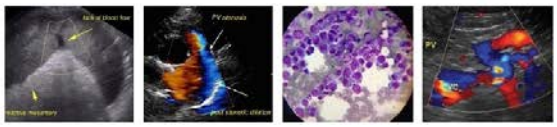
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Joey Arsenault

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

13 Years

WEIGHT

23 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

Dr. MacFarlane

INVOICE

45946

DATE

3/15/23

PRESENTING CLINICAL SIGNS

UTI and enlarged prostate. Passing bloody urine. Currently on Zeniquin.

Abnormal PE/Chem/CBC/UA Results: BW within normal limits.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears diffusely thickened and irregular, measuring 0.54 cm. Apically, there is irregularity and superficial mineralization. In the region of the trigone and cystourethral junction there is proliferative irregular tissue that connects to calcified irregular mass effect visualized within the pre-prostatic urethra, which is a result of extension from the prostatic mass lesion.

The prostate is large, heterogeneous, and mildly cystic, with some areas of mineralization. It measures 3.24 cm in height in the sagittal view x 2.6 cm in length with somewhat irregular margins. This irregular mineralized tissue extends into the pre-prostatic urethra and the bladder and cystourethral junction.

The left kidney has a normal shape and size (4.83 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 (5.29 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 0.68 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.

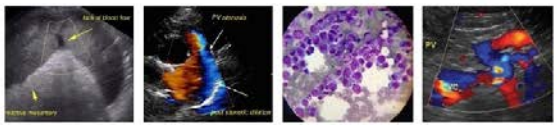
The right adrenal gland is normal in size measuring 0.75 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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. There is a large hypoechoic mass effect visualized towards the head of the spleen that I suspect is of hepatic origin, but a splenic mass lesion cannot be completely ruled out (see description under liver).

Liver

The liver is subjectively normal in size, but somewhat irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a hypoechoic mass effect that appears to be arising from the ventral aspect of the liver measuring 2.52 cm. This lesion appears to be arising from the liver but comes into contact with the spleen, so splenic origin cannot be completely ruled out.



PATIENT

Joey Arsenault

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

13 Years

WEIGHT

23 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

Dr. MacFarlane

INVOICE

45946

DATE

3/15/23

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 moderate ingesta. 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, 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.

PRIMARY FINDINGS

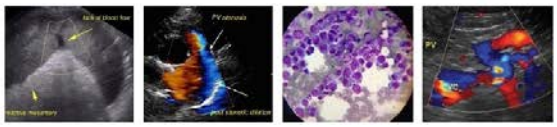
- Large, mixed echogenic prostatic mass with extension into the pre-prostatic urethra and urinary bladder – Findings are highly suspicious for prostate neoplasia and a prostatic carcinoma/transitional cell carcinoma.
- Diffusely thickened urinary bladder wall with a mass effect visualized at the cystourethral junction – Correlate with urinalysis and culture. Findings could be consistent with cystitis, but the mass lesion at the cystourethral junction is concerning for neoplastic invasion.
- Hypoechoic mass effect in the caudoventral liver – This mass effect appears to be at the tip of the liver lobe. This comes into contact with the spleen. Splenic origin is less likely but possible.

SECONDARY FINDINGS

- Moderate ingesta within the gastric lumen – Findings are consistent with a non-fasted patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large irregular mineralized prostate that appears to be invading the prostatic and pre-prostatic urethra as well as the urinary bladder at the cystourethral junction. Recommend a fine needle aspirate of the prostate. Alternately, a traumatic catheterization at the level of the prostate could be considered. Recommend consultation with a veterinary oncologist for diagnostic and therapeutic options once a cytologic diagnosis is obtained. This patient is not a candidate for surgical removal. If aggressive intervention is desired, this could be a candidate for urethral stenting.



PATIENT

Joey Arsenault

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

13 Years

WEIGHT

23 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

Dr. MacFarlane

INVOICE

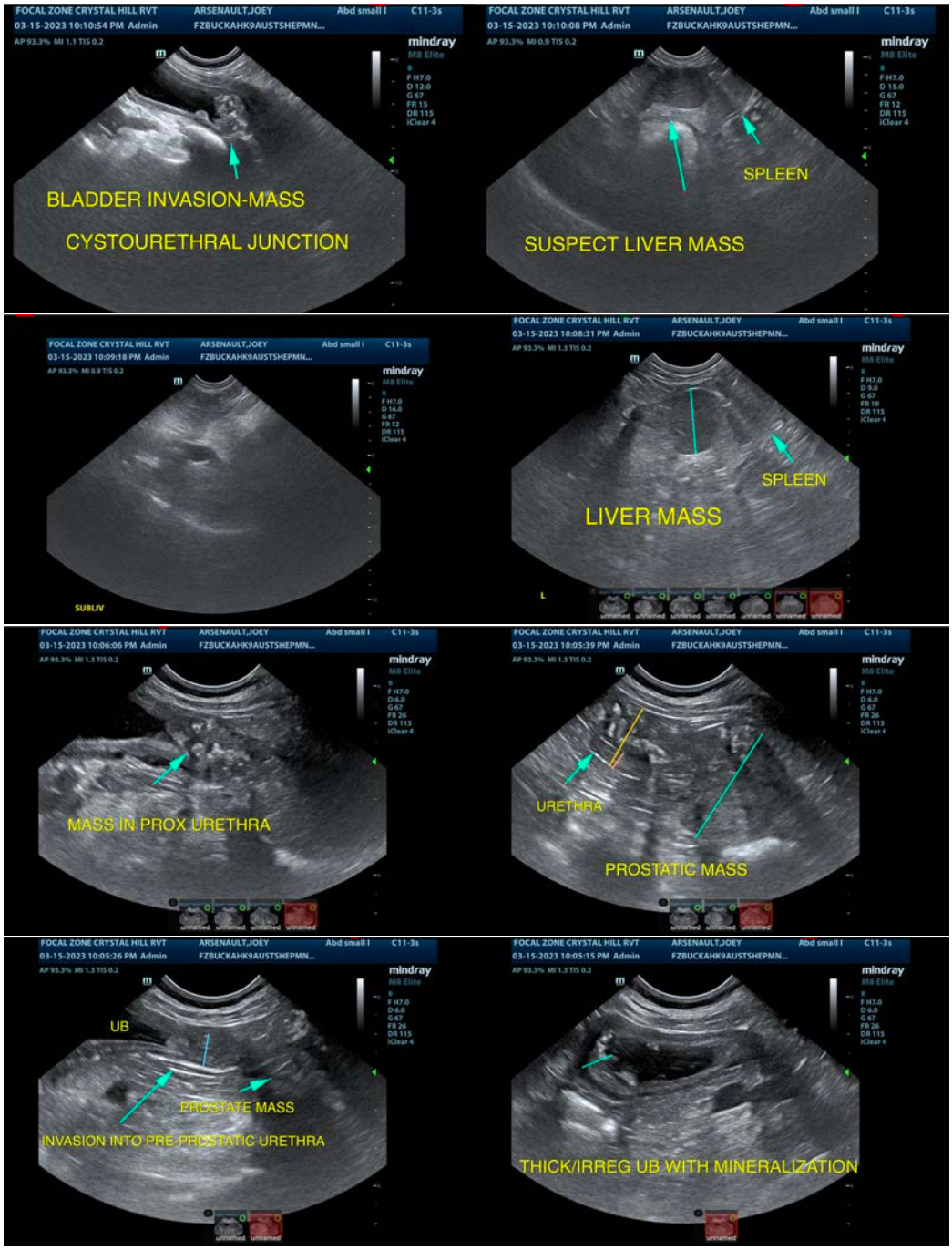
45946

DATE

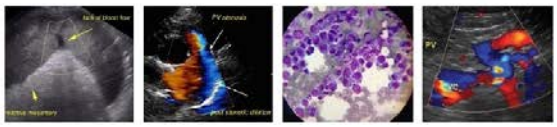
3/15/23

Additionally, there is a hypoechoic nodule/mass effect that appears associated with the liver. This has a relatively benign appearance, but I cannot definitively rule out that this is a splenic mass lesion, as the spleen does come into contact with it. Consider a fine needle aspirate of this lesion.

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



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



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Joey Arsenault

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

13 Years

WEIGHT

23 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

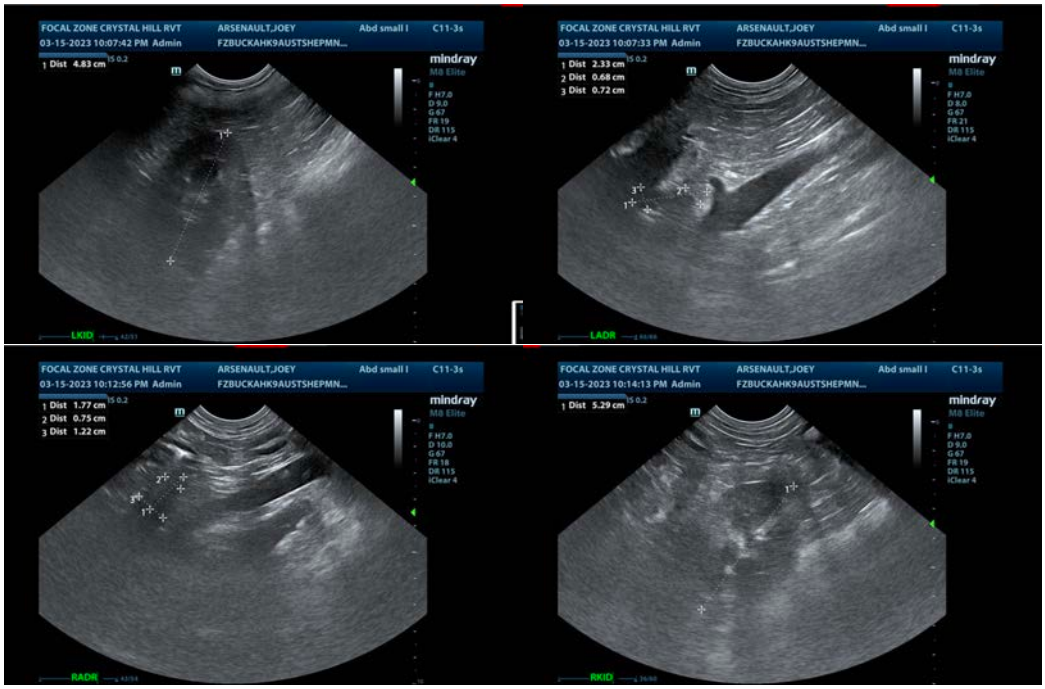
Dr. MacFarlane

INVOICE

45946

DATE

3/15/23



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