

**DATE PRESENTING CLINICAL SIGNS**

7/14/22

Client presented for weight loss, preputial discharge, straining to urinate, hematuria. Physical exam: UG: mild dried white crust on preputial tip, mild white to tan preputial discharge, no overt redness, mass or other irritation of penis mucosa; bladder small, firm caudal abdominal mass palpated (bladder, other)

PATIENT

Archer Truesdale

Current Medications: Patient started on Clavamox 13.75mg/kg BID x 14 days (started on 6/28/2022). Patient is on Gabapentin and Trazodone

SPECIES

Canine

Lab Results: Urinalysis consistent with pyuria, bacteriuria, abnormal transitional cells noted (foamy nuclei). U-Culture: Beta hemolytic strep, sensitive to Clavamox (multiple other antibiotics).

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Labrador X

LIMITED ULTRASONOGRAPHIC EXAMINATION**SEX**

Neutered Male

The urinary bladder is mildly/moderately distended with anechoic urine. The Bladder wall appears mildly irregular and thickened, measuring 0.49 cm at the apex. The area of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi. Findings are most consistent with diffuse cystitis or lack of urine distention.

AGE

2/1/13

The prostate is large and slightly irregular with a heterogeneous parenchyma. It measures at 2.46 cm x 3.26 cm and has an irregular cystic region within, measuring 1.08 cm in diameter. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect, or calculi.

WEIGHT

22 kg

The left kidney has a normal shape and size (6.36 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.

INTERPRETED BY

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

The right kidney has a normal shape and size (5.92 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.

IMAGING PERFORMED BY

Stephanie Pearce
RDCS, RVT

A prominent isoechoic sublumbar lymph node is visualized measuring 0.65 cm in diameter.

ULTRASONOGRAPHIC FINDINGS**HOSPITAL NAME**

Banfield Columbia

- Large, mildly irregular, cystic prostate – This is an atypical finding for a neutered male dog. Of primary concern would be prostatic neoplasia with secondary infection (based on the reported culture results), although other non-neoplastic differentials exist.

REFERRING VET

Dr. Wendell

- Mildly thickened/irregular urinary bladder mucosa – most consistent with cystitis based on urine culture results. Neoplastic changes are possible, but less likely.

- Prominent sublumbar lymph node – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INVOICE

39528

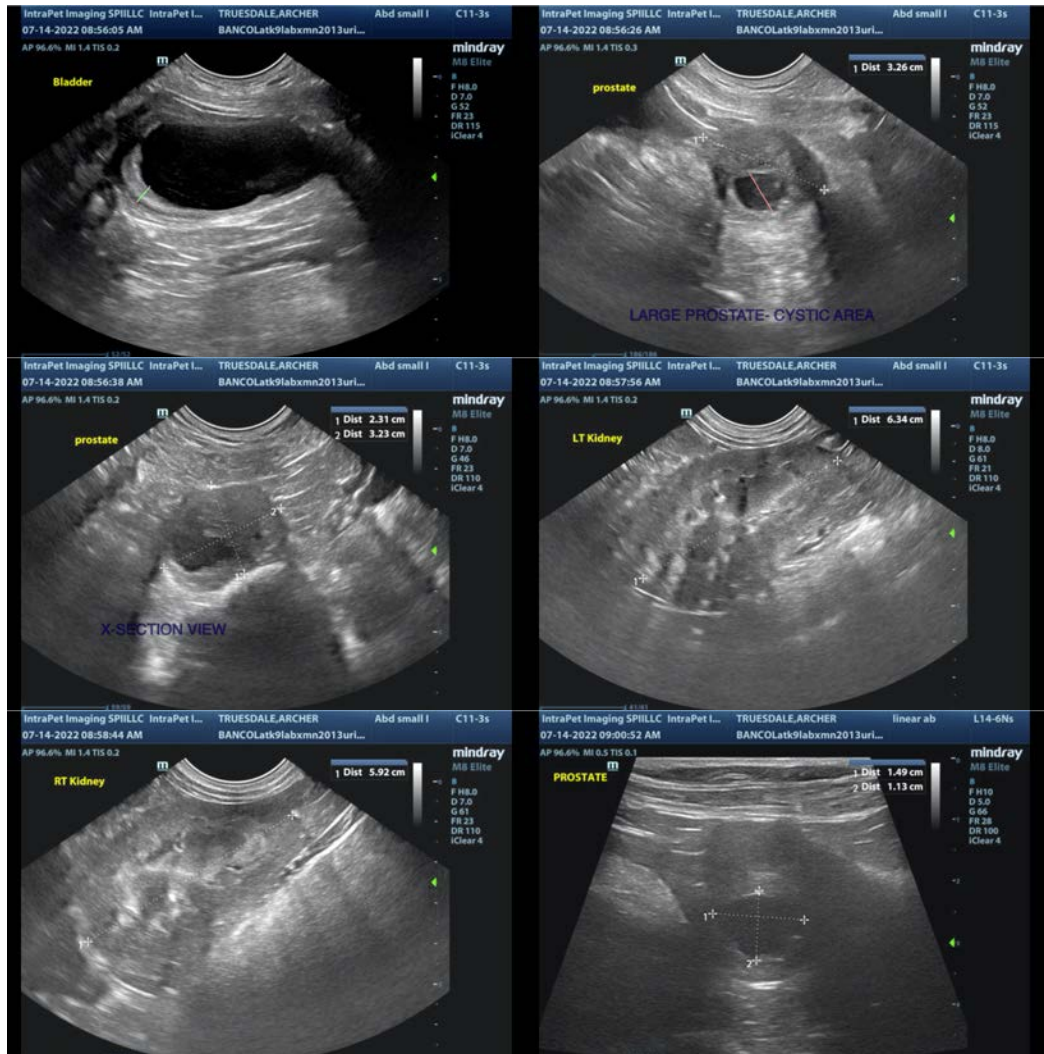
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate is large and abnormal for a neutered dog. There is concern for a primary neoplastic process (carcinoma, round cell neoplasia, other) with secondary infection/possible abscessation, although other differentials are possible such as squamous metaplasia, being neutered late in life post-prostatic abscess, etc. Correlate these findings with the patient's history, and recommend a fine needle aspirate of the prostate +/- drainage of the cystic structure for cytology and aerobic/anaerobic culture. If a diagnosis cannot be obtained cytologically, then you could consider trying a traumatic catheterization or a surgical biopsy.

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

There is a slightly prominent sublumbal lymph node visible. It has the characteristics of a reactive lymph node at this time, but continued monitoring is warranted.

There are changes visible to the urinary bladder wall, most consistent with cystitis. Recommend treatment of the cultured infection and reevaluation.





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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