

**DATE**

8/12/21

**PRESENTING CLINICAL SIGNS**

History: 3 month follow up from surgery to check enlarged prostate  
Current Medications: No current medications.  
Lab Results: Attached separately.  
Radiographs: Not provided by the veterinarian.  
Date of Previous IntraPet Ultrasound: 5-26-2021.  
Sedation: Telazol/Acepromazine.  
Stat Report: STAT report not requested by the veterinarian.

**PATIENT**

Kratos Martin

**SPECIES**

Canine

**BREED**

Presa Canario

**SEX**

Neutered male

**AGE**

9/30/15

**WEIGHT**

143.7 lbs

**INTERPRETED BY**

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

**HOSPITAL NAME**

Padonia VH

**REFERRING VET**

Dr. Youssef

**INVOICE**

91172

**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 and measured 7.89 cm in width and 3.92 cm in height (previous measurement 4.7 cm in height x 8.4 cm). The prostate is relatively normal in shape with smooth external margins. The parenchyma is heterogenous, but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregular, mass effect or calculi. Overall the prostate is still large, but appears slightly smaller than the previous scan.

The left kidney has a normal shape and size (8.26 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 (8.0 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 0.71 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 0.66 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 was not visualized as it was previously removed.

**Liver**

The liver is subjectively (normal, large, small, normal/large, normal/small) 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. 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.

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. There is a mild lymphadenomegaly present (the portal lymph node measures 1.0 x 2.7 cm and appears to have a slightly heterogenous echogenicity, the sublumbar lymph node measured 1.22 cm and the mesenteric lymph node measures at 1.0 cm). There was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

## **ULTRASONOGRAPHIC FINDINGS**

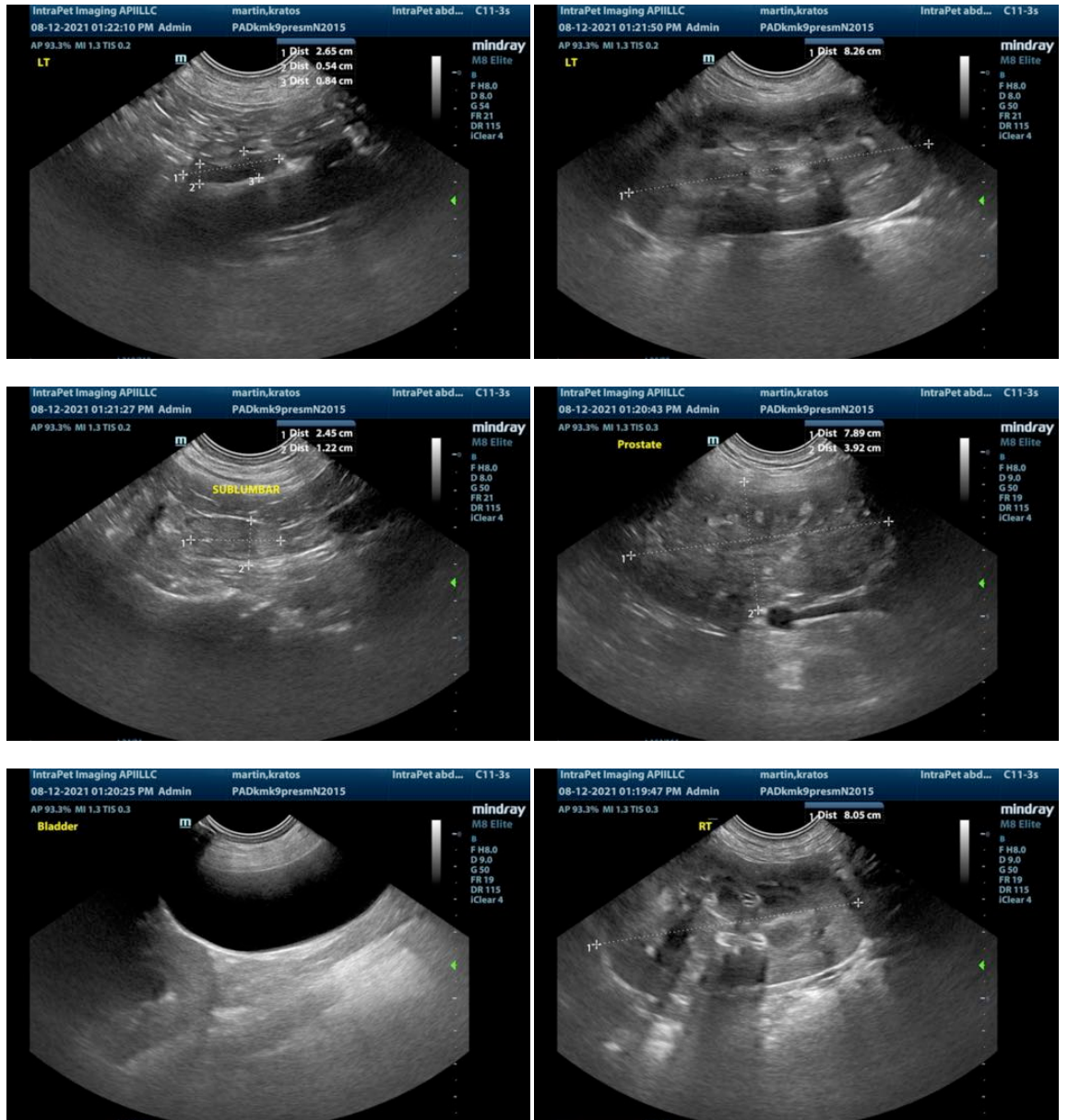
### **PRIMARY FINDINGS:**

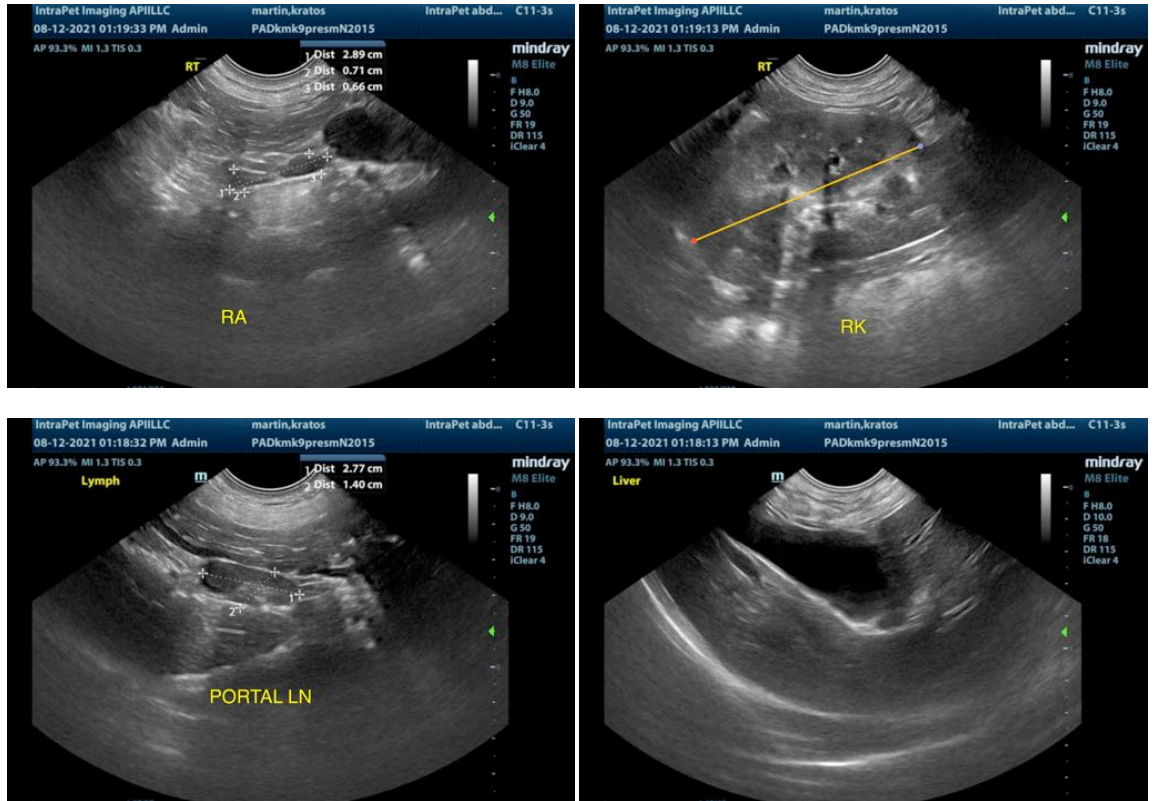
- Large, heterogenous prostate. The prostate appears somewhat smaller than prior to castration. It remains large, but this is a very large dog and no focal lesions are present.
- Mild lymphadenopathy. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. The lymph nodes are large, but in relation to patient size they are likely mildly enlarged. I recommend to continue to monitor. Differentials include reactive lymph nodes or metastasis (less likely).
- 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.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A pathology report was not included in the history, but the DVM verbally stated that the spleen was benign. This is fantastic. There is no obvious evidence of any metastatic lesions, but the mesenteric lymph nodes are prominent, particularly the portal node, which is slightly heterogenous. This could be continued reactivity

post surgery, normal for this large dog or less likely be consistent with a cancerous process. The prostate remains very large, but again this is a very large dog and it will not likely return to normal size. It is smaller than previous measurements and hopefully it is much less likely to develop prostatitis, BPH, etc.





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.

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