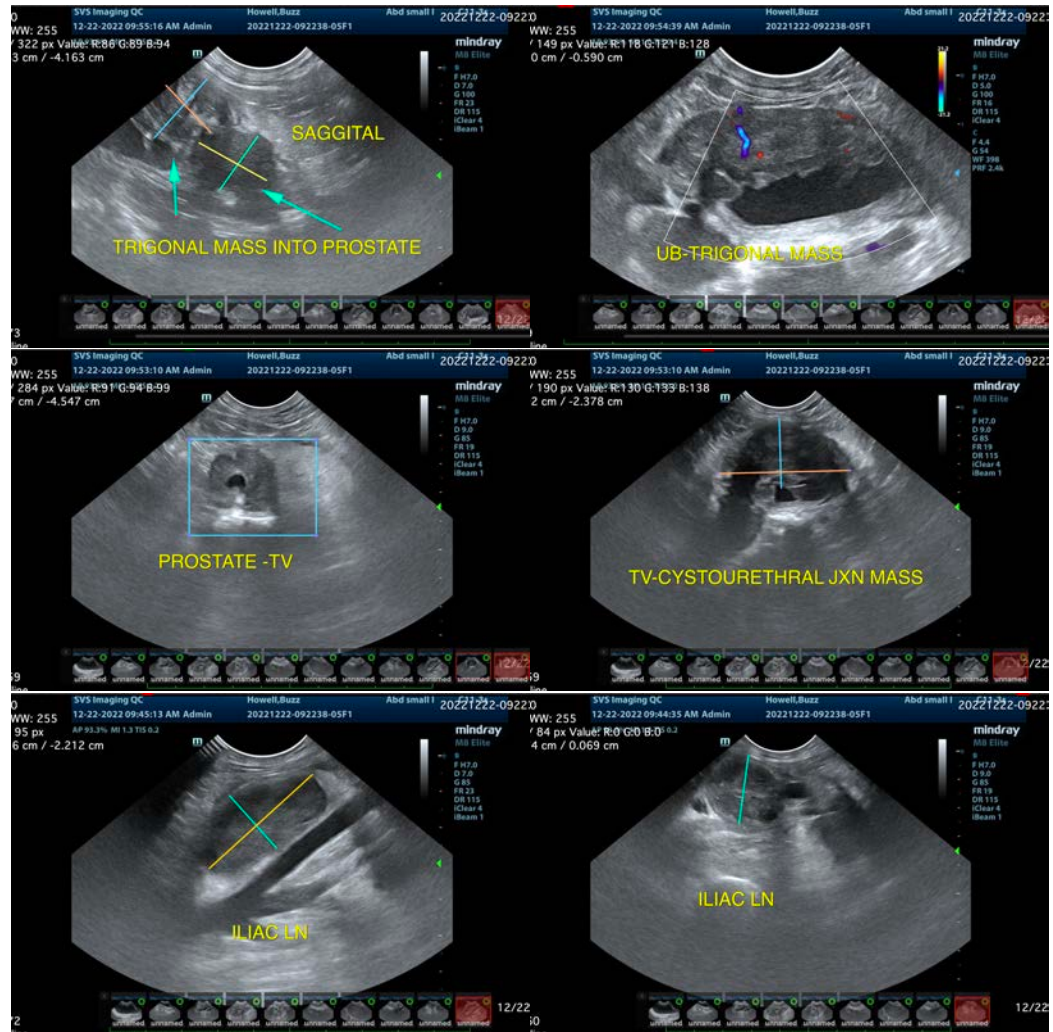
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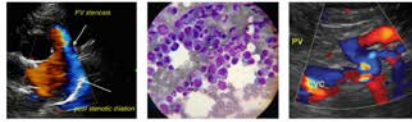
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a large mass effect that appears to start in the trigonal region of the urinary bladder and extends to the proximal urethra and the prostate. The urethra is narrowed in this region, and there is evidence of ureteral obstruction at the left ureter. There is a severe regional lymphadenopathy in this area, very concerning for metastatic disease. Primary concern would be carcinoma, although lymphoma and other differentials are possible. Additionally, consider a rectal exam to palpate the anal glands to look for any involvement. Recommend a fine needle aspirate of an iliac lymph node or the mass effect in the region of the trigone/prostate. Additionally, a traumatic catheterization could be considered.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

If a cytologic diagnosis can be obtained, recommend consultation with a veterinary oncologist regarding treatment options and prognosis. Additionally, consider a urinalysis and culture.





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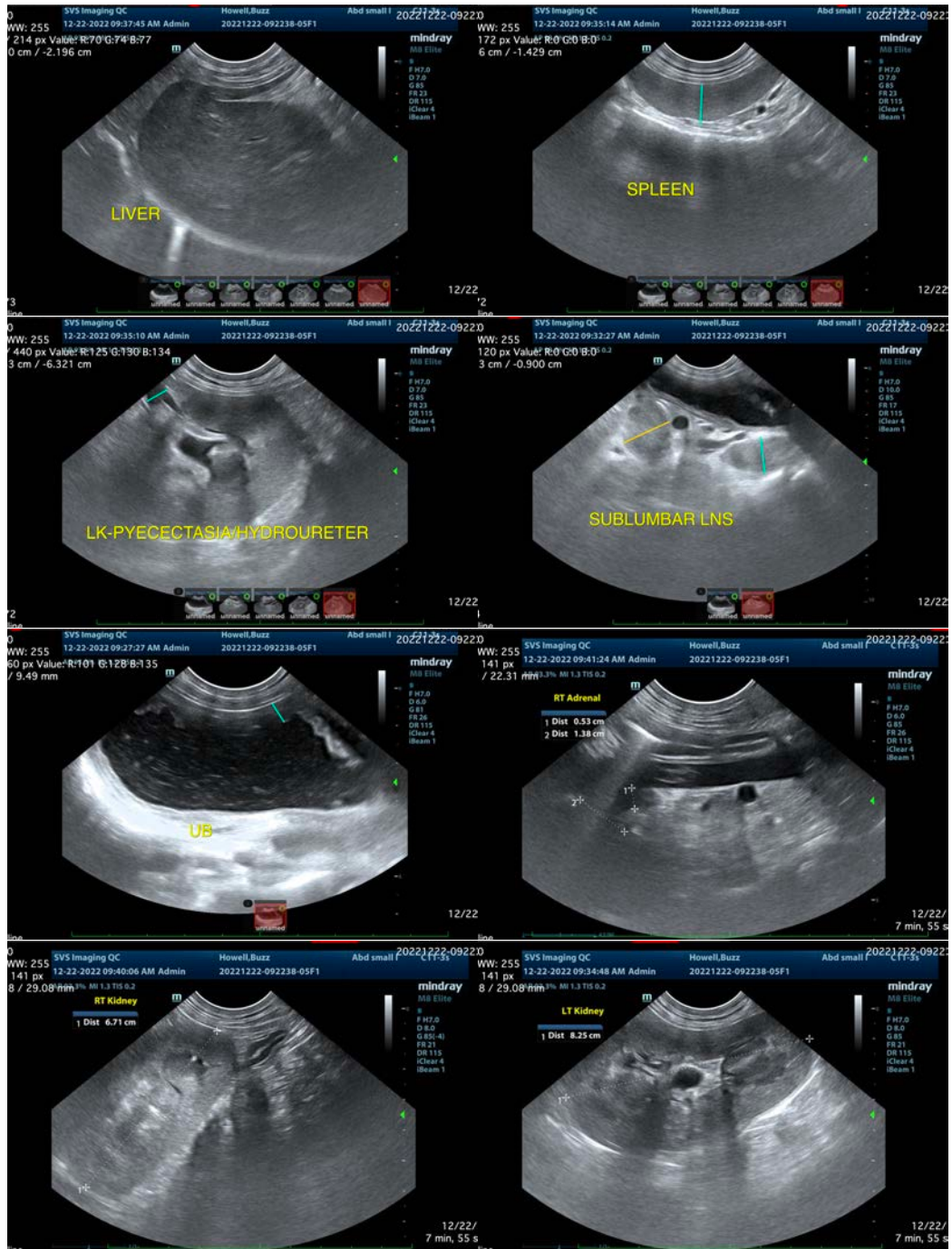
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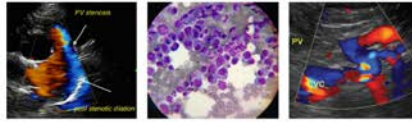
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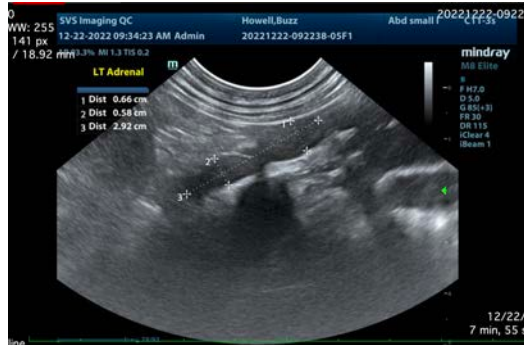
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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