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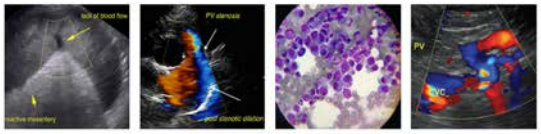

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Harvey Hein

SPECIES

Canine

BREED

Australian CD Mix

SEX

Neutered Male

AGE

6 years

WEIGHT

30 Pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Mill Pond VC

REFERRING VET

Dr. Thayer

INVOICE

26207

DATE

10.12.2021

PRESENTING CLINICAL SIGNS

History: Concern for prostatic cancer

Medication: Keflex, Novox, Prazosin, Gabapentin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The residual prostate exhibited mild generalized enlargement with primarily maintained symmetrical capsule contour. Capsule differentiation from surrounding tissue was present, although evidence of regional periprostatic reactivity was present. No evidence of concurrent free fluid. The prostate exhibited non-homogeneous, hypoechoic parenchyma with areas of parenchymal mineralization. The post-prostatic urethra was prominent to hypoechoic in appearance in size measuring 1.0 cm diameter. The prostate measured 3.0 cm x 2.0 cm.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.6 cm. The right kidney measured 5.3 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.4 cm length x 0.51 cm at the caudal pole. The right adrenal gland measured 2.2 cm length x 0.48 cm at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Intermittent, subtly hypoechoic, non-expansive parenchymal nodules were present.

Liver

The liver exhibited potential for mild generalized enlargement. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with mild to moderate luminal gas present.

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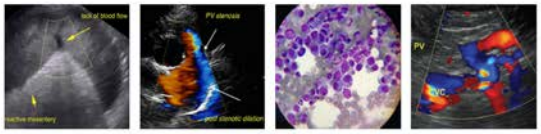

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Pancreas

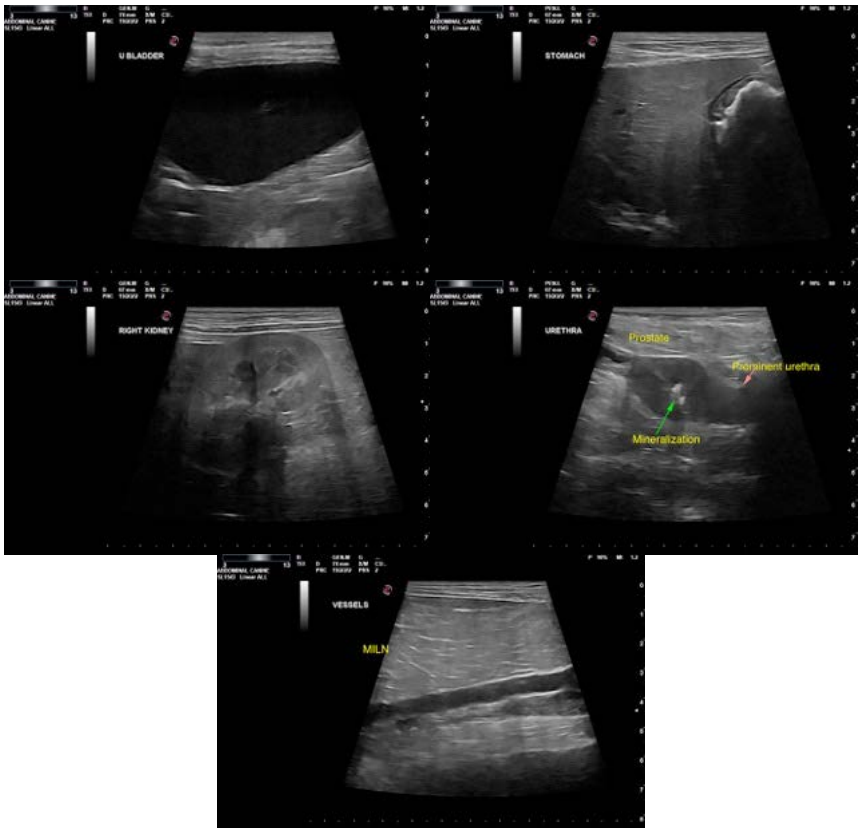
The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

ULTRASONOGRAPHIC FINDINGS

- Mild prostatomegaly with non-uniformly hypoechoic to mineralized parenchyma
- Prominent post-prostatic urethra
- Subtle splenic nodules
- Potential mild hepatomegaly – subjectively benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the enlarged residual prostate exhibiting hypoechoic parenchyma and mineralization, primary concern for prostatic and potential proximal urethral neoplasia such as carcinoma is warranted as a primary differential diagnosis. Potential for chronic prostatitis/urethritis may also be possible. Prostatic sampling either via ultrasound guided FNA or prostatic wash for cytology +/- culture and sensitivity indicated for further assessment. No overt evidence of regional metastasis if neoplasia is confirmed. The subtle hypoechoic splenic nodules are non-specific, yet suggestive of probable areas of incidental mild lymphoid hyperplasia or hematopoiesis. The possibility of emerging splenic primary versus metastatic neoplastic nodules is considered unlikely. However, sonographic monitoring of the spleen for evidence of progressive nodular changes is recommended.



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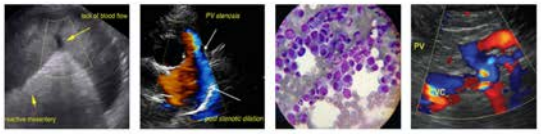

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com