



PATIENT

Kipton Nelson

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

13 years

WEIGHT

36.2 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Graham AH

REFERRING VET

Dr. Sutton

INVOICE

13698

DATE

4/20/22

PRESENTING CLINICAL SIGNS

Presenting for constipation Small, frequent soft stools vs less freq normal 1 wk hx of inappetance, occasionally vomiting approx EOD for 3 weeks No blood in stool Trouble posturing - Shaking Notable weight loss. Cartrophen 1.1ml SQ (yesterday). Looking for cause of vomiting and lack of appetite Abnormal PE/Chem/CBC/UA Results: Mildly elevated ALT (178), attached radiographs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen with mild, nondependent, particulate sediment without evidence of calculus formation. The bladder was otherwise sonographically normal. The ureteral papillae were normal. The ureters were not visible which is normal.

The residual prostate exhibited generalized enlargement with nonhomogeneous to mineralized parenchyma. Concurrent nonhomogeneous mass was present in the lumen of the cystourethral junction and pre-prostatic urethra. The cystourethral junction luminal mass measured approximately 1.3 cm in width. The residual prostate itself measured approximately 7.0 cm x 6.0 cm.

The area of the aortic trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy.

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 6.3 cm in length. The right kidney measured 8.0 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 2.2 cm length x 0.71 cm width at the caudal pole. The right adrenal gland was indistinctly visualized yet without overt pathology, subjectively measuring 1.6 cm length x 0.89 cm.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver was normal In size with areas of mild to asymmetrical hepatic capsule contour. Generalized nonhomogeneous indistinct to subtly nodular hepatic parenchyma was present. An example of a



PATIENT	hepatic nodule measured 1.5 cm in diameter. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.
Kipton Nelson	
SPECIES	<i>Gastrointestinal</i>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. Mild echogenic ingesta was present.
BREED	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.
Labrador Retriever	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	<i>Pancreas</i>
MN	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.
AGE	<i>Free Abdomen</i>
13 years	No omental masses, lymphadenopathy or peritoneal effusion were present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
36.2 kg	<ul style="list-style-type: none"> • Mild urinary bladder sediment • Residual prostatomegaly exhibiting heterogeneous to mineralized parenchyma • Concurrent cystourethral junction / proximal urethral luminal mass • Moderate chronic renal changes • Chronic active hepatitis liver pattern • Mild gallbladder debris (non-mucocele) • Overtly normal gastrointestinal tract with minor retained gastric ingesta
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP	The primary finding in this case is the residual prostatomegaly exhibiting parenchymal mineralization with concurrent cystourethral junction and pre-prostatic urethral luminal mass. Although sampling is required for further clarification, this presentation is most consistent with neoplastic criteria such as urothelial or prostatic adenocarcinoma with likely Invasion into the adjacent urethra. This is suspected to be compressing somewhat onto the adjacent colon resulting In the patient's clinical signs when defecating. No overt evidence of regional metastasis i.e., medial iliac or sublumbar lymphadenopathy.
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13698	Potential for hepatic metastatic disease, although thought less likely, cannot be definitively excluded. Additional considerations for the liver nodules may include areas of nodular to regenerative hyperplasia, hematopoiesis, or similar.
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Prostatic FNA and / or prostatic wash for cytology could be considered for a definitive diagnosis with potential for oncology consultation. As-needed continued gastrointestinal supportive care is recommended.

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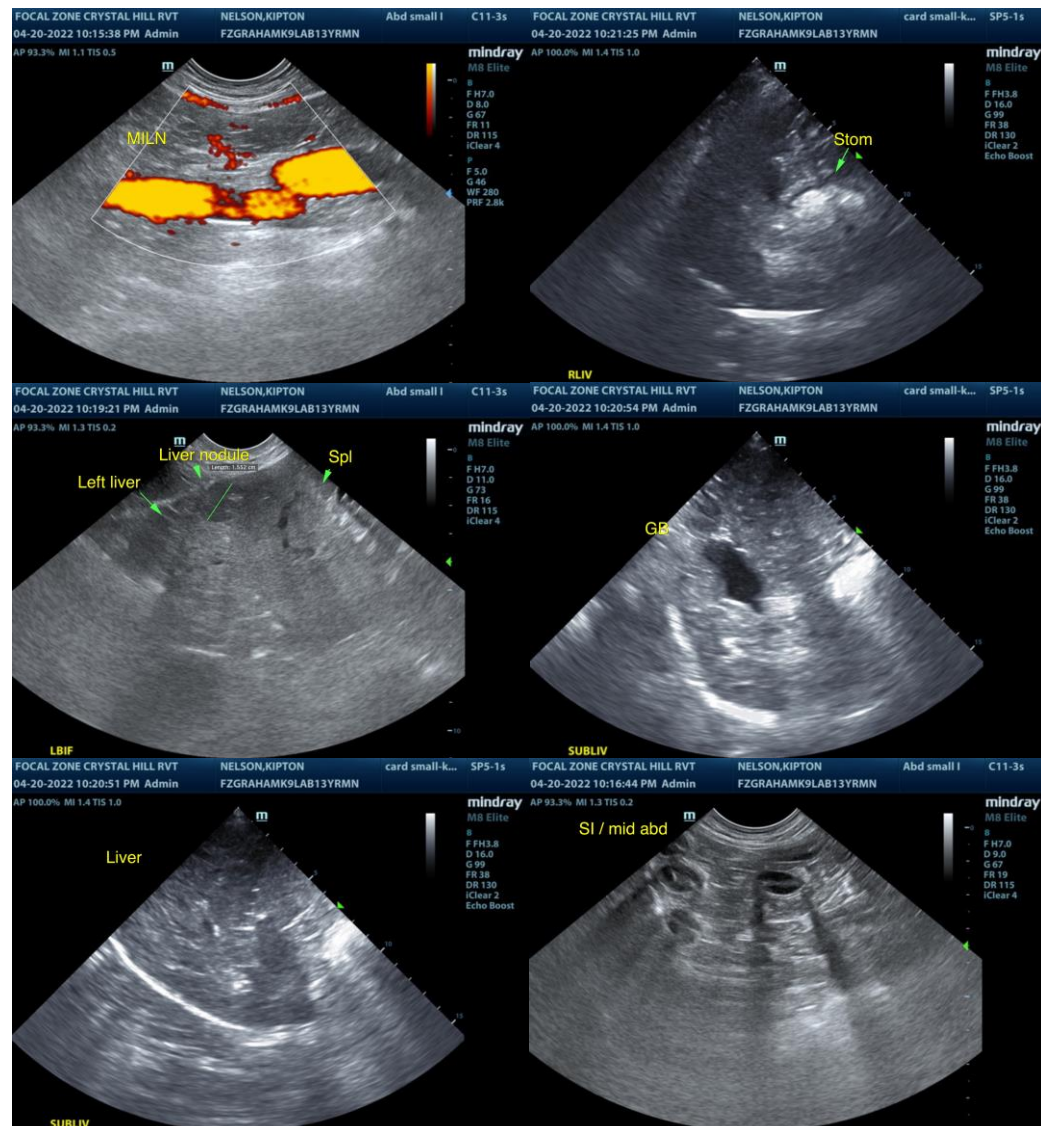
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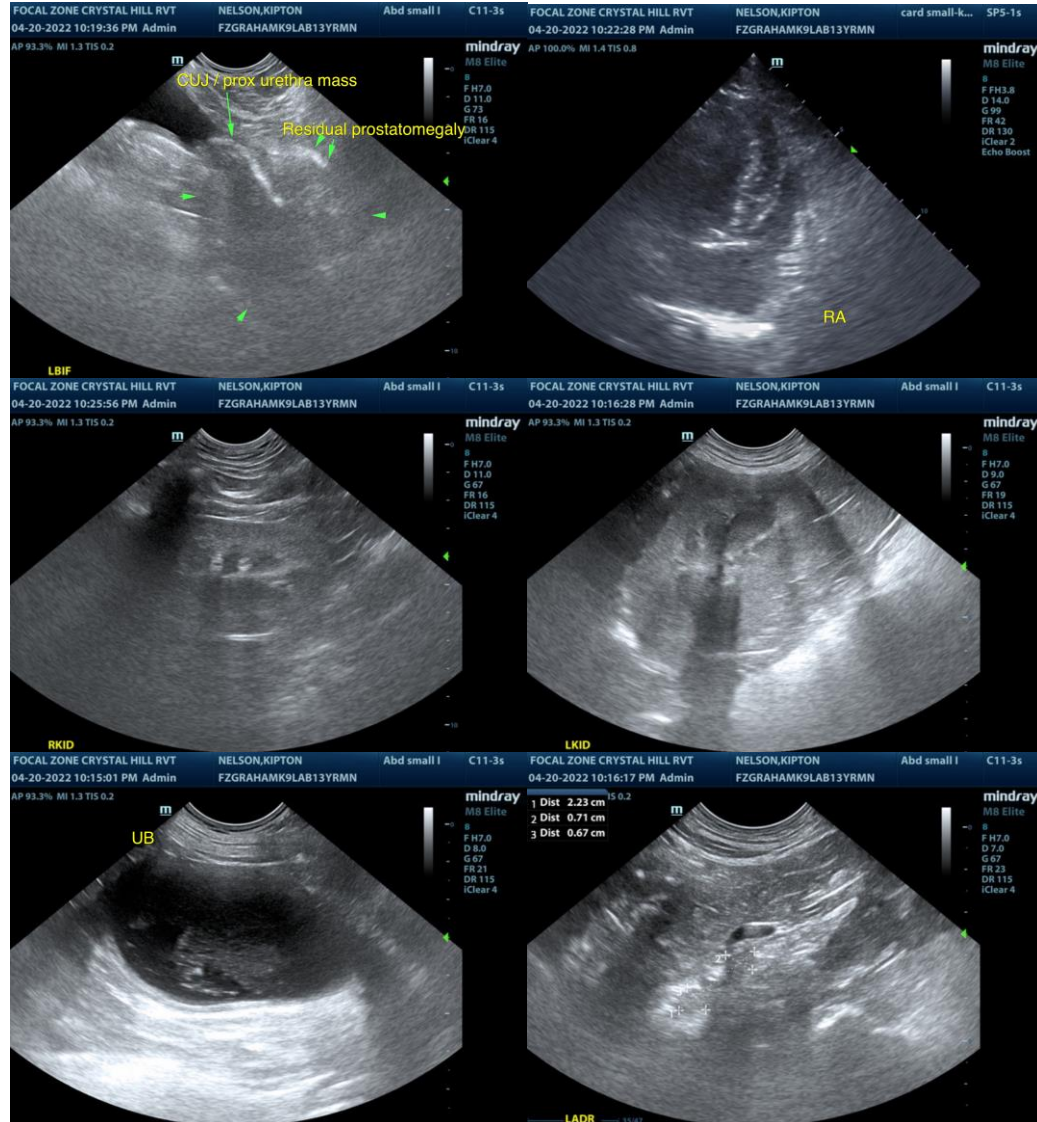
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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