



PATIENT

Jackson Hinton

SPECIES

Canine

BREED

Cairn Terrier

SEX

Neutered Male

AGE

13 Years

WEIGHT

31 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. John Lyle

INVOICE

14040

DATE

2/21/22

PRESENTING CLINICAL SIGNS

History: Having blood in urine. Dx with urethral mass via U/S last year. On Vetprofen, Ursodiol, and gabapentin, but in December had diarrhea episode, so had discontinued Ursodiol and Vetprofen to then slowly start up again. Discontinued Ursodiol 2-18-22.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The overall bladder exhibited normal size and tone without evidence of overdistention suggestive of complete urinary outflow blockage.

Persistent, progressive non-homogeneous mass, exhibiting pinpoint to focal areas of mineralization, involving the residual prostate, adjacent to the proximal urethra, extending caudally to involve the area of the cystourethral junction and urinary bladder trigone was present. The mass involving the residual prostate and proximal urethra measured approximately 4.4 cm x 2.4 cm. The extension of the mass into the urinary bladder trigone measured approximately 2.0 cm in diameter.

Normal size and margination were present in the right kidney. 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. Focal areas of non-obstructive medullary mineral present. The right kidney measured 5.0 cm in length.

The left kidney revealed moderate hydronephrosis, exhibited by anechoic fluid replacement of approximately half of the medullary parenchyma. Concurrent, mild left hydroureter exiting the left kidney, extending caudally was present. The left kidney measured 5.2 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 0.55 cm width at the caudal pole and 0.73 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 cm width at the caudal pole and 0.52 cm width at the cranial 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

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation. The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis.



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Gastrointestinal

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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. Previously noted mural nodule to potential cyst was not definitively present at this time.

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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.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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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.

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Free Abdomen

Solitary, enlarged, hypoechoic medial iliac lymph node was present. The lymph node exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph node was bordered by echogenic to reactive mesentery. The medial iliac lymph node measured 2.1 cm x 1.2 cm. No evidence of peritoneal effusion. The omentum exhibited uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

- Progressive mass involving the residual prostate, regional proximal urethra, extending into the urinary bladder neck and trigone- consistent with neoplastic criteria (i.e., progressive transitional cell carcinoma).
- Left kidney, hydronephrosis and concurrent left hydroureter- likely secondary to obstruction of the left ureter at the level of the urinary bladder secondary to the mass.
- Prominent to mildly hypoechoic medial iliac lymphadenopathy- concerning for regional lymphatic metastasis
- Right kidney, mild chronic renal changes with focal non-obstructive medullary mineral- no evidence of concurrent right kidney hydronephrosis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, the previously diagnosed urethral mass appears to be progressive with definitive residual prostate involvement, extending into the urinary bladder. This does not appear to be overtly obstructive to urine outflow at this time yet consistent monitoring for stranguria is advised. Piroxicam trial as opposed to Vetprofen and as needed analgesia may be considered. Unfortunately, this does not appear to be surgical. Continued monitoring +/- oncology consult would be appropriate.

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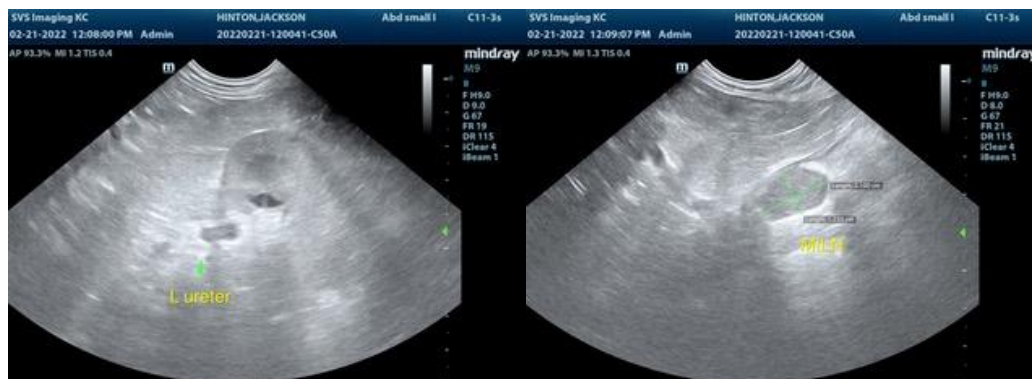
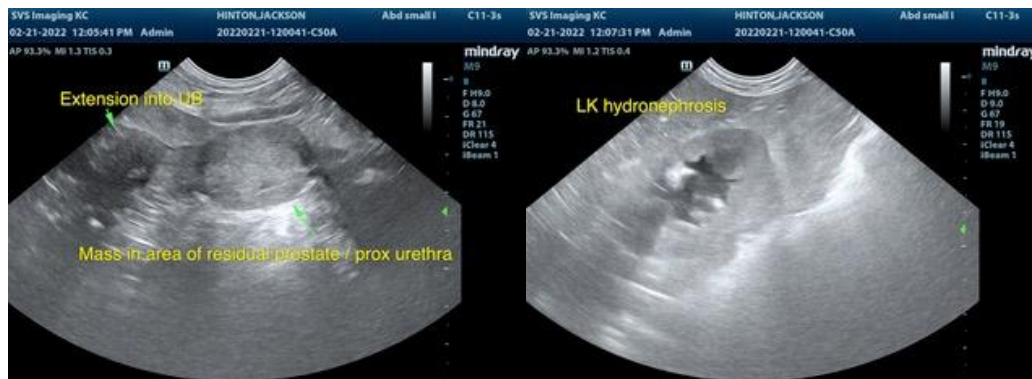
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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