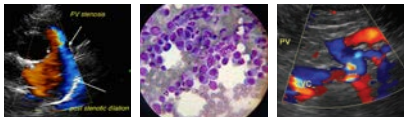
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

3/14/23

PATIENT

Mac Robinette

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE

11/27/20

WEIGHT

52 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Homeward Bound VS

REFERRING VET

Dr. Vance

INVOICE

45875

PRESENTING CLINICAL SIGNS

Enlarged prostate previously. Was. Neutered. Now showing same clinical signs.

Current Medications: None listed.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV propofol and isoflurane gas anesthesia.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate appears subjectively large in size, measuring 1.69 cm in height in the sagittal view and 1.83 cm in length. It is relatively normal in shape with fairly homogeneous parenchyma and smooth external margins. The prostate urethra appears normal with no evidence of irregularity, invasion, mass effect, or calculi.

The left kidney has a normal shape and size (5.84 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 (5.9 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 0.58 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 0.78 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.

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. Jejunum wall measures 0.22 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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

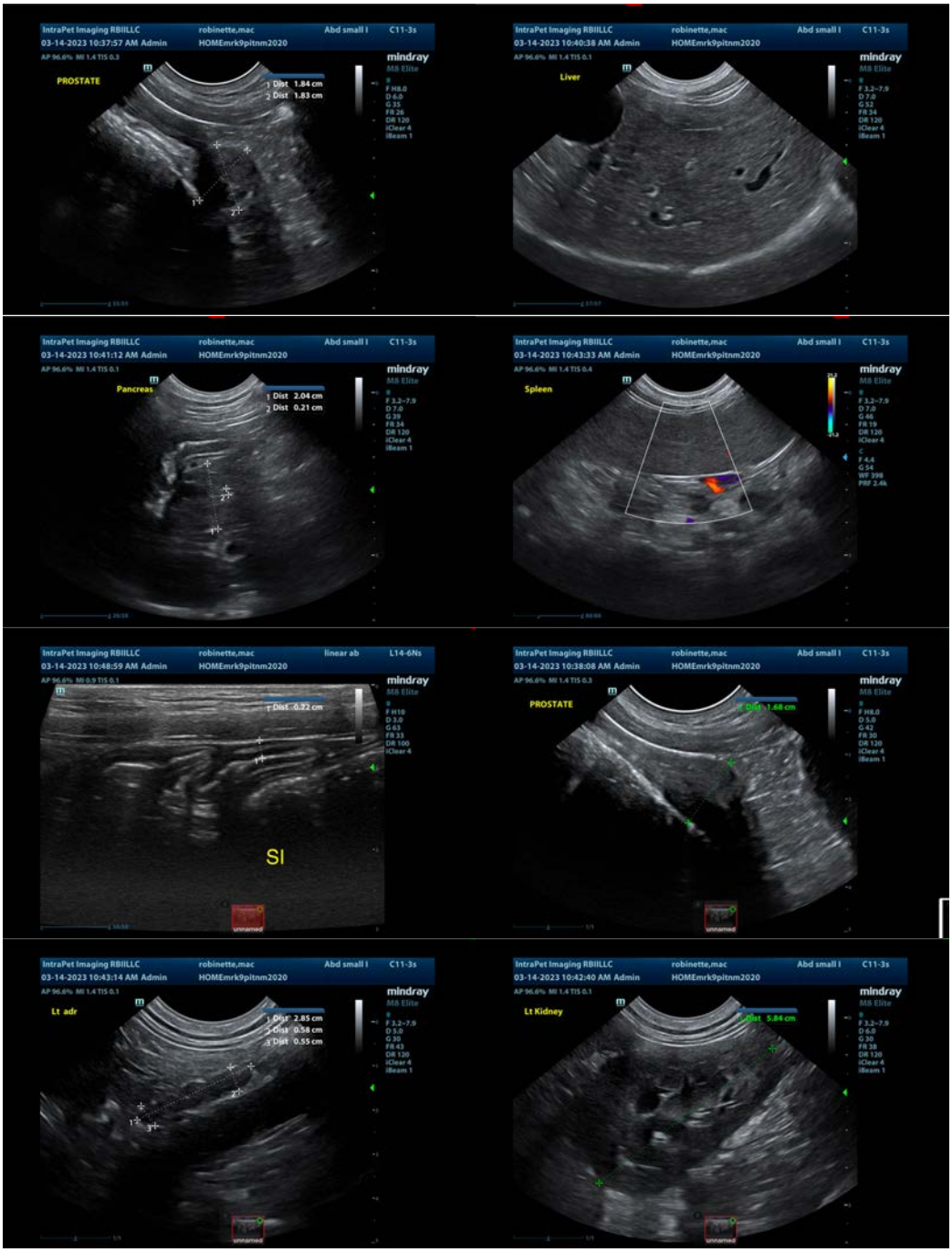
- Large, prominent prostate – Findings could be consistent with post-neutering anatomic variation or prostatic neoplasia. Recommend a fine needle aspirate.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate is large, but the parenchyma appears fairly homogeneous, and the external margins are fairly regular. These findings could be consistent with a dog that had significant prostatic enlargement and was neutered, resulting in involution of the prostate, but it would be persistently mildly enlarged This would depend on the degree of prostatic disease present prior to neutering. Additionally, this could be consistent with infiltration of the prostate, most commonly with neoplastic cells. It is not clear what symptoms are present. I would suspect lower urinary tract signs.

If not done already, recommend a urinalysis and culture. If you're seeing back pain, pelvic limb pain, etc., correlate with abdominal radiographs, looking at the lumbar spine. Recommend a fine needle aspirate of the prostate for cytologic evaluation and 3-view thoracic radiographs. If a cytologic diagnosis cannot be obtained and there is no growth on urine culture, options would include a biopsy of the prostate, a urine BRAF test (positive urine BRAF test would increase suspicion for possible neoplasia), or reevaluation of the prostate with ultrasound in 8-12 weeks (sooner if not doing well).

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.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PROSTATE
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2 Dist 1.83 cm
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Liver
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Pancreas
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Spleen
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1 Dist 0.22 cm
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mindray
Lt adr
1 Dist 2.85 cm
2 Dist 0.58 cm
3 Dist 0.55 cm
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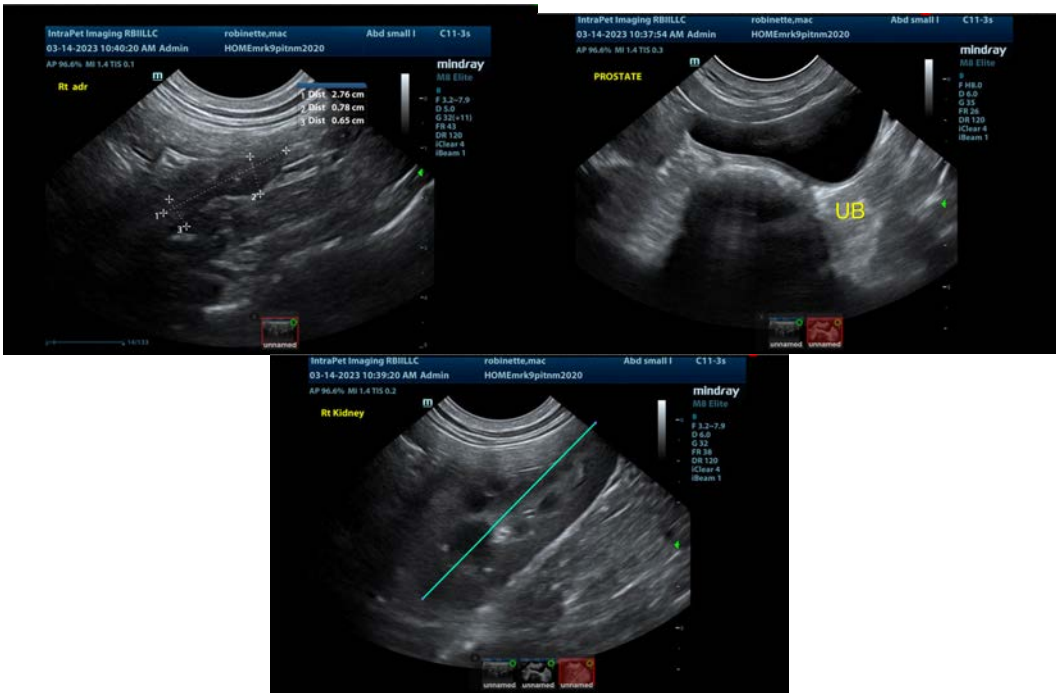
Lt Kidney



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)
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