



PATIENT

Quill Steffan

SPECIES

Canine

BREED

Border Collie

SEX

Male Neuter

AGE

12 years 7 months

WEIGHT

56.00

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Avenue VC

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

14239

DATE

7/7/22

PRESENTING CLINICAL SIGNS

See EMR - Intermittent hematuria, suspected near the end of the stream but unclear. No stranguria, discomfort. Otherwise doing great at home per Os. RO prostatic disease

Abnormal PE/Chem/CBC/UA Results: Clinically normal. Eyes- pannus present (currently not undergoing treatment). mm pink, moist. CRT <2s. H/L WNL. BCS 6/9. Full hair coat. Abd WNL. Prepuce and penis WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE URINARY SYSTEM

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate exhibited generalized enlargement with indistinct capsule symmetry. Nonhomogeneous mildly hypoechoic residual prostatic parenchyma exhibiting intermittent to multifocal parenchyma hyperechoic foci, suggestive of probable parenchymal mineralization, was present. The residual prostate measured approximately 4.3 cm in diameter. No overt evidence of periprostatic inflammation was noted. Potential soft tissue echogenicity within the proximal urethral lumen prior to the residual prostate is possible yet not definitive.

ULTRASONOGRAPHIC FINDINGS

- Residual prostatomegaly exhibiting nonuniform parenchyma with pinpoint hyperechoic parenchyma foci - hyperechoic parenchymal foci suggestive of areas of mineralization
- Overtly normal urinary bladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the residual prostatic presentation given its generalized enlargement and likelihood of parenchymal mineralization is suggestive of residual prostate neoplastic criteria which may include prostatic or urothelial carcinoma. Potential for non-neoplastic etiologies such as chronic prostatic inflammation is considered a less likely differential diagnosis. The potential for early proximal urethral extension or Invasion of the prostatic pathology is possible yet not definitive.

Ultrasound guided residual prostate FNA or residual prostatic wash for cytology +/- C/S if clinically indicated is recommended for further assessment and potential for oncology consultation. Sonographic assessment of the medial iliac and sublumbar lymph nodes, as well as three view chest radiographs, are recommended.



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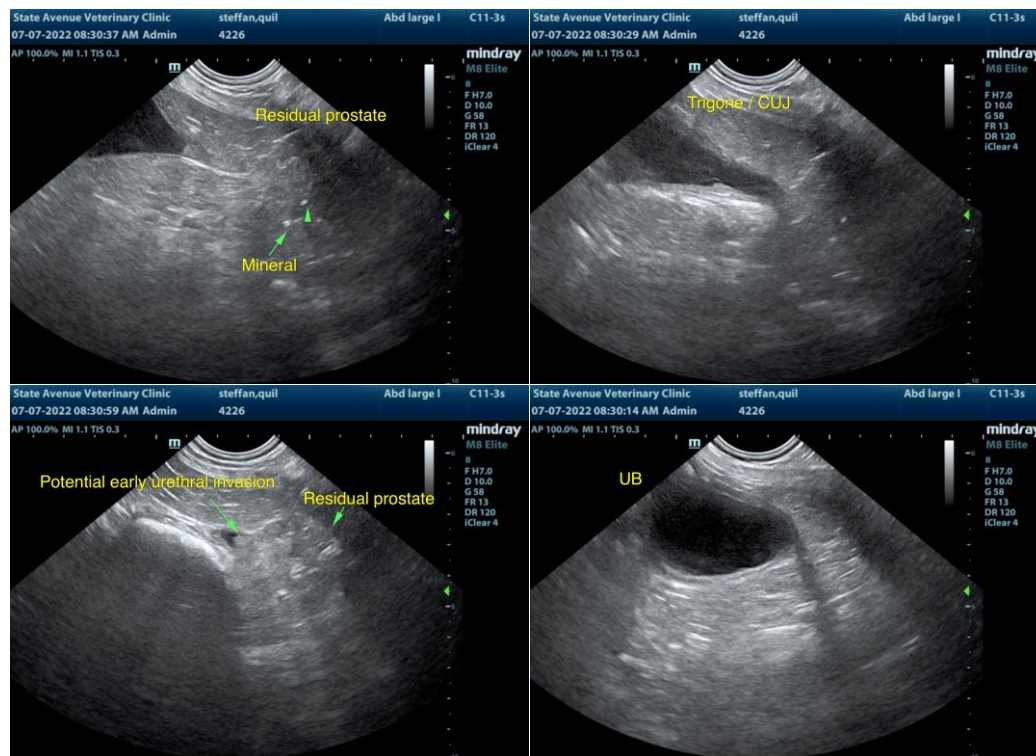
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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