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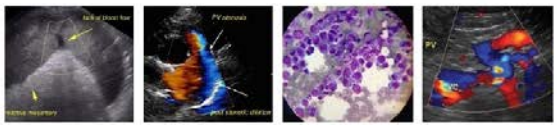


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Boston Magalhaes

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered Male

AGE

9 Years

WEIGHT

23 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Dog & Cat Clinic of Niagara

REFERRING VET

Dr. Habib

INVOICE

40573

DATE

8/18/22

PRESENTING CLINICAL SIGNS

Lost 7 lbs in 3 months. not eating well. Some vomiting, bloodwork showed pancreatitis. Palpable lump on internal right side of rectum. Has been having issues with BMs. Is this operable? Has been on Metronidazole, Gabapentin and Famotidine.

Abnormal PE/Chem/CBC/UA Results: Platelets 652(148-484) Plateletcrit 0.74(0.14-0.46). Snap CPL abnormal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mildly echogenic urine. The Bladder wall appears slightly thickened and irregular with a 0.24 cm small hyperechoic, mildly shadowing structure in the dependent portion, most consistent with a very small stone. The area of the trigone and ureteral papillae appear free of any mass lesions or calculi. There does appear to be soft tissue within the proximal urethra/pre-prostatic urethra, likely extending from the prostate.

The prostate is large, measuring approximately 3.37 cm x 2.42 cm. It is somewhat irregular and heterogeneous with pinpoint hyperechoic mineralizations throughout the parenchyma. In a neutered dog, this is concerning for possible prostatic neoplasia.

The left kidney has a normal shape and size (5.11 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 (5.11 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 0.54 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.

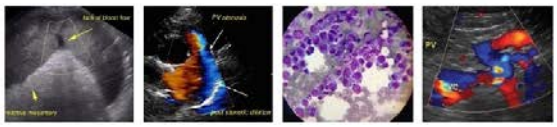
The right adrenal gland is normal in size measuring 0.67 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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.



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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. Duodneum wall measured 0.39 cm. Jejunum wall measured 0.31 cm. 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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Large, irregular, mineralized prostate – Correlate with age of neutering. If this patient was neutered late in life, there is a possibility this could be an involuted diseased prostate. If neutered early in life, this is very concerning for prostatic neoplasia. Recommend a fine needle aspirate.
- Mildly irregular urinary bladder wall with a small, hyperechoic mineralization. Recommend urinalysis and culture. Correlate with abdominal radiographs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate appears large, irregular and mineralized. This is concerning for possible prostatic neoplasia. Recommend a fine needle aspirate of the prostate in addition to a urinalysis and culture. Alternately, you could consider a traumatic catheterization at the level of the prostate, as there appears to be abnormal tissue extending into the prostatic urethra. There is a small mineralization evident in the urinary bladder. Recommend radiographs of the caudal abdomen to evaluate sublumbar vertebrae for evidence of metastasis and to look for evidence of the stone and evaluate the prostate further.

The history mentions a mass effect palpated within the rectum on the right side. This was not observed, but ultrasound is insensitive in picking up intraluminal rectal abnormalities due to interference of gas in the pelvis. Consider colonoscopy if further evaluation is desired. Additionally, correlate these findings with a digital rectal exam, as the enlarged prostate would likely be palpable in the size of a dog.

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

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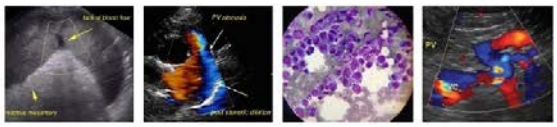

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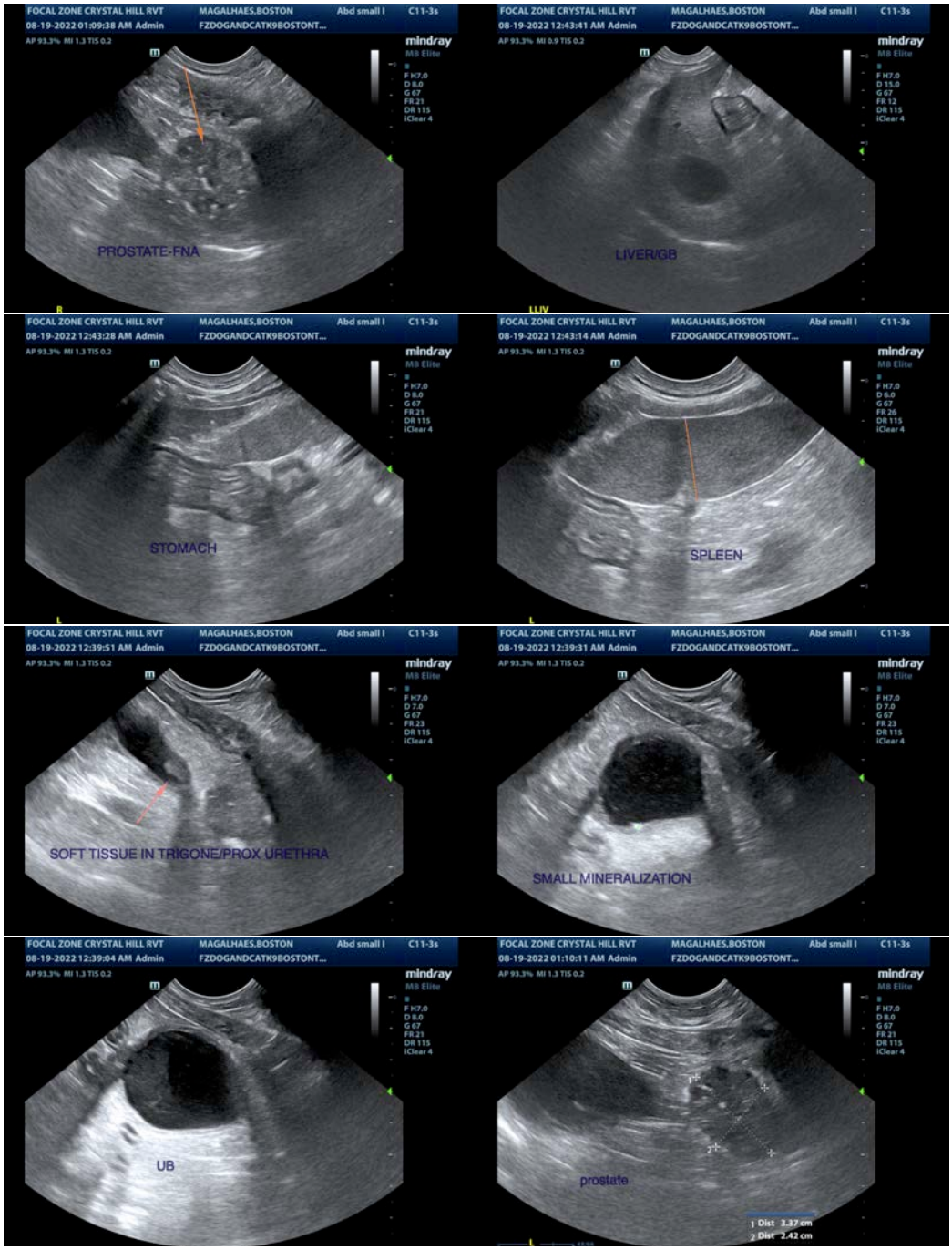
An obvious cause for the vomiting and elevated pancreatic enzyme values is not visualized. Consider further evaluation/workup for underlying gastrointestinal disease with a GI panel to Texas A&M and a change to a novel protein/hydrolyzed protein prescription diet.



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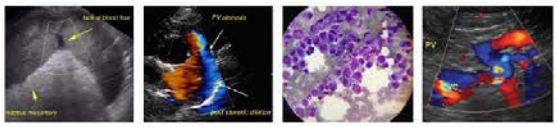

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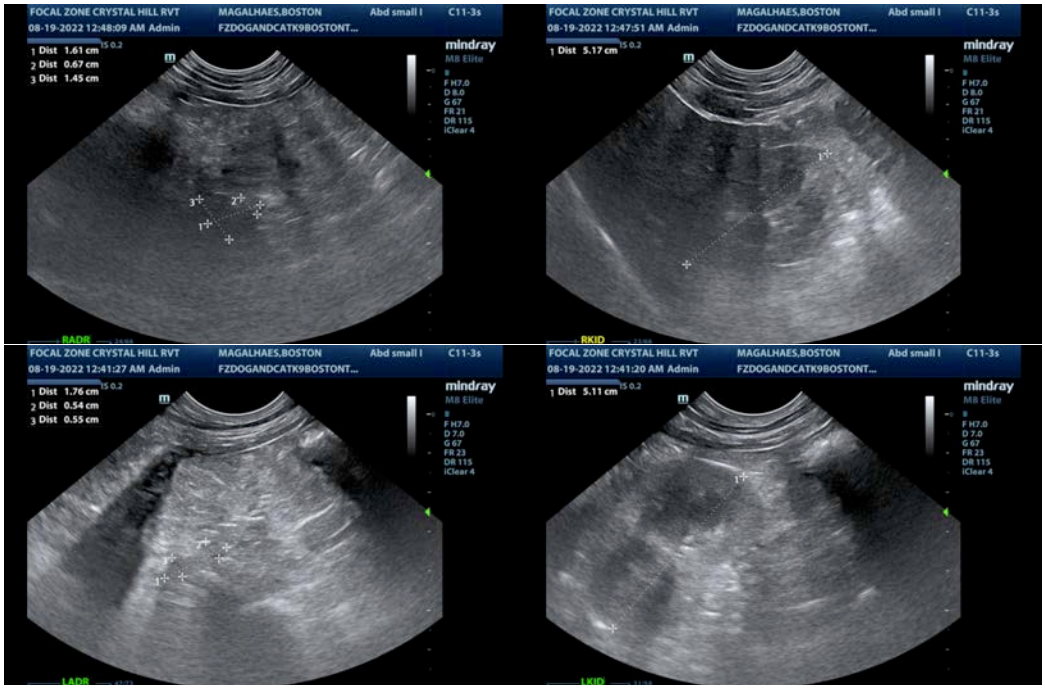

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com