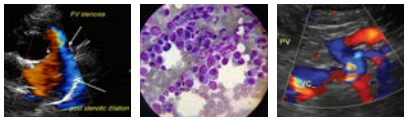
IMAGING PERFORMED BY

IntraPet.com



SonoPath

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DATE

9/21/21

PATIENT

Buddy Ursida

SPECIES

Canine

BREED

Chow X

SEX

Neutered Male

AGE

2/17/13

WEIGHT

53.7 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Gold

INVOICE

25700

PRESENTING CLINICAL SIGNS

History: chronic recurrent perineal hernia.

Current Medications: Gabapentin 100mg BID, Lactulose, Pred 20 mg 1/2 EOD, Thyroxine 0.3 BID thyroid med just started 9/13/21.
Lab Results: WNL.
Radiographs: mass-2 on liver or spleen from emergency clinic.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Sedation not required for scan.
Stat Report: STAT report not requested by the veterinarian.

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 4.16 cm x 4.23 cm. It has an irregular shape with irregular external margins and heterogeneus parenchyma. Some focal areas of mineralization noted. No focal lesions are observed within the parenchyma, and the prostate urethra appears normal with no evidence of irregularity, invasion or mass effect/calculi.

The left kidney has a normal shape and size (6.85 cm). Mild pyelectasia noted at 0.23 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.29 cm). Overall echogenicity is slightly hyperechoic with poor 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 0.79 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is somewhat irregular in appearance at the caudal pole but is uniformly hypoechoic and has no evidence of a discreet mass effect.

The right adrenal gland is normal in size measuring 0.79 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 large 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 is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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, 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.

PRIMARY FINDINGS

- Large, irregular, partially mineralized prostate – most concerning for a prostatic neoplasia in a neutered male dog. Correlate findings with neuter history.

- Large, heterogeneous liver – 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.

SECONDARY FINDINGS

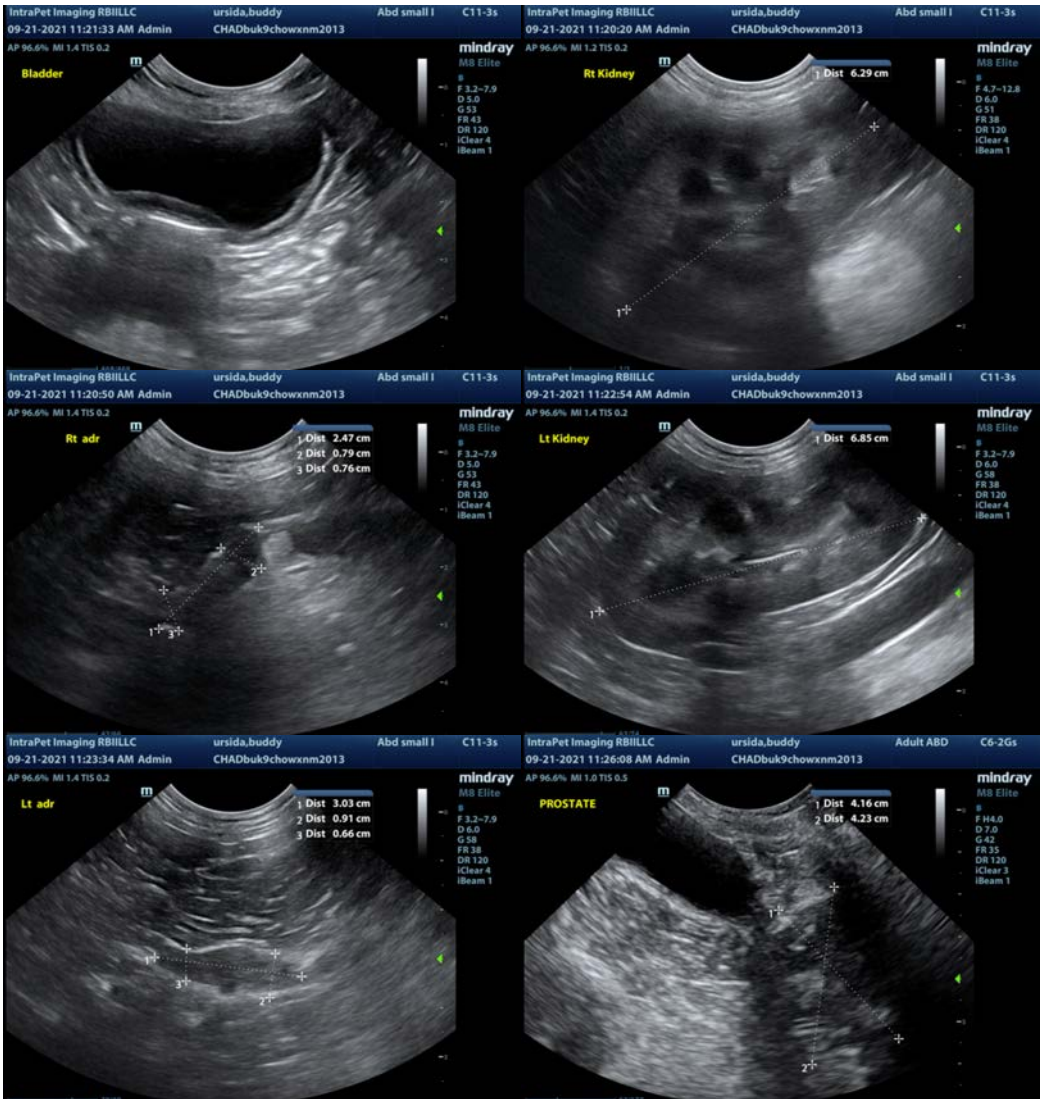
- Mildly reduced corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

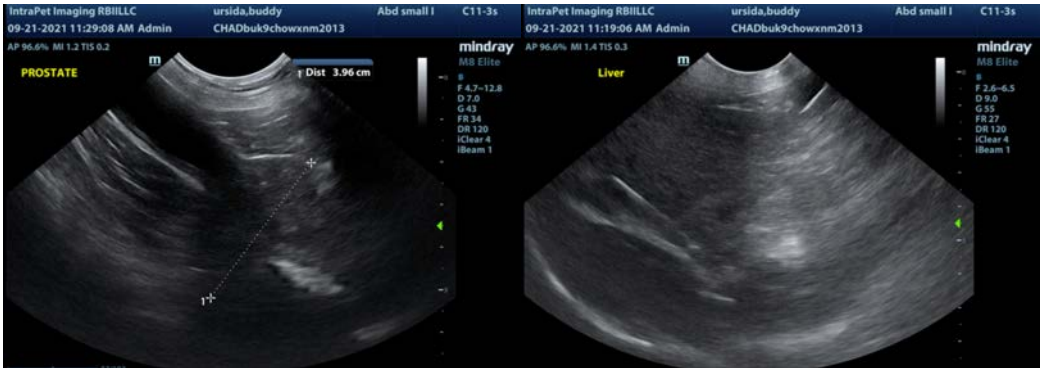
- Slightly irregular shape of the left adrenal gland – This is of unknown significance, recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate is large, irregular and mineralized. These findings are very concerning for a neutered male dog. If neutered early, these changes would be very concerning for possible prostatic neoplasia.

- Recommend fine needle aspirate of the prostate for cytologic analysis
- Recommend urinalysis and culture
- Consider urine evaluation for BRAF mutation. This is seen in patients with transitional cell carcinoma. A positive test is diagnostic and increases the likelihood of a neoplastic process significantly. A negative test is non-diagnostic and requires additional testing.
- Recommend 3-view thoracic radiographs and lumbar radiographs to look for any evidence of sublumbar bony lysis/metastasis.
- If prostatic neoplasia is confirmed, recommend referral to a veterinary oncologist for recommendtaions regarding treatment options and prognosis.





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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