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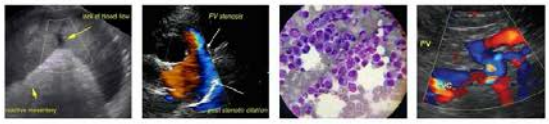


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Nickel Arnold

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

11 Years

WEIGHT

53.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Advanced PetCare of Nevada

REFERRING VET

Dr. Sarah Behrens

INVOICE

24542

DATE

8/10/21

PRESENTING CLINICAL SIGNS

History: Hematuria in May 2021, doing well overall with normal activity level, BMs, E/D, etc. Started Piroxicam 7.5mg- 1 PO q24 hours in May 2021. Physical Exam Findings/Reason for Ultrasound: Enlarged prostate on abdominal radiographs May 2021, positive BRAF test in July 2021 Lab Work Attached for Review? yes Radiographs Attached for Review? yes just as supplemental Additional Information: owners are interested in radiation, chemo, surgery, etc. if indicated.

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 is large in size, measuring 2.69 cm in height when measured in the sagittal view. It has a fairly normal shape, but the parenchyma is hypoechoic with hyperechoic, likely mineralized, mottled tissue. The external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.1 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 (6.7 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 0.83 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.

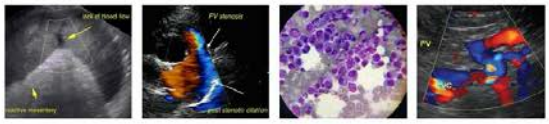
The right adrenal gland is normal in size measuring 0.93 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are at least two ill-defined, hyperechoic, slightly moth-eaten appearing nodules visualized, one measuring 1.4 cm and one measuring 1.6 cm.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. A 0.9 cm isoechoic hepatic nodule is visualized.



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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 revealed severe lymphadenomegaly. The sublumbar lymph nodes are hypoechoic and very enlarged, the right measuring 2.6 cm and left measuring 2.1 cm. Adjacent smaller lymph nodes are also enlarged. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. No free fluid. The omentum is of normal uniform echogenicity.

Other

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

ULTRASONOGRAPHIC FINDINGS

- Large, mineralized prostate – most consistent with a prostatic carcinoma given positive BRAF testing and neutered status.
- Enlarged, sublumbar lymph nodes – most consistent with metastatic disease from the prostate.
- Ill-defined, hyperechoic slenic nodules – differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to obtain a definitive diagnosis.
- Mildly heterogeneous liver with isoechoic nodule – 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.

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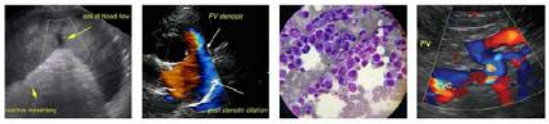

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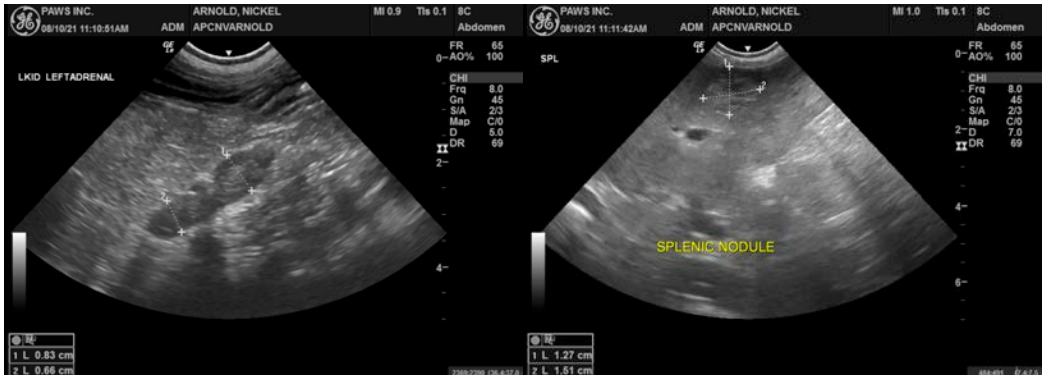
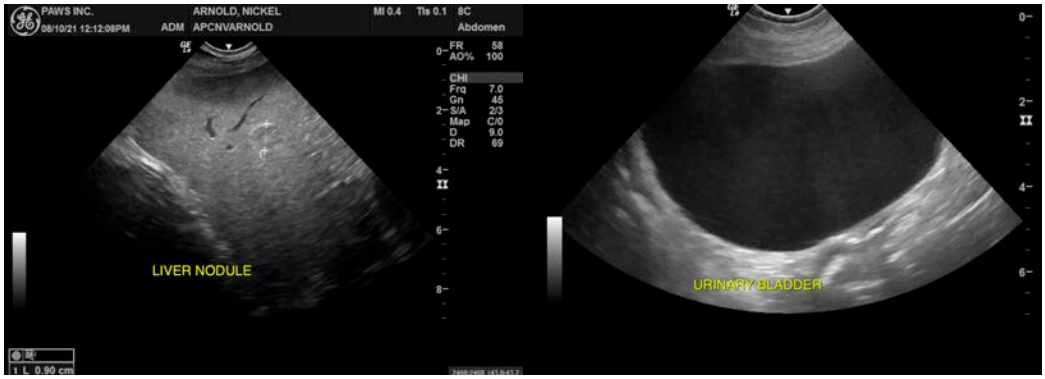
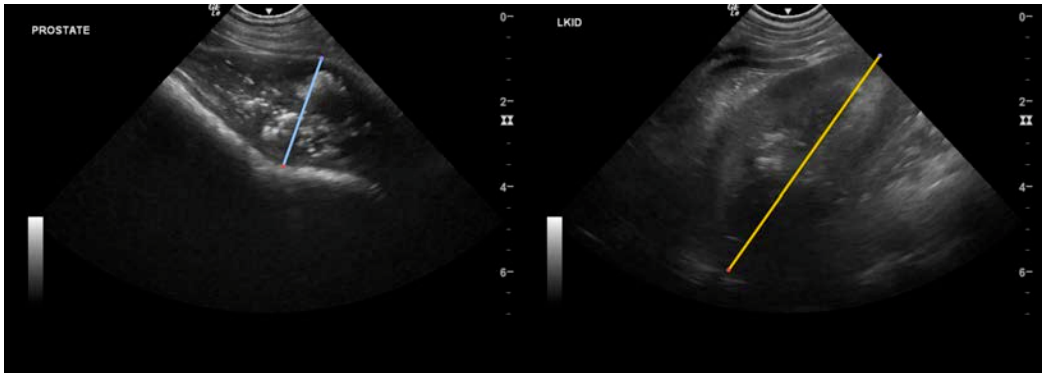
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate is enlarged, but is fairly regular in appearance. However, mineralization does increase the likelihood of a neoplastic process. Additionally, the draining lymph nodes (sublumbar) are markedly enlarged, most consistent with metastasis to this area. Recommend 3-view thoracic radiographs and referral toa veterinary oncologist to discuss treatment options, prognosis, etc.







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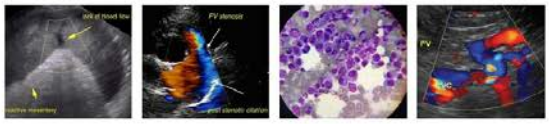

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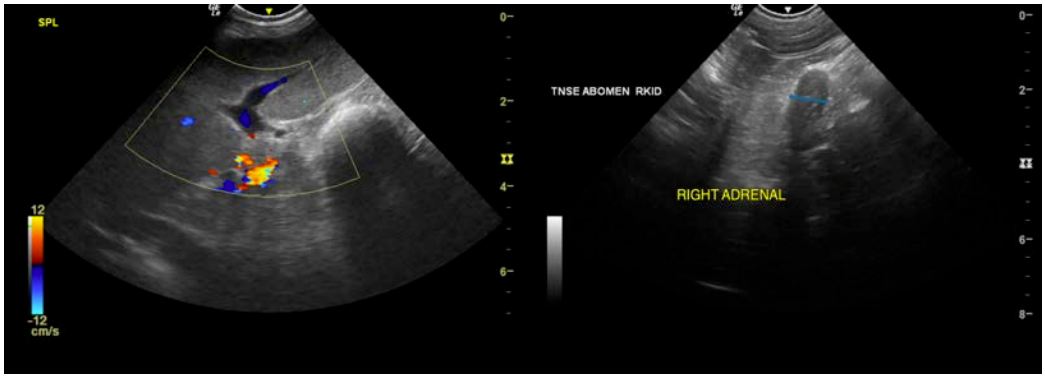

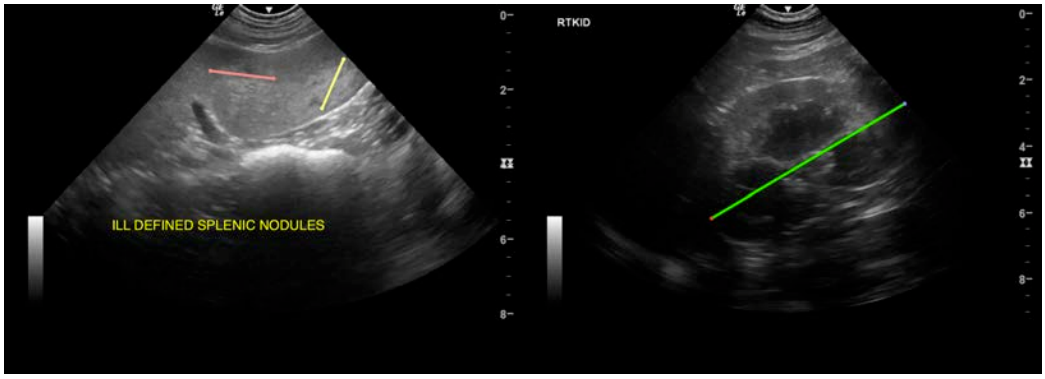

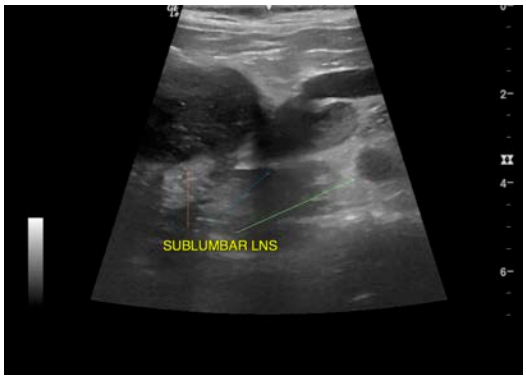

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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