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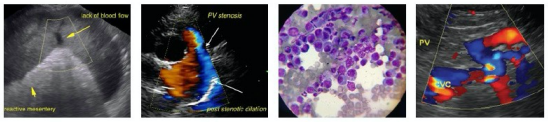

PAWS
Portable Animal Western Sonography, Inc.
IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Friar Sheets

SPECIES

Canine

BREED

Bloodhound

SEX

Neutered Male

AGE

12 Years 2 Months

WEIGHT

91 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr. Sarah Kalivoda

INVOICE

36741

DATE

4/7/22

PRESENTING CLINICAL SIGNS

Chief Concern / Provisional Diagnosis: ~Concern for potential bladder mass, mild regenerative anemia Relevant Medical History and Physical Exam findings: Friar was seen on 3/3/22 for an annual exam and blood work. Blood work showed a mild decrease in HGB and elevated reticulocyte count, mild elevation in ALT and WBCs, RBCs and rare rods in urine (free catch). He presented on 3/10/22 for a vestibular event suspected to be secondary to otitis and was placed on oral antibiotics, Prednisone and Cerenia. His vestibular event improved but his CBC recheck showed a mild regenerative anemia. FAST scan of bladder to obtain urine sample showed what appeared to be abnormal wall thickening or a mass near the trigone area. Thoracic and abdominal radiographs were unremarkable. Recent Diagnostics: Relevant Labratory Results / Abnormalities: See above Current medications (include full name, dosage and frequency): TrizKeto Ear Flush Relevant Radiograph Findings(email radiographs if available): See above

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The majority of the apical bladder wall appears normal with no evidence of wall thickening or mucosal irregularity. There is an irregular mass effect involving the trigone, area of the ureteral papillae, and visible urethra to a depth of 2.0 cm. This mass effect appears to be extending from the prostate into the distal urethra with irregular tissue with punctate hyperechoic foci most consistent with calficiation. This area measures approximately 2.19 cm x 3.2 cm.

The prostate appears large in size for this neutered male dog. It measures at 3.09 cm in width in the sagittal view. It has a heterogeneous echotexture with hyperechoic punctate foci, most consistent with calcification. This irregular tissue appears to extend into the prostatic urethra and proximal urethra, up into the cystourethral junction and the trigone region of the urinary bladder. Findings are highly concerning for prostatic and bladder neoplasia.

The left kidney has a normal shape and size. (7.73 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, or hydroureter. Renal vasculature is normal. There is a focal hyperechoic region measuring approximately 1.4 cm x 1.41 cm in the cortex of the left kidney. This could be consistent with a nodule (metastatic lesion?), an infarct, etc.

The right kidney has a normal shape and size (7.6 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 0.53 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.

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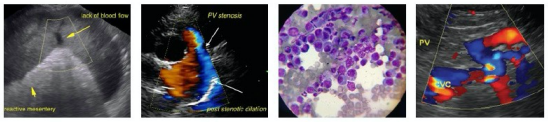

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The right adrenal gland is normal in size measuring 0.41 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

Previous splenectomy performed.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are numerous ill-defined hypoechoic nodules visualized. One measures 2.15 cm x 2.42 cm and appears to be deviating the hepatic margins. Another has a diameter of 2.18 cm, and a larger isoechoic nodule measures 1.4 cm x 1.64 cm.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are 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. 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. Mesenteric lymph nodes appear normal. A sublumbar lymph node measures at 0.42 cm and a mesenteric lymph node measured 0.35 cm. The omentum is of normal echogenicity.

Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

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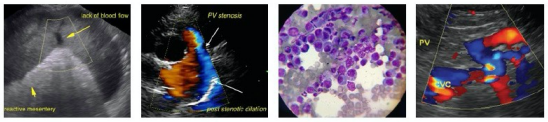

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ULTRASONOGRAPHIC FINDINGS

- Irregular, large, calcified prostate with abnormal tissue extending up into the prostatic urethra, proximal urethra and into the trigone region of the urinary bladder. This lesion is concerning for prostatic and bladder neoplasia.
- Hyperechoic lesion in the left renal cortex – This could represent an area of fibrosis, a previous infarct, or a nodule/metastatic lesion.
- Heterogeneous liver with hypoechoic nodules – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. These nodules could represent either benign or neoplastic lesions. Consider a fine needle aspirate.

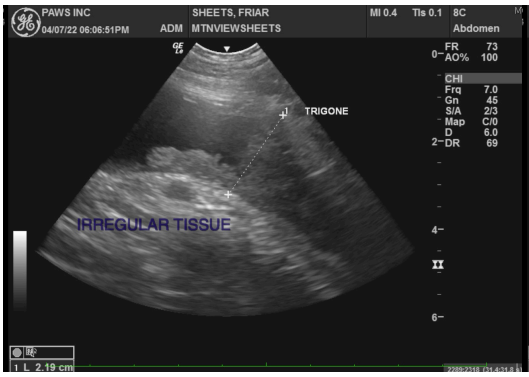
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate is large, irregular and mineralized. There appears to be tissue of similar appearance within the prostatic urethra and proximal urethra up to the level of the trigone of the urinary bladder. This appearance is suggestive of a neoplastic process, but cytologic diagnosis is recommended. Consider passing a urinary catheter to the level of the prostatic urethra and obtaining a traumatic catheterization. Consider urinalysis and culture, and consultation with a veterinary oncologist if a diagnosis can be obtained to discuss prognosis and treatment options.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

There is a hyperechoic lesion in the left kidney. This does not appear to be significantly deforming the renal capsule. This could represent an incidental finding or even a metastatic lesion. Options would include continued monitoring with ultrasound or obtaining a fine needle aspirate.

The liver is heterogeneous with hypoechoic irregular nodules. These could represent benign or neoplastic changes. Options include continued monitoring or fine needle aspiration.



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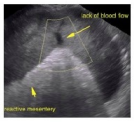
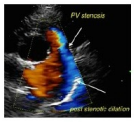

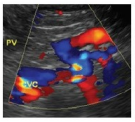

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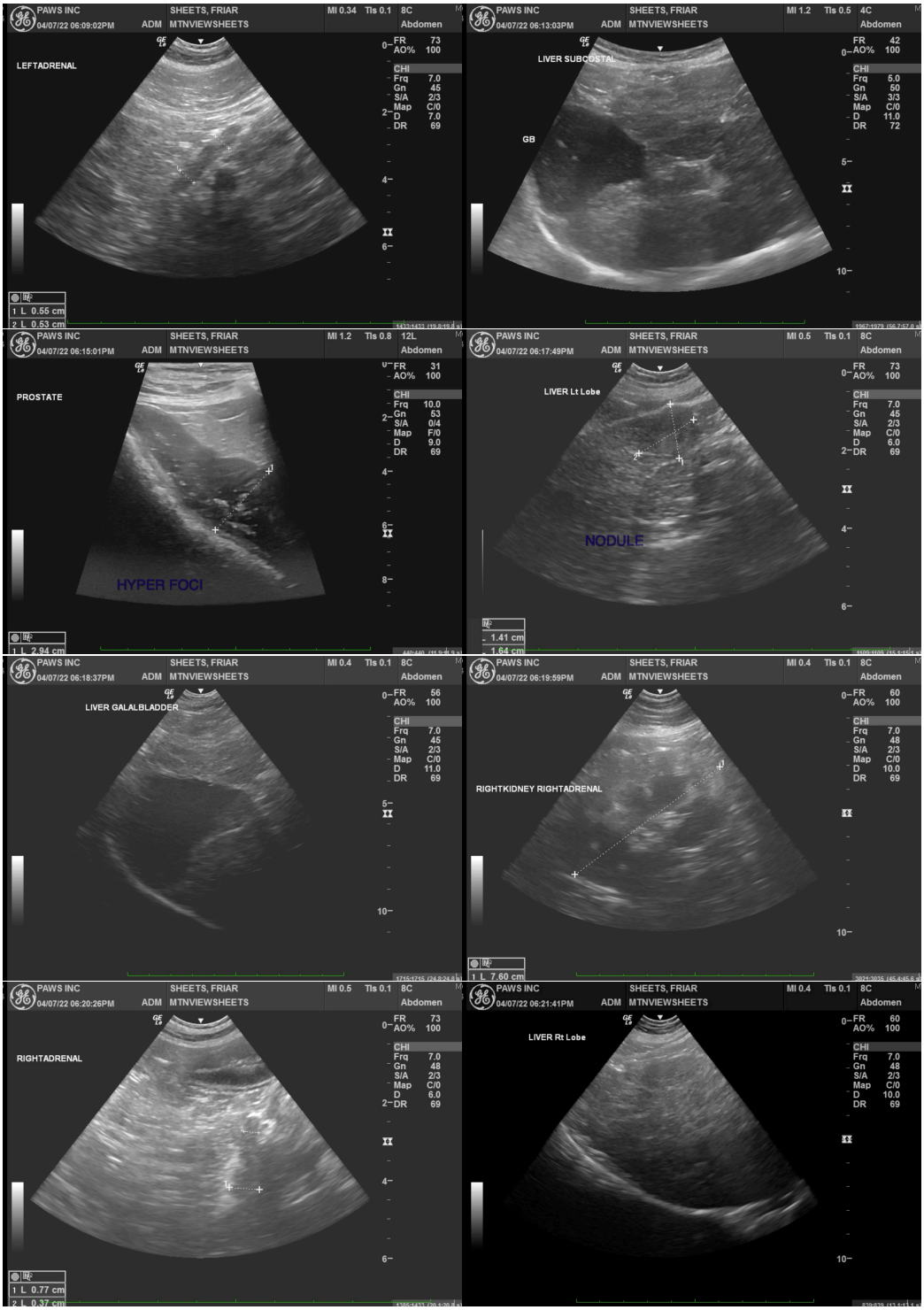

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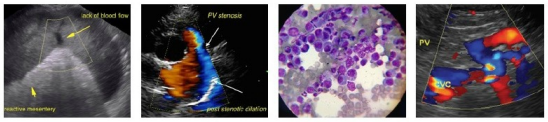

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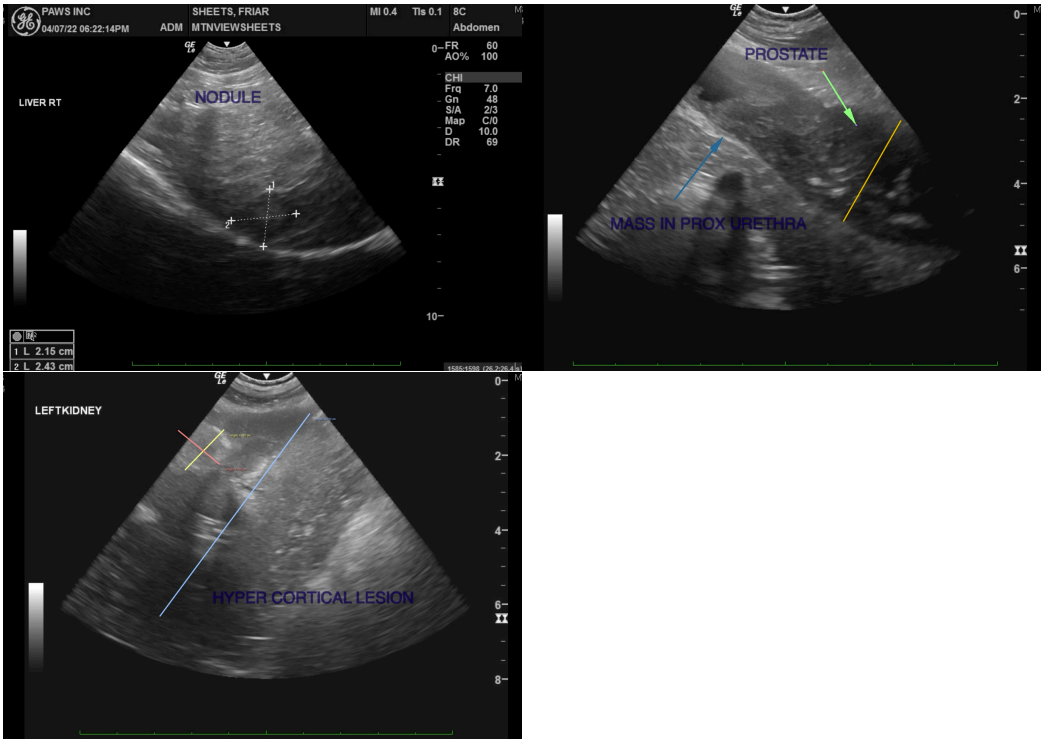

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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