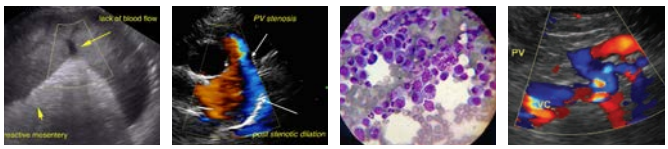
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Sammy Harper

SPECIES
Canine

BREED
Pug X

SEX
Neutered Male

AGE
11 Years

WEIGHT
42 Pounds

INTERPRETED BY
Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY
Dr. Christina Sitton

HOSPITAL NAME
Sherwood Family PC

REFERRING VET
Dr. Christina Sitton

INVOICE
44223

DATE
1/14/23

PRESENTING CLINICAL SIGNS

Dribbling urine December progressed to blood, hematuria, clots and continued incontinence weight loss, otherwise acting normal

Abnormal PE/Chem/CBC/UA Results: BW/UA/UC: pending Rectal exam: prominent prostate

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and a small amount of luminal sediment. The bladder wall is focally thickened up to 1.6 cm in the region of the trigone, with focal mineralization of the irregular bladder wall.

The prostatic parenchyma exhibits mixed and diffusely enlarged measuring 3.8 cm x 5.4 cm There is mineralization noted within the parenchyma. The prostatic urethra is not dilated. There is enlargement of regional lymph nodes.

The left kidney is profoundly hydronephrotic and filled with hypoechoic fluid. None of the normal renal architecture is visible. A dilated proximal ureter is seen.

The right kidney exhibits moderate hydronephrosis. There is no evidence of mineralization within the renal parenchyma. The proximal ureter is dilated. The right kidney measures 6.6 cm.

Adrenal Glands

The left adrenal gland is not visualized due to the presence of the enlarged hydronephrotic left kidney.

The right adrenal gland is normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The right adrenal gland measures 5.6 mm at the cranial pole and 6.7 mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

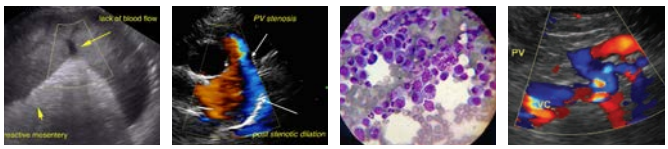
The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is subjectively normal in thickness , and exhibits appropriate wall layering, but cannot be accurately measured due to normal deviations of the rugal folds. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.



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The visible portions of the colon are of normal thickness, up to 1.3 mm with intact wall layering. The ileocecal junction is not visualized.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

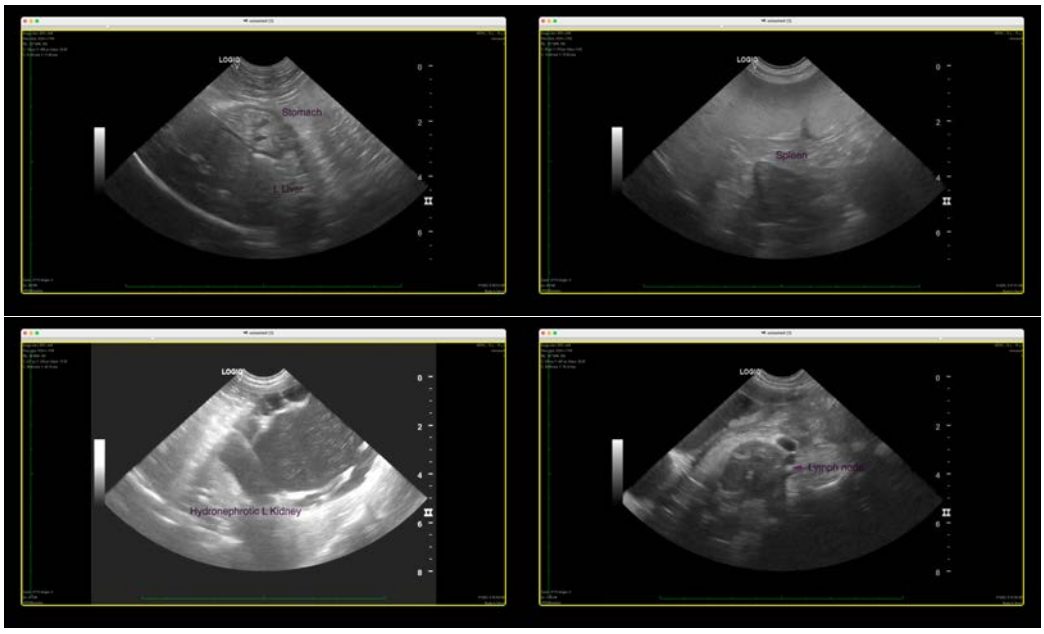
There is no evidence of free fluid within the peritoneal cavity. The omentum and intrabdominal fat are of appropriate echogenicity. The lymph nodes in the region of the prostate and bladder are moderately enlarged and hyperechoic with a rounded shape and mineralization, measuring up to 2.6 cm in diameter. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

- Prostatic changes consistent with adenocarcinoma with extension into the bladder and regional lymph nodes
- Severe left hydronephrosis and moderate right hydronephrosis, secondary to ureteral obstructions due to neoplasia in the bladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The combination of the lymph node and bladder involvement of the prostatic neoplasia along with the bilateral ureteral obstruction has a poor prognosis. If available, emergency intervention for a ureteral stent and perhaps a left nephrectomy along with chemotherapy could be considered.



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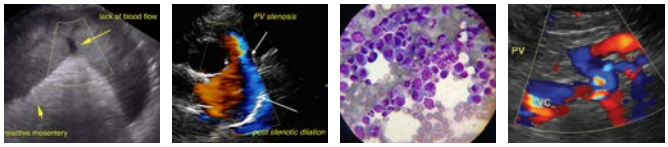

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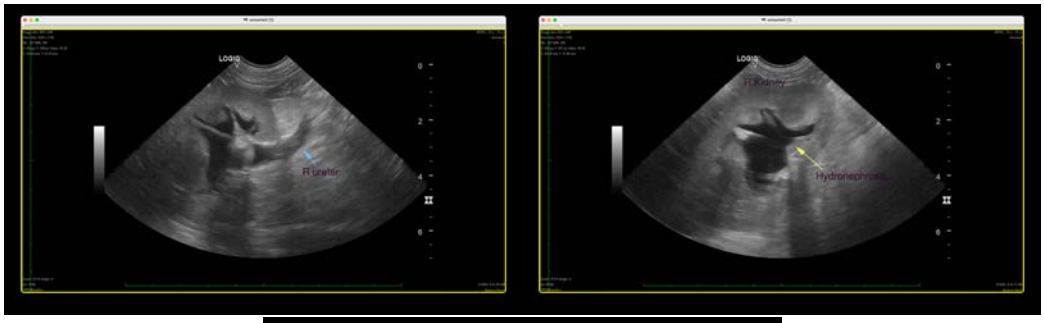

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

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