

**DATE PRESENTING CLINICAL SIGNS**

9/1/21 History: urinary incontinence. Was being treated for a UTI but urination is not improving. P was urinating more while on Proin, so O stopped giving it.

PATIENT

Stanley Coles

Current Medications: Proin 50mg 1 tablet PO BID - started 8/13/21'
D/c by owner.

SPECIES

Canine

Lab Results: Lab work results from 8/4/21- CBC: Neutrophilia & Monocytosis: likely inflammation and/or infection vs stress Leukogram. Chem: Slight increase in ALP: likely stress vs HAC vs liver disease. UA: UTI present. TT4: Low: hypothyroid vs euthyroid sick. Blood work was repeated on 8/28/21 - Results: CBC: RBC are WNL now (was anemic). Leukocytosis (Neutrophilia, monocytosis and eosinophilia) Improved from previous labs but still elevated. Chem: Elevated ALT and ALP (not previously increased). UA: Well concentrated. Proteinuria with active sediment so UPC wasn't run. Pyuria and hematuria, TT4: WNL. Concern for UTI or other cause of bladder inflammation (neo?). Liver value elevations are concerning for a new active hepatic process.

BREED

Labrador Retriever X

SEX

Neutered Male

Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: not needed
Stat Report: not requested

AGE

1/7/09

LIMITED ULTRASONOGRAPHIC EXAMINATION**WEIGHT**

10.8.8 Pounds

The urinary bladder is moderately distended with primarily suspended echogenic debris present. The Bladder wall and ureteral papillae appear normal with no evidence of significant thickening, masses or cystic calculi. There is shadowing, dependent, echogenic, sandy debris present. The trigone area is largely normal, but the distal trigone/urethra starts to become thickened and irregular. There is a section of distal urethra spanning from the trigone approximately 8.76 cm, which includes the prostate that is irregular, hypoechoic and thickened with some mineralizations, most consistent with prostatic/urethral mass.

INTERPRETED BY

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

The prostate is prominent and large in size, measuring 4.1 cm x 4.34 cm. The parenchyma is irregular and heterogeneous. Additionally, there is a hypoechoic, irregular region measuring 2.79 cm x 1.87 cm within the prostate. The external margins are irregular. The prostatic urethra appears thickened and irregular. There is a span of abnormal tissue measuring approximately 4.0 cm x 8.76 cm, which includes the proximal urethra, prostate, and some of the urethra distal to the prostate, which is irregular, thickened, and has some mineralization, most consistent with prostatic/urethral mass.

HOSPITAL NAME

Taylorsville Vet Clinic

The left kidney has a normal shape and size (7.37 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.

REFERRING VET

Dr. Bray

The right kidney has a normal shape and size (6.2 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.

INVOICE

25129

ULTRASONOGRAPHIC FINDINGS

- Large, irregular, cystic, mineralized prostate – most consistent with prostatic mass, suspicion for prostatic carcinoma

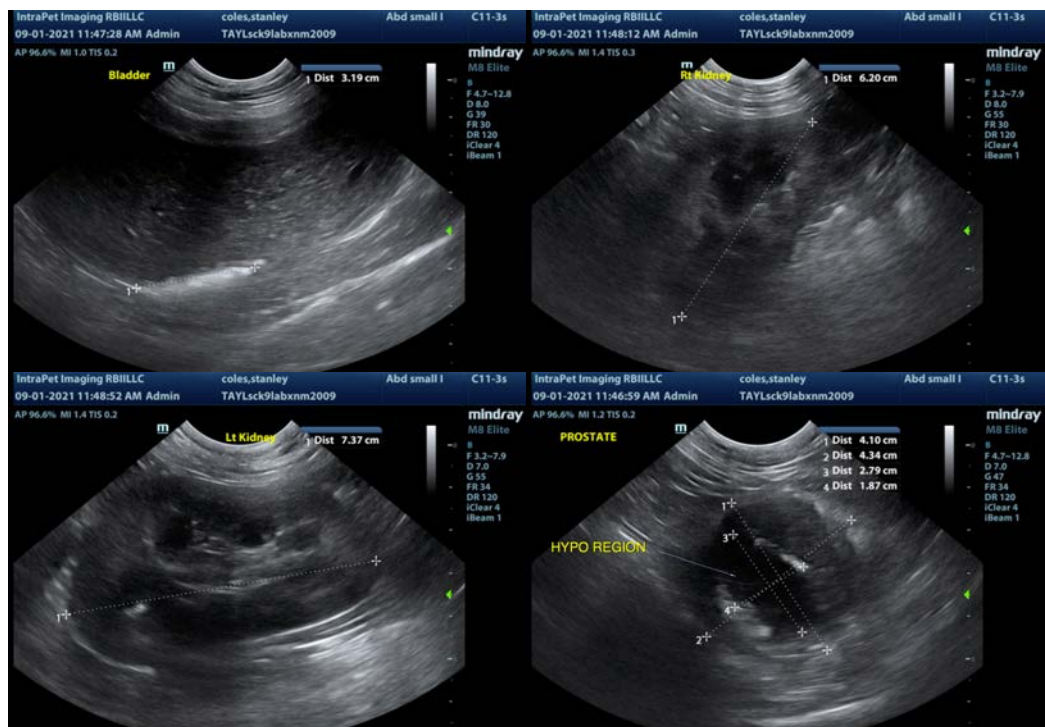
- Dependent mineralized sandy debris in the urinary bladder – Debris of this type can be consistent with small crystals, cellular debris, proteinaceous debris, and infection. Recommend urinalysis and culture.

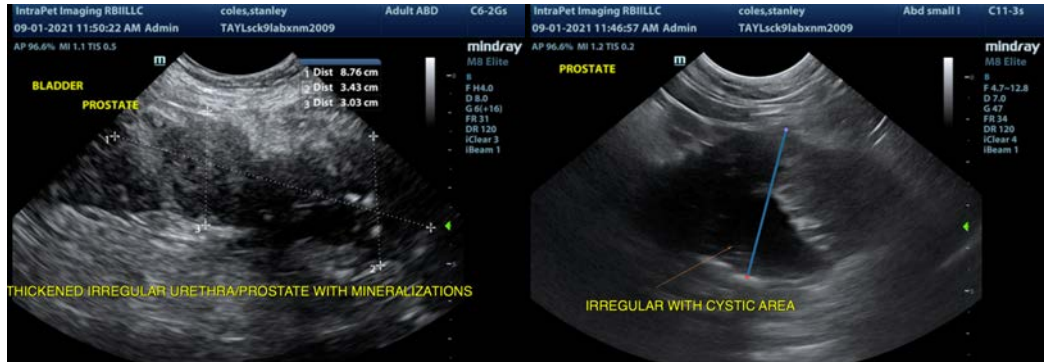
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate appears irregular and abnormal along with the adjacent prostatic urethra. This is highly suspicious for a neoplastic process. Correlate these findings with rectal exam findings and to determine if there is significant sublumbal lymph node enlargement. Options for a diagnosis include:

- Urine BRAF test. If negative, this test is not diagnostic, but if positive would highly increase suspicion for a neoplastic process.
- Traumatic catheterization at the level of the prostatic urethra with cytology.
- Fine needle aspirate of the prostate.

Recommend abdominal radiographs to evaluate for sublumbal vertebral lysis/metastasis with 3-view thoracic radiographs. Recommend referral to a veterinary oncologist to discuss treatment options once diagnosis is obtained.





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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