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Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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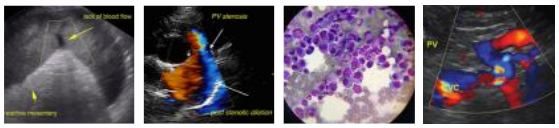


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Rio Tree

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

10 yrs

WEIGHT

74.1 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside AC

REFERRING VET

Dr. Cox

INVOICE

15431

DATE

11/9/22

PRESENTING CLINICAL SIGNS

Straining to urinate, inappropriate urination - recurrent r/o: UTI, prostatitis, neoplasia, stones, open Abnormal PE/Chem/CBC/UA Results: spgr 1.026, ph = 6.5 10-15 wbc, 1+ epi cells Current Medications No current medications

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with mild uniform prominent urinary bladder walls exhibiting homogeneous mural echogenicity without evidence of urinary bladder masses or mural mineralization. The ventral urinary bladder wall measured 0.7 cm width. Anechoic urine was present with no sediment or calculi. Potential mild thickening in the area of the cystourethral junction and pre-prostatic urethra was noted.

The residual prostate was mildly enlarged in size with asymmetrical prostatic capsule contour. The prostatic capsule is able to be differentiated from surrounding non-inflamed tissue. Nonhomogeneous hypoechoic residual prostate parenchyma was present exhibiting pinpoint to focal hyperechoic parenchyma foci, which although nonspecific, is suggestive of parenchyma mineralization. The residual prostate measured 4.7 cm x 3.1 cm.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.7 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

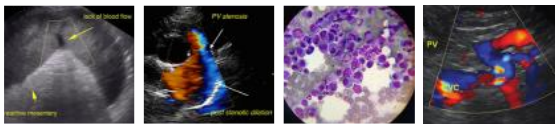
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.4 cm length x 0.66 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.9 cm length x 0.52 cm width 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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



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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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild uniformly thickened urinary bladder walls
- Residual prostatomegaly exhibiting nonhomogeneous hypoechoic parenchyma with pinpoint to focal hyperechoic parenchyma foci
- Mild age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further definition, the mild residual prostatomegaly exhibiting suspected parenchymal mineralization is suggestive of neoplastic criteria i.e., prostatic or urothelial carcinoma. Potential early urinary bladder or pre-prostatic urethra involvement is of concern although not definitive.

Prostatic sampling either via ultrasound-guided FNA or prostatic wash for cytology +/- C/S is recommended with possible oncology consult. No overt evidence of regional metastasis. Three-view chest radiographs are recommended.

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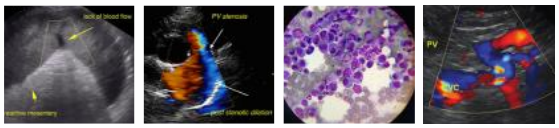

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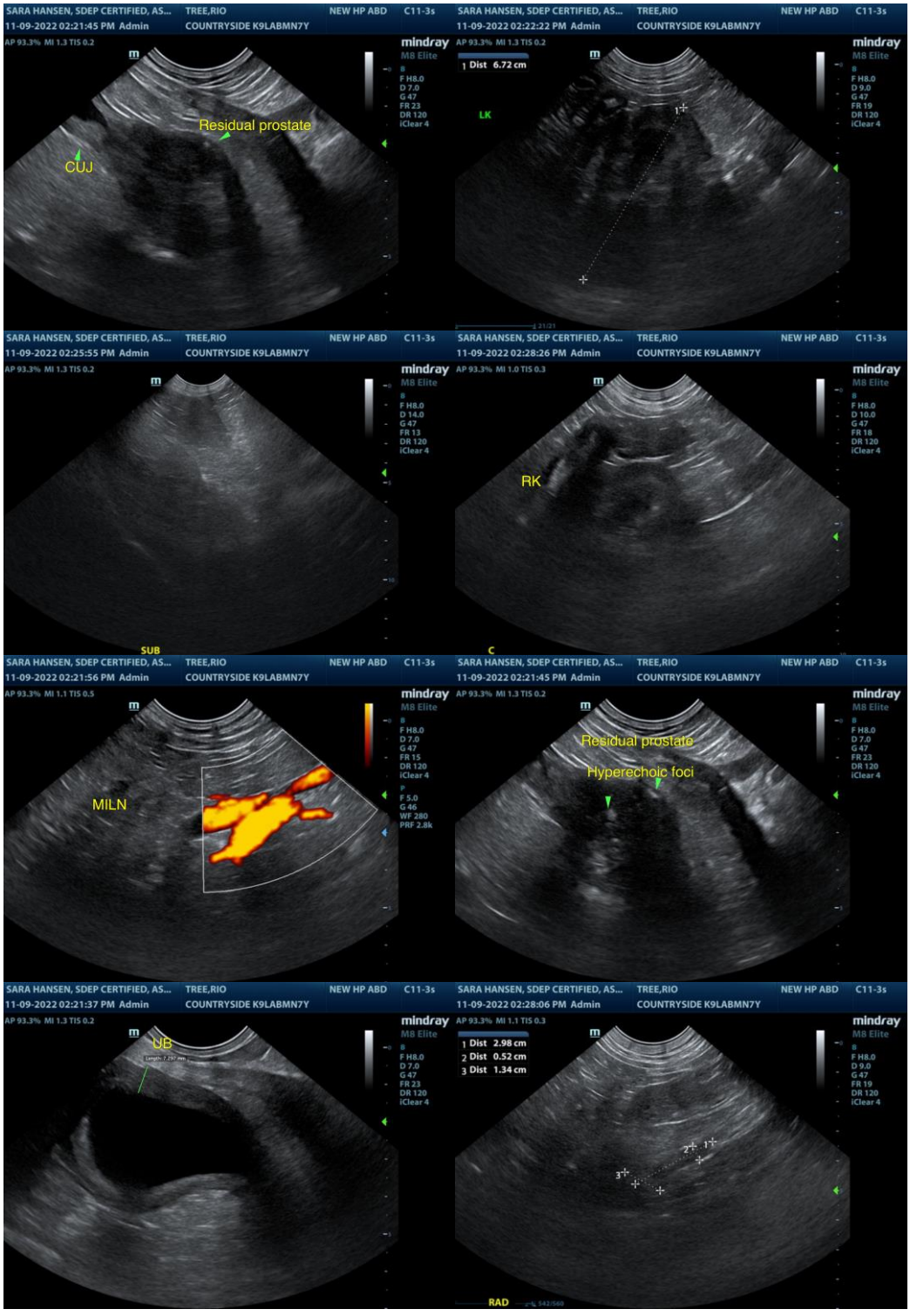

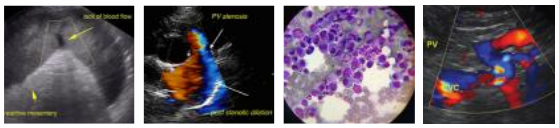

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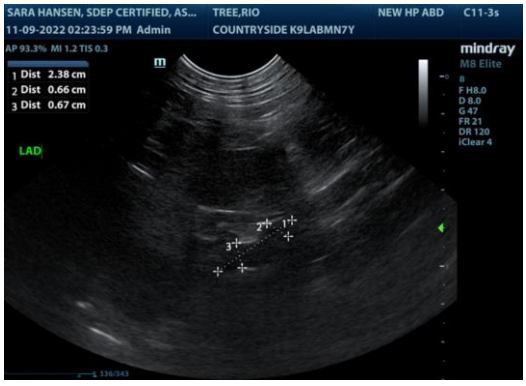

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com