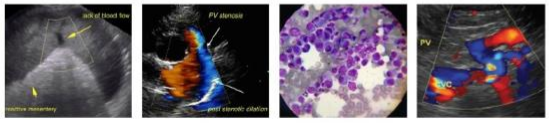
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Rico Johnson

SPECIES

Canine

BREED

JRT X

SEX

Neutered Male

AGE

4 Years

WEIGHT

14 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Valley Vet Clinic

REFERRING VET

Dr. Marvin Altom

INVOICE

37758

DATE

5/18/22

PRESENTING CLINICAL SIGNS

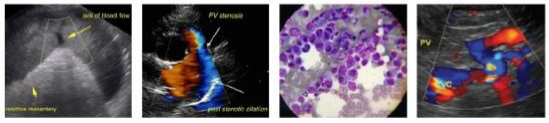
Chief Concern/Provisional Diagnosis: P has a long hx of urinary issues. He has problems with incontinence, sometimes there is purulent discharge in the urine. O states today that P does not have blood in his urine but previous records indicate he has had blood in the urine previously. P has been on zeniquin and clavamox for this issue, neither resolve the problem although O has stated to previous vet that the zeniquin helped resolve the hematuria. Pyramid Vet has performed an ultrasound in September 2021: “On ultrasound the prostate is severely enlargedy with cystic anechoic cavities and nodular appearance. There was a elonged spindle shaped hypoechoic structure found in the right groin area that appears to be deep to body wall. This object had hyperechoic flecks/nodules in it. It measures about about 0.5cm in thickness. FNA taken of this tissue. Potential LN vs testicular tissue? O declined FNA of prostate” PATHOLOGIST REPORT MICROSCOPIC DESCRIPTION: Nucleated cellularity is low. The slides are mildly to moderately hemodilute with platelet clumps and scattered blood leukocytes in low numbers. Some slides have moderate amounts of lipid and there are aggregates and individualized mature adipocytes present. One slide had a small cluster of tissue cells, containing moderate amounts of pale basophilic cytoplasm with central round nuclei and coarse chromatin. These exhibit a minimal degree of pleomorphism. O came to us for a second opinion from Pyramid. Diagnosis: prolonged prostatitis ddx: retained testicle History/Physical Findings: BAR, P has patches of alopecia throughout body: ventral abdomen, bilateral thorax, inguinal region. Penis appears enlarged. Summary of Laboratory Abnormalities: Testosterone tested in November 2021 results were . Radiographic Abnormalities: No radiographs have been taken at this time. Current Therapy and Medications: Clavamox 125 mg BID
Abnormal PE/Chem/CBC/UA Results: Owner reported a bulge in the RIGHT inguinal area that comes and goes. It has been there since she had him. It's not there all the time. O wondered if this was a testicle. Summary of Laboratory Abnormalities: Testosterone tested in November 2021 results were <20.0: INTERPRETIVE COMMENT - - - - - - - - CANINE AND FELINE MALE CASTRATE <20 ng/dL CRYPTORCHID 20-200 ng/dL INTACT >40 ng/dL Basal testosterone concentration may be difficult to interpret. Because testosterone is released in pulsatile bursts, dogs or cats with retained testicles may have transiently low testosterone concentrations. Provocative testing may be necessary to confirm retained testicular tissue. Provocative testing: 1. Measure baseline serum testosterone concentration. 2. Administer HCG IM 44 IU/kg (dogs & cats) or GnRH IM 2ug/kg (dogs & cats) 3. Measure 4-hour post (with HCG) or 1-hour post (with GnRH) serum testosterone concentration. 4. Dogs and cats with retained testicles will have significant increase in serum testosterone post-HCG or GnRH administration, typically at least a 4-fold increase. Thyroid panel also performed in November 2021, results were WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, or masses. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris. There is a small hypoechoic foci in the dependent portion of the urinary bladder measuring 0.20 cm, most consistent with a small calculus.

The prostate is large, hyperechoic and heterogeneous, and irregular in shape. The prostate measures 2.6 cm x 5.8 cm. There is a very large, cystic structure filled with hypoechoic fluid measuring 2.48 cm x 3.25 cm. Additionally, there is a focal hyperechoic area measuring 1.14 cm



PATIENT

Rico Johnson

SPECIES

Canine

BREED

JRT X

SEX

Neutered Male

AGE

4 Years

WEIGHT

14 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Valley Vet Clinic

REFERRING VET

Dr. Marvin Altom

INVOICE

37758

DATE

5/18/22

x 1.02 cm, most consistent with an early mass lesion, area of inflammation, abscess, other. See other for additional evaluation of this area.

The left kidney has a normal shape and size (4.08 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.

The right kidney has a normal shape and size (4.06 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.58 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.

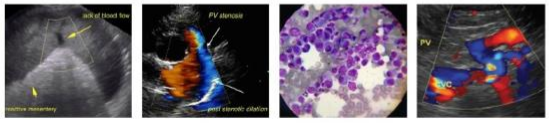
The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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.

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



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Rico Johnson

SPECIES

Canine

BREED

JRT X

SEX

Neutered Male

AGE

4 Years

WEIGHT

14 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Valley Vet Clinic

REFERRING VET

Dr. Marvin Altom

INVOICE

37758

DATE

5/18/22

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

There is no free fluid. There is a prominent mesenteric lymph node measuring 0.59 cm in width. The omentum is generally of normal echogenicity.

Other

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

The region of the prostate and inguinal region is abnormal. There is a hypoechoic tubular structure visualized on the right side of the inguinal region, measuring approximately 1.11 cm x 0.61 cm. This lesion has a hyperechoic intraluminal focus measuring 0.23 cm, possibly consistent with a calculus. It appears to connect with the prostate, but is of unknown origin, possibly Mullerian duct remnant? Additional diagnostics are recommended to clarify.

A small hyperechoic foci is visualized in the distal urethra at the distal penis.

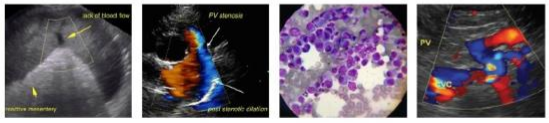
ULTRASONOGRAPHIC FINDINGS

- Large mixed echogenic, hyperechoic, cystic prostate – most consistent with BPH and a large prostatic cyst or abscess. Given the neutered status of this patient, these findings are of unclear nature. Suspect persistent testosterone influence. The cystic lesion could be a benign cyst or abscess.
- Atypical tubular structure in the right inguinal region – This structure is of unknown origin, but appears to be associated with the prostate and possibly a focal calculus. Recommend advanced imaging.
- Small, hyperechoic focus in the dependent portion of the urinary bladder – most consistent with a small focal calculus.
- Small hyperechoic focus in the distal penis most consistent with a small calculus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the prostate is not typical for that of a neutered male dog. It is large and has a large cystic component along with some mottling and more focal lesions. These are types of changes I would consider most consistent with benign prostatic hypertrophy, prostatitis, and a large prostatic cyst or abscess in an intact male dog. Less likely differentials include prostatic neoplasia. Recommend sampling of the cystic region with fluid analysis, cytology and culture (aerobic and anaerobic). If a prostatic abscess is suspected, installation of Baytril could be considered.

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



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Rico Johnson

SPECIES

Canine

BREED

JRT X

SEX

Neutered Male

AGE

4 Years

WEIGHT

14 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Valley Vet Clinic

REFERRING VET

Dr. Marvin Altom

INVOICE

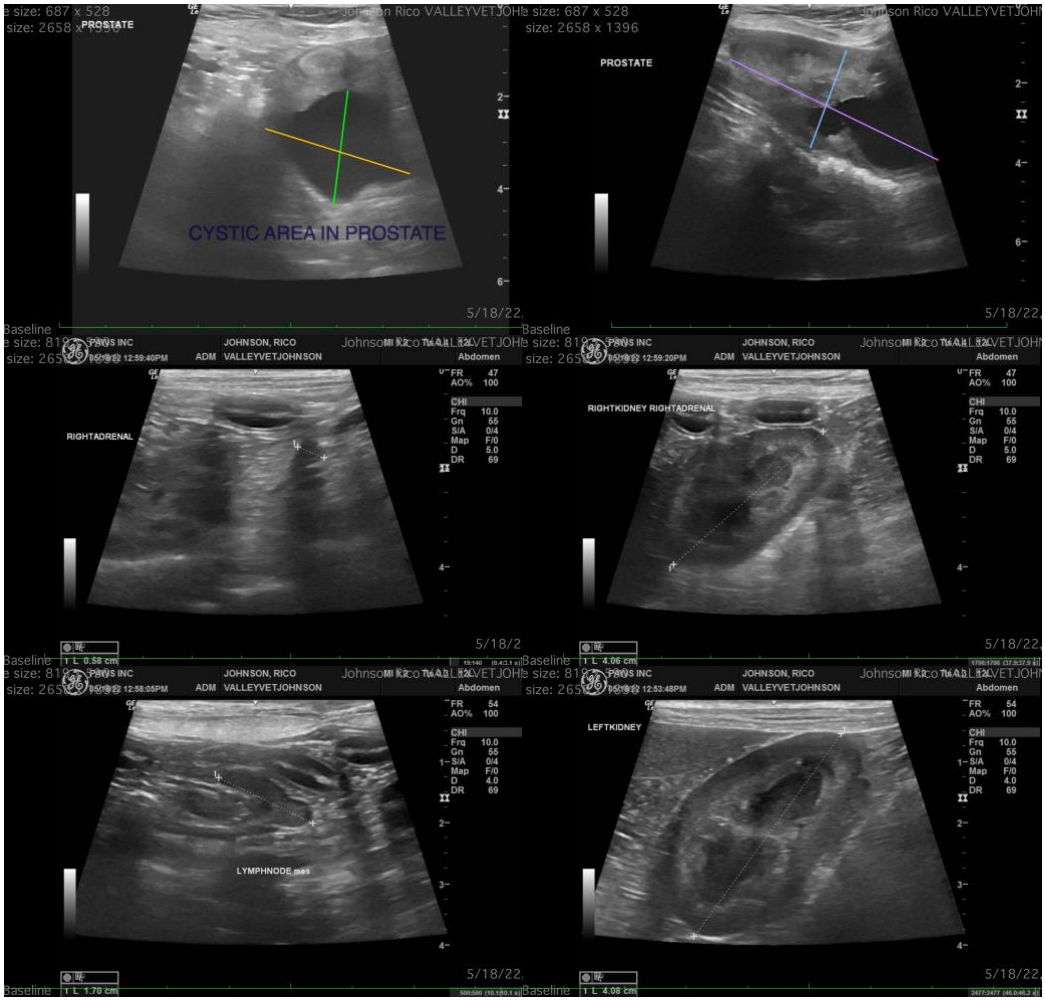
37758

DATE

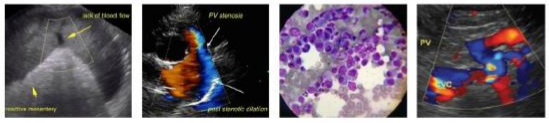
5/18/22

Additionally, there is atypical tissue in the inguinal region. It is difficult to think that this pet is truly neutered with no testosterone influence based on the appearance of the prostate. Is there the possibility of retained tissue somewhere(?), possibly even a congenital abnormality(?). Recommend contrast CT to further delineate the ureters and reproductive structures prior to additional surgical planning. Recommend urinalysis and culture.

A small hyperechoic foci is visualized in the distal urethra. Monitoring for obstruction is warranted but seems unlikely.



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



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Rico Johnson

SPECIES

Canine

BREED

JRT X

SEX

Neutered Male

AGE

4 Years

WEIGHT

14 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Valley Vet Clinic

REFERRING VET

Dr. Marvin Altom

INVOICE

37758

DATE

5/18/22

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