



PATIENT

Wesley Jacobs

SPECIES

Canine

BREED

West Highland Terrier

SEX

Neutered Male

AGE

8 Years

WEIGHT

22 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Jonathan Renfro

INVOICE

14543

DATE

3/28/22

PRESENTING CLINICAL SIGNS

History: Since Nov. of last year- straining to urinate with dribbling seen, accidents in home, restlessness/panting all the time, increased anxiety. Has a seizure about every 3 months. Abnormal PE/Chem/CBC/UA Results: UA 11/17/21 Normal. O states not better since then, still uncomfortable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder exhibited overall normal size and tone, containing primarily anechoic urine with mild nondependent particulate sediment. The urinary bladder trigone, primarily the dorsal trigone and cystourethral junction exhibited mildly nonhomogeneous mural hypertrophy with pinpoint to focal luminal dorsal trigone mineral.

The residual prostate was enlarged in size with hypoechoic to nonhomogeneous parenchyma, exhibiting multiple areas of pinpoint to focal mineralization. Centralized, likely parenchymal cystic component, containing anechoic fluid with subjective mild cellular component. The overall residual prostate measured approximately 3.0 cm in diameter, while the likely parenchymal cystic component measured 1.6 cm in diameter. Mildly prominent prostatic urethra and cystourethral junction, exhibiting evidence of luminal urethral mineral.

Aortic trifurcation was normal without overt evidence of medial iliac or sublumbar 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 pelvic dilation. The left kidney measured 4.8 cm in length. The right kidney measured 4.7 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 0.54 cm width at the caudal pole and 0.45 cm width at the cranial pole.

The right adrenal gland was overtly normal in appearance without overt pathology, subjectively measuring 0.38 cm 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

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



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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.

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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.

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

Pancreas

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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

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Residual prostatomegaly, exhibiting mineralized to cystic parenchyma
- Thickened urinary bladder trigone and proximal urethra, exhibiting dorsal trigone luminal mineral and nonobstructive proximal urethral luminal mineral
- Normal bilateral kidneys

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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(Canine and Feline)

Although additional diagnostics, such as sampling are required for further clarification, the residual prostatomegaly and thickened urinary bladder trigone with concurrent prostatic and urinary bladder mural mineralization are strongly suggestive of neoplastic process, such as transitional/urothelial carcinoma, primary prostatic carcinoma invading the urinary bladder or other. Potential for nonneoplastic etiologies, such as severe chronic cystitis and prostatitis are thought unlikely.

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Screening BRAF assay as well as FNA of the prostate could be considered for further assessment. Potential for possible secondary prostatic abscess or necrosis cannot be excluded. Referral for oncology consult is likely ideal in this patient pending additional diagnostics.

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No overt evidence of regional metastasis.

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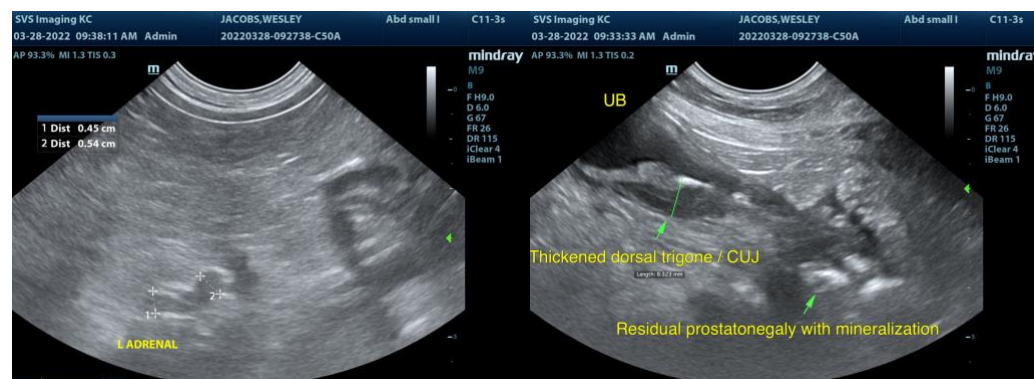
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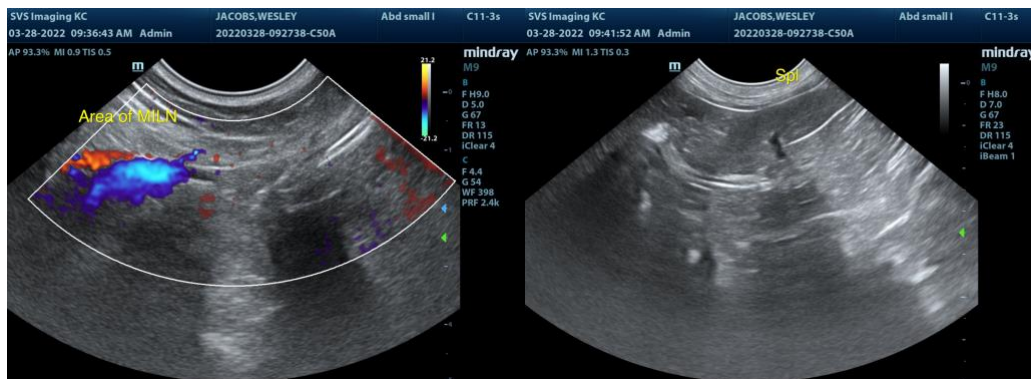
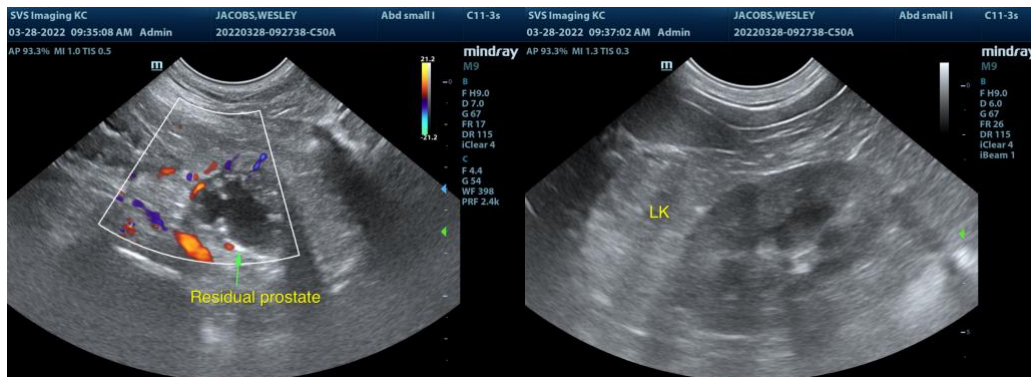
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



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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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