



**PATIENT**

Ben Brzozowski

**SPECIES**

Canine

**BREED**

Wheaten Mix

**SEX**

CM

**AGE**

14-15 YO

**WEIGHT**

24 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jose

**HOSPITAL NAME**

Animal Clinic of  
Queens

**REFERRING VET**

Dr. Kwasnik

**INVOICE**

14238

**DATE**

7/6/22

**PRESENTING CLINICAL SIGNS**

Ben had hx of a hematuria for the past 1.5 years, been TX: W/ABS (augmentin 500 mg 1 BID) enlarged prostate, increased water intake, dribbling urine, heart murmur III/VI.

Abnormal PE/Chem/CBC/UA Results: HM III/VI, Enlarged/ soft/ symmetrical prostate, BCS 4/9, DDZ gr 2/4 BW: 05/28/2021 CHEM: GLOBULIN: 3.8 (H) 1.6-3.6 CBC: WNL UA: 12/27/2020 PROTEIN: 1+ SG: 1.044 BLOOD: 2+ WBC: 4-10 RBC: 11-20 TRANSITIONAL EPITHELIA: 4-10 SQUAMOUS EPITHELIA: 2-3

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction exhibited normal tone. The bladder exhibited variably prominent to mildly thickened ventral and dorsal urinary bladder walls with minor polyploid component. Anechoic urine was present in the lumen with no uroliths, sediment, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. The ventroapical urinary bladder wall width measured 0.53 cm.

The residual prostate was enlarged in size measuring 3.7 cm x 3.0 cm. Mild asymmetrical prostatic capsule contour was present with nonhomogeneous parenchyma exhibiting multifocal areas of parenchymal mineralization. A large, cyst-like lesion was noted in the mid-dorsal prostatic parenchyma measuring 2.1 cm in diameter. Additional smaller prostatic cystic lesions were also present. Possible minor periprostatic inflammation was noted.

No evidence of medial iliac or sublumbar lymphadenopathy was noted.

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. Pinpoint to focal areas of medullary mineral were present with no evidence of pyelectasia. The left kidney measured 5.1 cm in length. The right kidney measured 5.2 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.0 cm length x 0.57 cm width in the caudal pole. The right adrenal gland measured 1.7 cm length x 0.52 cm width in the caudal pole.

**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.



**PATIENT**

***Liver/ Gallbladder***

Ben Brzozowski

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 echogenic, nonmineralized biliary sludge. The gallbladder was otherwise normal. The cystic duct and common bile ducts were normal without evidence of dilation.

**SPECIES**

Canine

**BREED**

Wheaten Mix

***Gastrointestinal***

**SEX**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

CM

**AGE**

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.

14-15 YO

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

**WEIGHT**

24 lbs.

***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.

**INTERPRETED BY**

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

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**IMAGING PERFORMED BY**

Jose

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Residual prostatomegaly exhibiting nonhomogeneous focally mineralized to cystic parenchyma
- Mildly prominent urinary bladder walls exhibiting minor polyploid changes - potential for mild chronic polyploid cystitis
- Bilateral chronic renal changes with focal nonobstructive medullary mineral

**HOSPITAL NAME**

Animal Clinic of  
Queens

***Secondary Findings***

- Mild hepatic parenchymal remodeling - benign
- Mild gallbladder debris

**REFERRING VET**

Dr. Kwasnik

**INVOICE**

14238

**DATE**

7/6/22

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling is required for further clarification, the residual prostatomegaly, given the presence of parenchymal mineralization, is primarily suggestive of prostatic neoplastic criteria, which may include urothelial or prostatic carcinoma. Potential concurrent prostatic cysts are possible while potential areas of prostatic necrosis or abscessation cannot be definitively excluded.



## PATIENT

Ben Brzozowski

## SPECIES

Canine

## BREED

Wheaten Mix

## SEX

CM

## AGE

14-15 YO

## WEIGHT

24 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jose

## HOSPITAL NAME

Animal Clinic of  
Queens

## REFERRING VET

Dr. Kwasnik

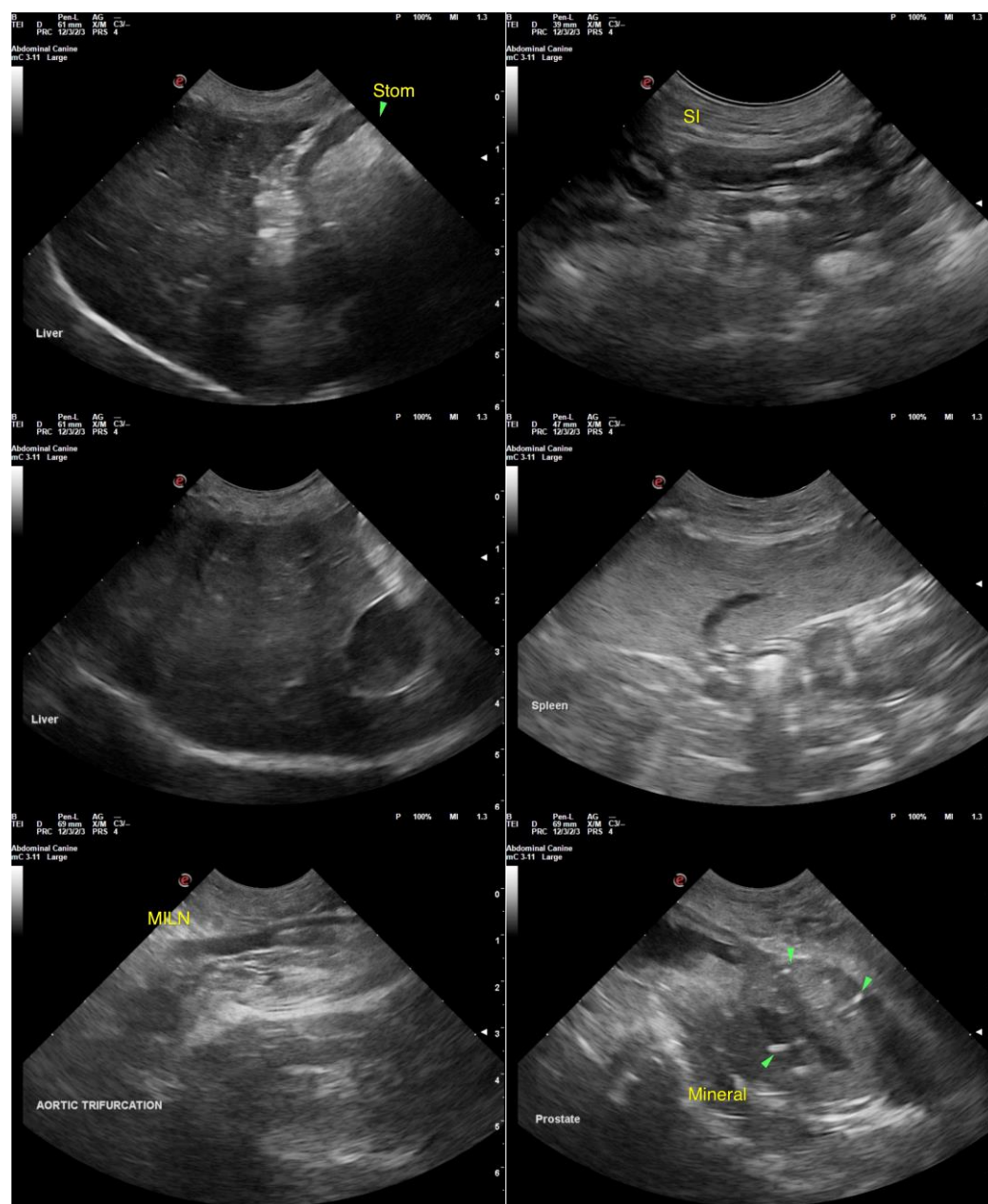
## INVOICE

14238

## DATE

7/6/22

Screening BRAF Assay could be considered as a noninvasive screening diagnostic. Prostatic FNA vs. prostatic wash for cytology +/- C/S could also be considered. No overt evidence of regional metastasis, if prostatic neoplastic process is confirmed, although the possibility of early urinary bladder involvement cannot be excluded. Chronic prostatitis is possible yet considered a less likely differential diagnosis.





**PATIENT**

Ben Brzozowski

**SPECIES**

Canine

**BREED**

Wheaten Mix

**SEX**

CM

**AGE**

14-15 YO

**WEIGHT**

24 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jose

**HOSPITAL NAME**

Animal Clinic of Queens

**REFERRING VET**

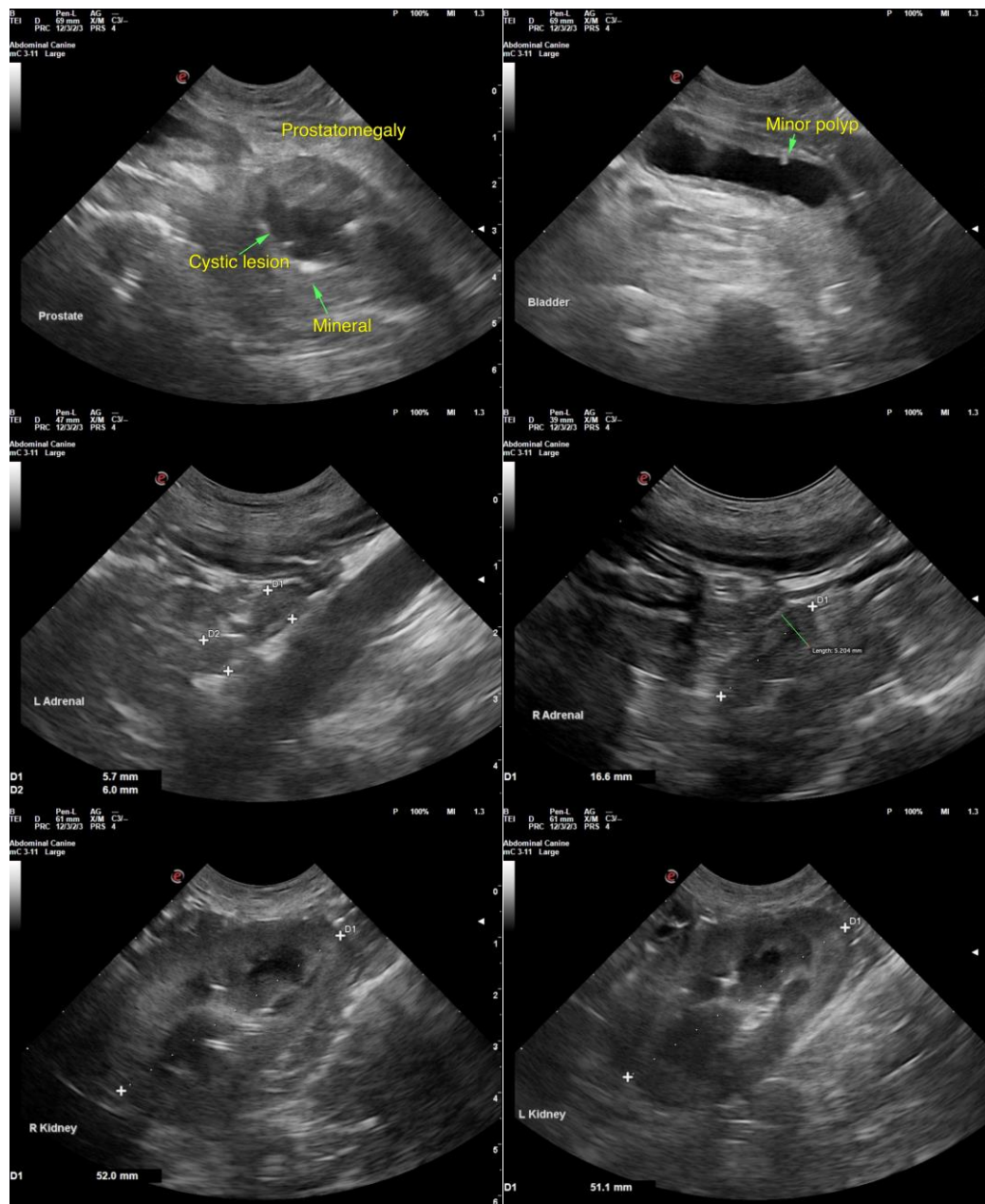
Dr. Kwasnik

**INVOICE**

14238

**DATE**

7/6/22



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