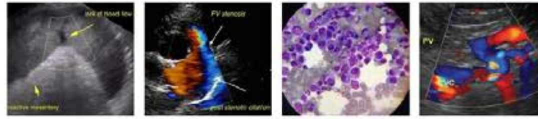


PATIENT

Leroy Robles

SPECIES

Canine

BREED

Mastiff

SEX

Neutered Male

AGE

8 Years

WEIGHT

121 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Robin Janeway

INVOICE

25750

DATE

9/22/21

PRESENTING CLINICAL SIGNS

Gender(altered?) MN Age: 8 yrs Weight in #: 121lbs Breed: Mastiff History- Straining to urinate, has been seen at our clinic in June and again in July for similar symptoms. O declines referral. Rads performed in July: Radiographic Findings Images of the abdomen reveal the urinary bladder to be significantly distended without evidence of radio dense calculi. There does appear to be increased soft tissue density involving the pelvic canal region. There is caudal lumbar spondylosis which is chronic Conclusion Urinary bladder distention is identified with a concern for a possible mass in the pelvic canal or involving the urethra and abdominal ultrasound is indicated. Calculi within the urethra were not appreciated The soft tissue density within the pelvic canal could represent the prostate which would be enlarged especially for a neutered patient, it is difficult to tell if the soft tissue density is real or superimposed therefore ultrasound is ideal Eric Herrgesell, DVM, DACVR Noted prominent prostate on u/s in house yesterday. Pt straining and painful when trying to urinate yesterday. Passed UA catheter and drained 500ml approx. of urine. 9/21/21 Blood and urine panel- TP 8.0, Glob 4.3, USG 1.011, ph 7.5, occult blood 3+ with protein 1+

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is significantly distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of significant focal wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (1.43 cm) and shape for this neutered male dog. The parenchyma is very mildly heterogenous but external margins are smooth. The prostatic urethra appears normal with no significant evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (7.4 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.

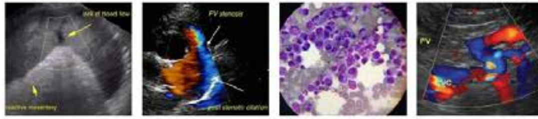
The right kidney has a normal shape and size (8.22 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. A 1.04 cm cotical cyst is present. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.81 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 0.87 cm at the caudal pole, 0.79 cm at the cranial pole, and 2.8 cm in length. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is somewhat irregular in appearance in that there is a hyperechoic nodule in the cranial pole measuring 0.7 cm x 5.1 cm. It does not significantly deform the adrenal or enlarge its size. There is no significant evidence of a discreet mass effect.

Spleen



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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.

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, 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.

Other

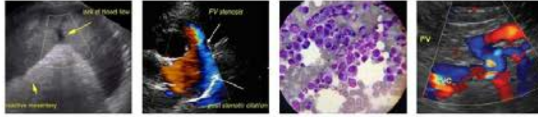
A brief view of the heart was submitted. No pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

- Right-sided hyperechoic adrenal nodule – This could be consistent with neoplasia (adenoma, carcinoma, pheochromocytoma, etc., hyperplasia, inflammation, or other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder appears moderately distended, but there are no lesions observed in the body of the bladder, trigone, or proximal urethra. The prostate appears relatively normal in shape and size, there is some mild mottling but this seems minor, the urethra thickens slightly cranial to the prostate but this



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seems within normal limits. No discreet intrapelvic mass was observed. Correlate these findings with physical exam findings, as we are trying to differentiate a physical obstruction with a possible functional obstruction. Patient size in this situation also make evaluation difficult.

Options to consider moving forward include:

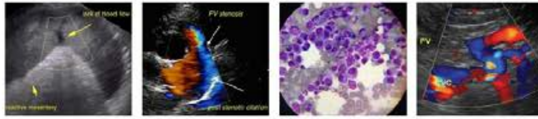
- Evaluation of ease passing a urinary catheter (are any obstructions met, etc.)
- Urinalysis and culture (sometimes differentiating urine obtained by a clean stick cystocentesis and a free catch can determine where the hemorrhage is coming from).
- A contrast cystourethrogram could be considered and may help to further evaluate the more distal urethra.
- Lastly, either advanced imaging (CT scan) or cystoscopy could be utilized for further evaluation.
- A urine BRAF test could be considered. A negative test is non-diagnostic and will not rule out neoplasia, but a positive BRAF test could increase suspicion dramatically.
- If not already done, perform rectal exam for any evidence of swellings, mass, pain, etc.
- A fine needle aspirate of the prostate could be considered. This is a big prostate in a big dog, I have rarely seen relatively benign prostates that have been cancerous (but not causing obstruction?)

I am somewhat suspicious that this could be a functional obstruction such as dysynergia, etc. I have also seen dogs obstruct due to urinary tract infections.

Additionally, there is a small nodule on the right adrenal gland. This is likely incidental at this time, but could become a bigger issue in the future. These are my recommendations for a small adrenal nodule:

These nodules can be benign or malignant and can secrete hormones or be non-active. Options moving forward include:

- If signs of cushings are present, consider adrenal function testing. I prefer an ACTH stimulation test combined with an adrenal panel to the University of Tennessee's endocrine lab to look for atypical adrenal hormones as well as cortisol. (other testing can suffice)
- If adrenal dependent cushings is suspected and supported by adrenal function testing consider medical therapy with lysodren or trilostane or consider surgical removal (recommend referral to a board certified veterinary surgeon and possible pre op CT)
- Recommend blood pressure evaluation-if hypertensive consider testing catecholamine levels for a possible pheochromocytoma
- If no symptoms of cushings are present, consider either referral for surgery or continued monitoring with ultrasound (in 3-4 months).
- Many of these nodules can be benign and incidental in nature, unfortunately that is difficult to determine with a single ultrasound.
- Recommend 3 view thoracic radiographs.



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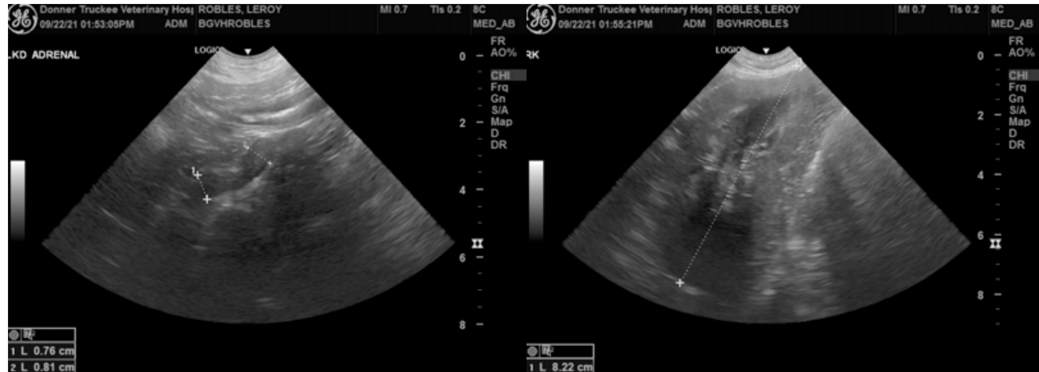

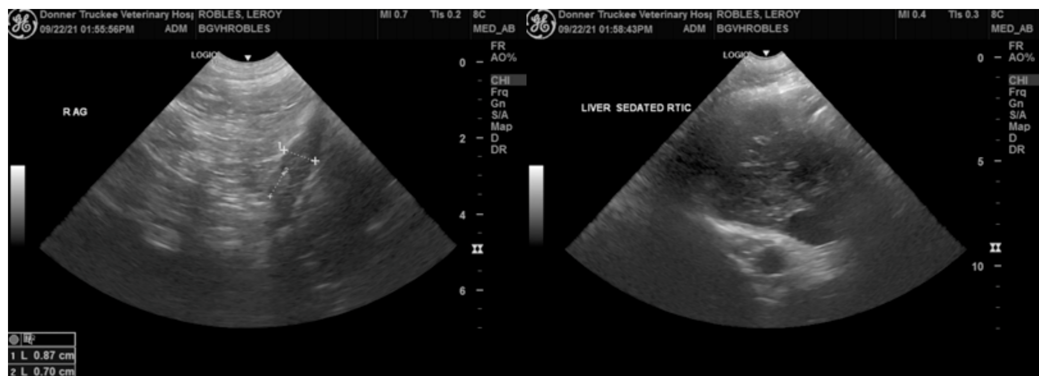

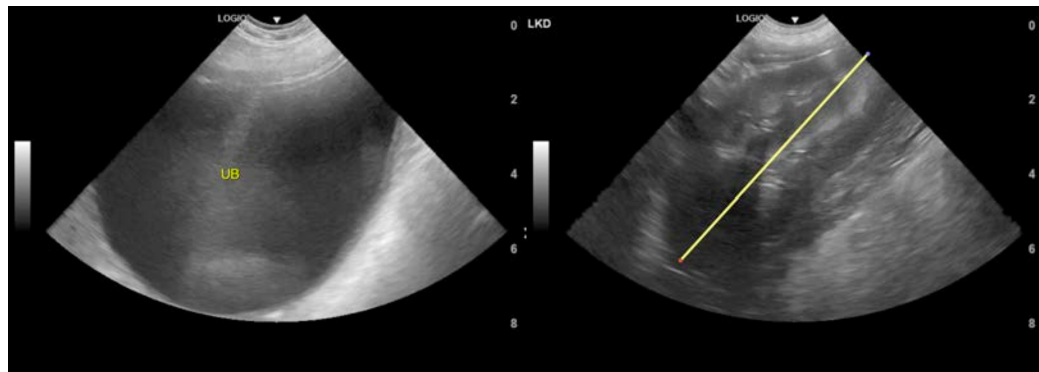

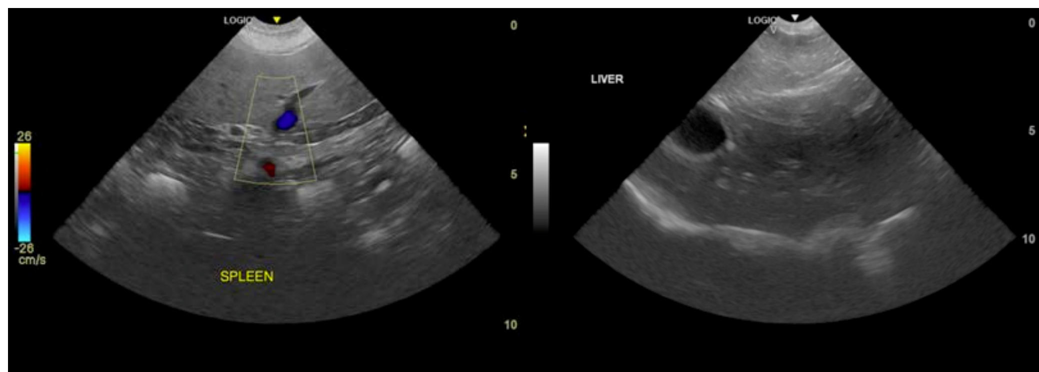

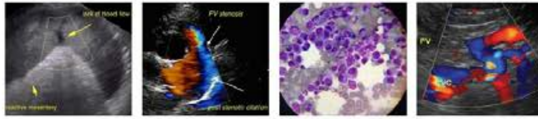

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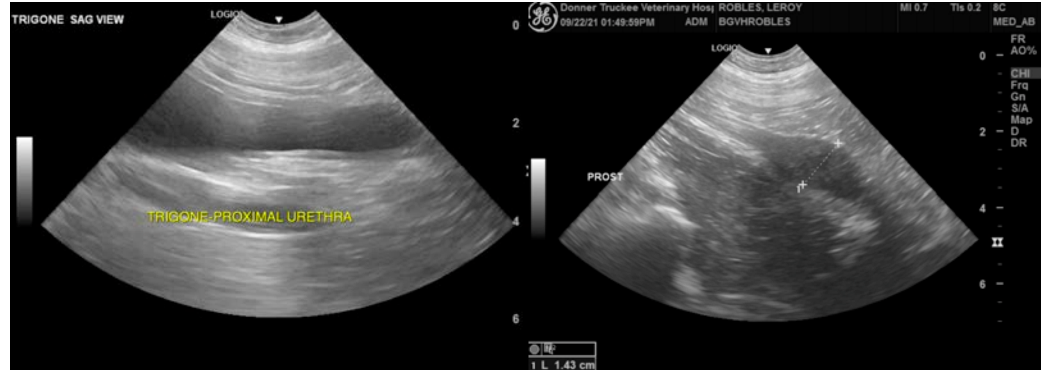

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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