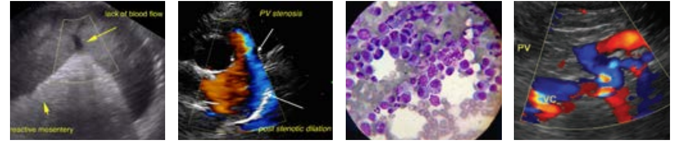
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com

1-800-838-4268 info@sonopath.com

PATIENT

Jackson Hinton

SPECIES

Canine

BREED

Cairn Terrier

SEX

Neutered Male

AGE

12 Years

WEIGHT

31.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging Kansas City

REFERRING VET

Dr. Breinin

INVOICE

24554

DATE

8/11/21

PRESENTING CLINICAL SIGNS

Dental in April with extractions. Pre-op bloodwork showed ALP of 415. Started on Denamarin. Also got clindamycin and carprofen for dental. Then next day some tramadol and gabapentin. At recheck bloodwork, O states pet urinates frequently around the home.
Abnormal PE/Chem/CBC/UA Results: Recheck bloodwork 7/29 showed: ALP 421 (5-131), BUN 43 (6-31), BUN/CREA ratio 61 (4-27), Phos 6.8 (2.5-6), PLT 422 (170-400). UA: 3+ protein, WBC 21-50/hpf. Microalbuminuria >30 (<2.5). T4, lepto PCR, and ATCH stim test WNL. Rads: hepatomegaly, arthritis, interstitial pattern.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder exhibited normal thickness and tone. Anechoic urine was present. A small dependent cystic calculus was noted measuring 0.33 cm diameter. A non-homogeneous to mildly echogenic luminal mass lesion was noted occupying the proximal urethra just distal to the cystourethral junction, as well as potentially extending into the area of the prostate. The definitive prostate was distinctly visualized owing to the proximal urethra luminal mass lesion. The mass lesion measured approximately 3.3 cm x 1.3 cm. Proximal urethral tone and structure distal to the urethral mass lesion was normal to a depth of approximately 4-5 cm.

The area of the aortic trifurcation was free of pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 4.9 cm. The left kidney measured 4.9 cm.

Adrenal Glands

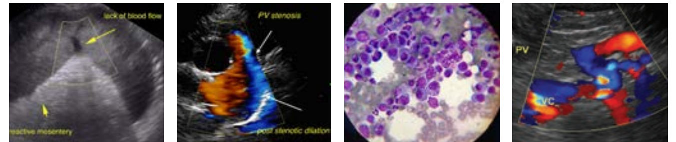
The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. No evidence of hyperplasia or neoplasia. The right adrenal gland measured 0.50 cm at the cranial pole and 0.51 cm at the caudal pole. The left adrenal gland measured 0.52 cm at the cranial pole and 0.62 cm at 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.

Liver

The liver was mildly enlarged. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild non-dependent yet non-organized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented intact wall layering without evidence of mural hypertrophy. A solitary mural anechoic to hypoechoic cyst versus nodule noted in the caudal aspect of the gastric body, measuring approximately 1.1 cm diameter. This cyst versus nodule did not appear to significantly distort the surrounding gastric wall. Gastric body wall measured 0.50 cm.

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. Duodenum wall measured 0.46 cm.

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

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.

Free Abdomen

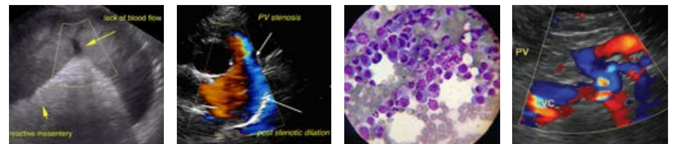
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Proximal urethral luminal mass lesion potentially involving the prostate
- Small cystic calculus
- Bilateral mild age related kidneys
- Benign hepatopathy
- Mild gallbladder debris (non-mucocele)
- Non-specific, focal caudal gastric mural cyst versus nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The proximal urethral luminal mass lesion potentially involving the prostate is most concerning for a neoplastic process such as transitional cell or possible prostatic carcinoma. Potential for non-neoplastic etiology such as urethritis or non-specific prostatic pathology extending into the urethra possible. Screening BRAF assay may be considered. However, if negative, sampling of the urethral luminal mass lesion required for definitive diagnosis. Sonographic monitoring of a non-specific gastric mural cyst versus nodular lesion would be appropriate. Continued hepatosupportive medications including Ursodiol may prove beneficial. Some degree of early renal insufficiency may be possible, yet no overt evidence of significant nephropathy.



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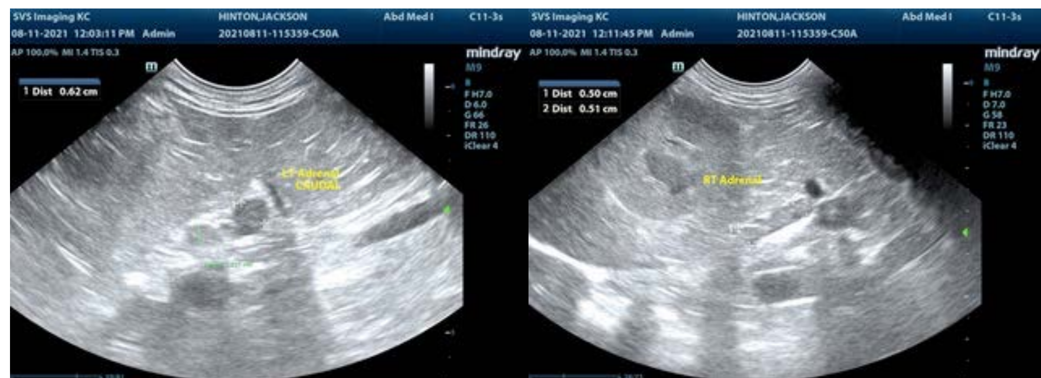

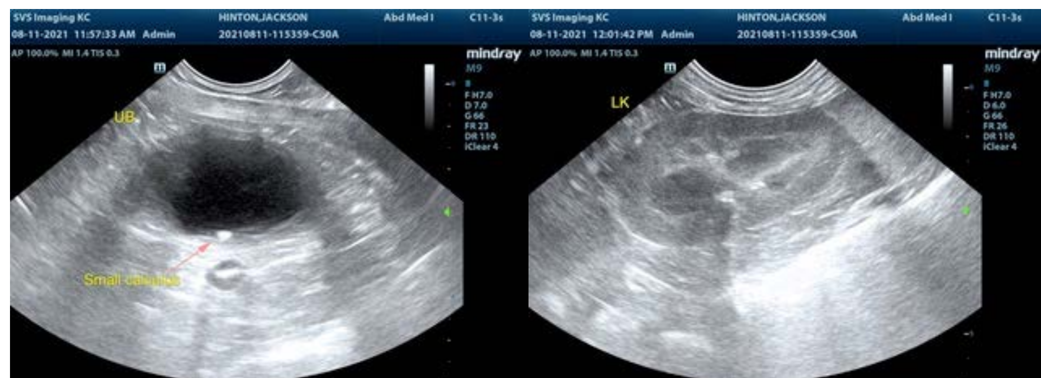

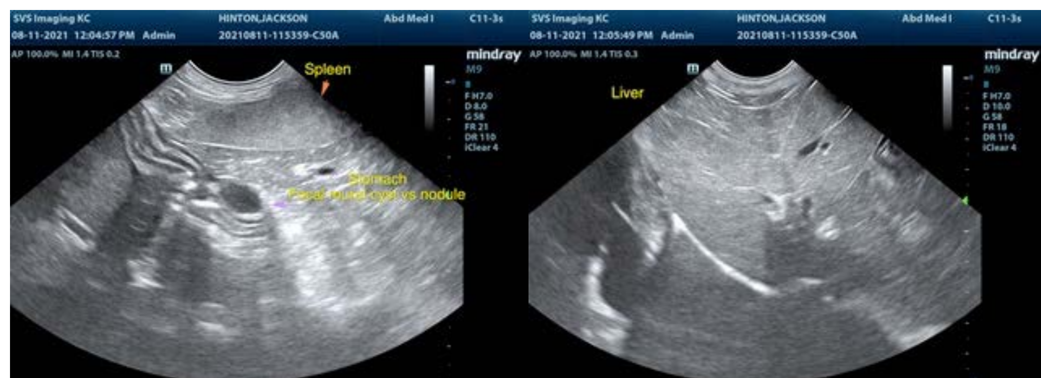

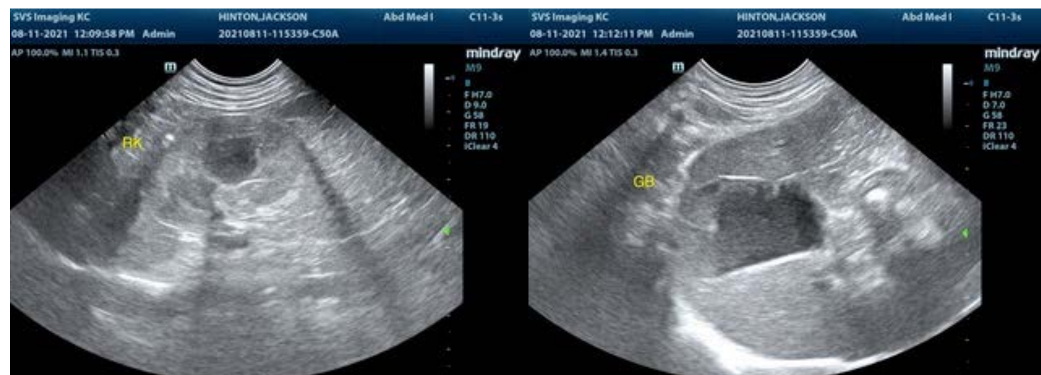

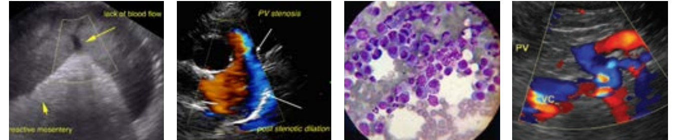

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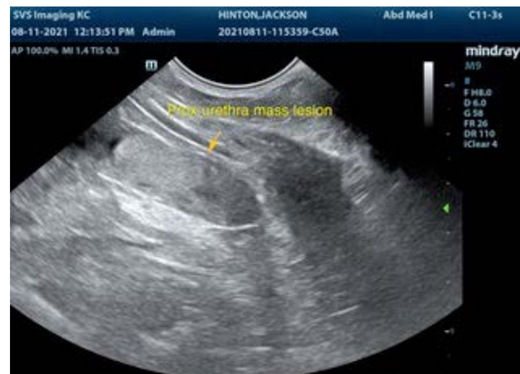

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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