



PATIENT

Harold Jones

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

5 y

WEIGHT

72.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Reid Veterinary
Hospital

REFERRING VET

Dr. Heider

INVOICE

15059

DATE

10/4/22

PRESENTING CLINICAL SIGNS

Large, firm very caudal abdominal mass palp externally as well as rectally. P ADR; anxious and seemingly uncomfortable, not wanting to E/D. Current Medications Carprofen 75mg BID and Gabapentin 300mg BID (started both meds yesterday) Radiographic Findings enlarged prostate Primary Question/Differential to Be Answered in This Exam R/O Prostatic mass vs Bladder mass vs other soft tissue neoplasia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with uniform urinary bladder mural echogenicity and subjective minor prominent to thickened dorsal trigone urinary bladder walls extending into the urinary bladder neck. No evidence of mural mineralization or overt urinary bladder masses. The ventral trigone wall width measured 0.58 cm width. Anechoic urine with mild nondependent particulate sediment, which may indicate suspected cellular debris / protein, crystalline debris, mucus, or lipid.

The definitive residual prostate was not overtly visualized. A large, expansive, nonhomogeneous, mass was present in the area of the residual prostate and pelvic inlet measuring approximately 11.0-12.0 cm in diameter, but potentially mildly larger. The mass did not exhibit parenchymal mineralization and did not appear to be overtly obstructive to urinary outflow given non distended urinary bladder presentation. Surrounding hyperechoic tissue with potential for scant regional free fluid was noted.

The area of the iliac trifurcation was free of pathology including no obvious evidence of medial Iliac or hypogastric lymphadenopathy.

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 pyelectasia or hydronephrosis. The left kidney measured 6.7 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm length x 0.80 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.0 cm length x 0.68 cm width at the caudal pole.

Spleen

The spleen was normal in size and contour with a primarily finely textured homogeneous parenchyma. A solitary, discretely hypoechoic, well-demarcated, nondisruptive nodule in the mid spleen measuring 0.56 cm in diameter was present.



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Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. 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 apparent formed feces in lumen.

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 were evident.

Free Abdomen

No evidence of omental masses or lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Large, undifferentiated nonhomogeneous mass area of the residual prostate and pelvic inlet with regional inflammation
- Overtly normal urinary bladder with mild nondependent sediment, possible mild trigone and urinary bladder neck cystitis pattern
- Solitary discrete nondisruptive nonspecific splenic nodule - suspect focal discrete lymphoid hyperplasia, hematopoiesis, or similar, possible early metastatic nodule cannot be excluded

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the size of the undifferentiated mass in the area of the residual prostate and pelvic inlet, the definitive origin was difficult to ascertain. Sonographically, the mass was consistent with neoplastic criteria although correlation with pending cytology is recommended. No obvious evidence of regional lymphatic metastasis was present.

Sonographic monitoring of the solitary discrete splenic nodule for evidence of progression +/- ultrasound guided FNA for further assessment is recommended. Pending mass cytology, abdominal CT for further clarification, assessment of nonobvious regional metastasis, as well as potential for surgical planning if possible is likely ideal. Three-view chest radiographs are suggested if not done.



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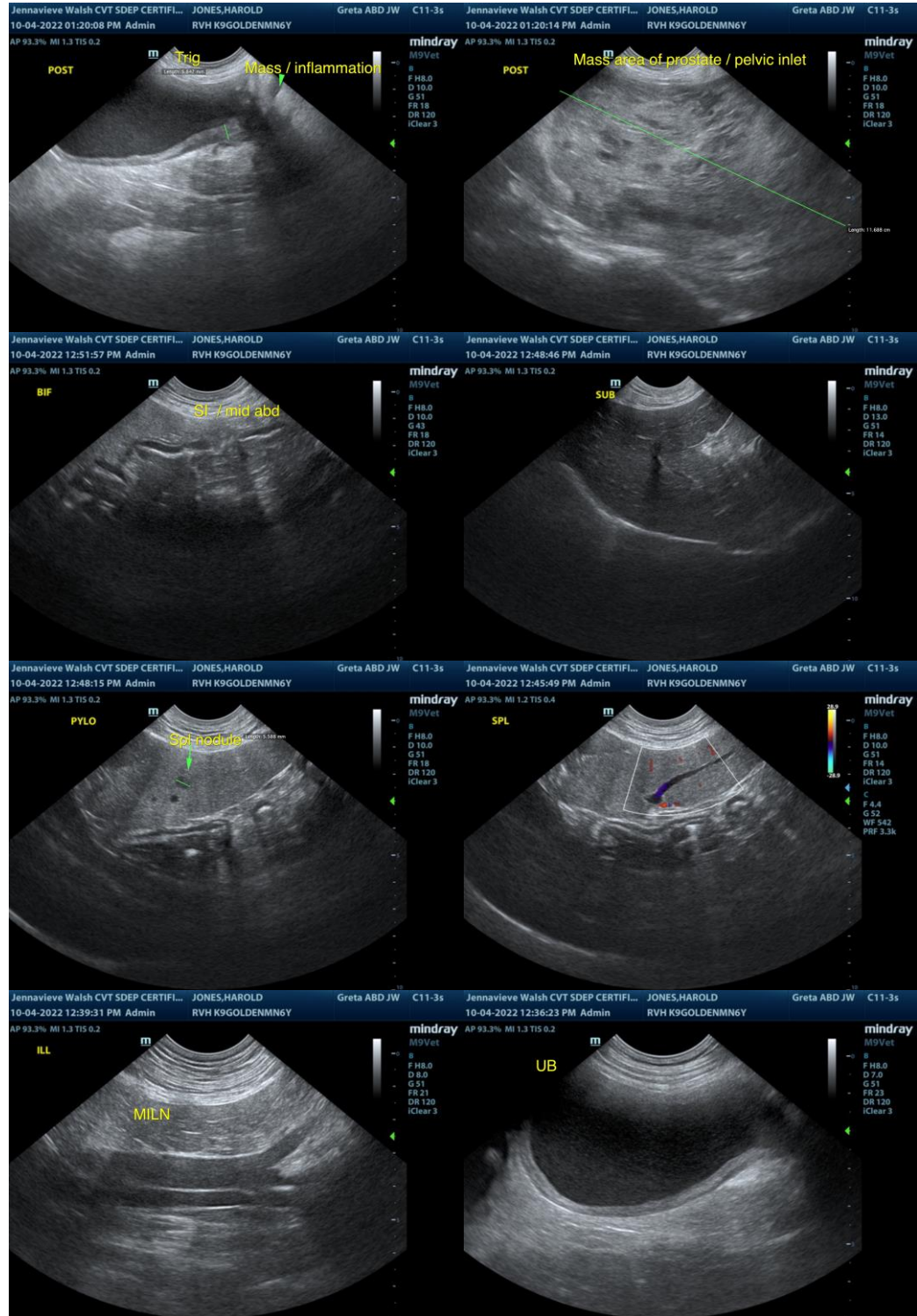
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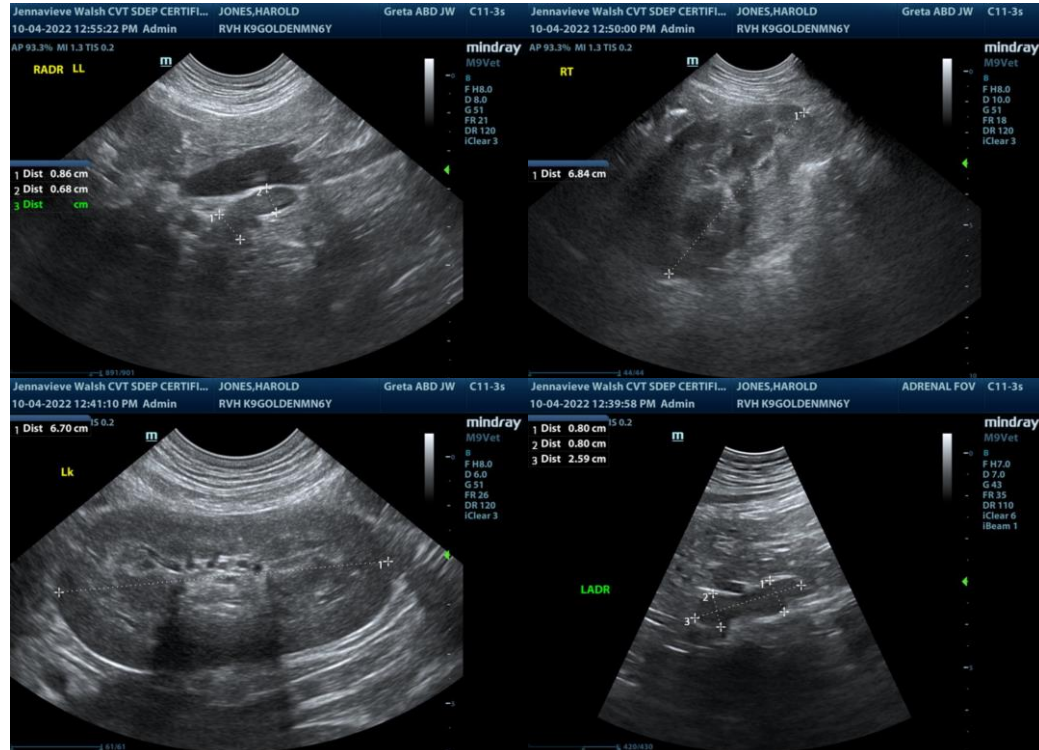
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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