



PATIENT

Jax Raeshell

SPECIES

Canine

BREED

Terrier X

SEX

Neutered Male

AGE

12 Years

WEIGHT

16.4 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Belan

HOSPITAL NAME

Alpine AH

REFERRING VET

Dr. Katz

INVOICE

17733

DATE

10/15/22

PRESENTING CLINICAL SIGNS

History: Hematuria stranguria and difficulty passing stool. Referred as there was concern about prostatic neoplasia

Abnormal PE/Chem/CBC/UA Results: Not available

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine. While the wall appears thickened, this is likely a normal variation due to lack of distention. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

The prostatic parenchyma exhibits mixed and diffusely enlarged measuring (7.1 cm x 5.7 cm x 4.1 cm) There is mineralization noted within the parenchyma. The prostatic urethra is not dilated.

Both kidneys are hyperechoic and exhibit moderately decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 4.9 cm in length. The right kidney is 4.8 cm in length. There are multiple small cortical cysts, measuring up to 3.0 mm, present in both kidneys.

Adrenal Glands

The adrenal glands are both identified in their normal locations. There is a small isoechoic nodule arising from the caudal pole of the left adrenal gland, measuring 1.2 cm. They are otherwise normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 6.0 mm at the cranial pole and 1.2 mm at the caudal pole. The right adrenal gland height is 9.9 mm at the cranial pole and 4.5 mm at the caudal pole.

Spleen

There are multiple hyperechoic masses within the splenic parenchyma measuring up to 1.4 cm in size, with no visible deviation of the splenic capsule. 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 diffusely hyperechoic and subjectively enlarged. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a small amount of freely moveable echogenic sludge. The wall was thin and continuous with small focal polypoid lesions. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach is moderately distended with normal ingesta. The gastric wall is 2.9 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. 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. The duodenal wall measures 4.7 mm. The jejunal wall measures up to 3.7 mm. Intestinal motility appears normal.



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The visible portions of the colon are of normal thickness, up to 2.1 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

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Pancreas

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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.

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Free Abdomen

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There is no evidence of free fluid within the peritoneal cavity. The sublumbar lymph nodes were mildly enlarged, up to 1.5 cm, with normal short to long axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered Male

Primary Findings

AGE

- A markedly enlarged inhomogeneous prostate, consistent with prostatic neoplasia

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Secondary Findings

WEIGHT

- A left adrenal nodule
- A reactive hepatopathy
- Chronic renal changes
- Splenic myelolipomas
- Gallbladder polyps

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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DABVP (canine/feline
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The appearance of the prostate is concerning for prostatic neoplasia. Recommendations include:

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- ❖ Urethral catheterization with prostatic massage may provide cells for cytology, and is low risk
- ❖ Ultrasound guided fine needle aspiration can be attempted but poses the risk of seeding cells along the needle tract. If there is associated lymphadenopathy, then lymph node aspiration could be considered.
- ❖ Definitive diagnosis often requires surgical biopsy.
- ❖ NSAID therapy may provide some anti-neoplastic benefit and symptom relief.

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The nodule on the (left/right) adrenal gland may be indicative of adrenal hyperplasia, a benign adrenal adenoma, or an early malignancy such as pheochromocytoma or adenocarcinoma.

Recommendations include:

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- ❖ blood pressure measurement to screen for pheochromocytoma
- ❖ if signs of Cushing's disease are present, then adrenal function testing (either a low-dose dex-suppression test or ACTH stimulation test) is recommended
- ❖ monitoring the nodule for changes in size or appearance, via serial ultrasounds at 6-8 week intervals

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The changes in the kidneys are consistent with chronic renal disease. Findings should be correlated with laboratory values, IRIS staging and clinical signs.

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The changes in the liver are non-specific and could be attributed to endocrine disease, other vacuolar hepatopathies, reactive hepatopathy, storage hepatopathy, chronic infectious or inflammatory disease (including leptospirosis), hepatic lipidosis, or less likely neoplasia. Ultrasound-guided or laparoscopic biopsies would be needed for definitive diagnosis. Recommendations include:

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- ❖ screening for diabetes mellitus and hyperlipidemia if not already performed
- ❖ testing for Cushing's disease is recommended only if clinical signs support the diagnosis
- ❖ bile acid testing is recommended to further assess severity of hepatic disease - if elevated then liver biopsies should be considered
- ❖ if bile acids are normal, but the ALT is increased, then initiation of liver support therapies such as SAME, Vitamin E and ursodiol, along with serial monitoring of liver enzyme levels every 2-3 months, could be initiated

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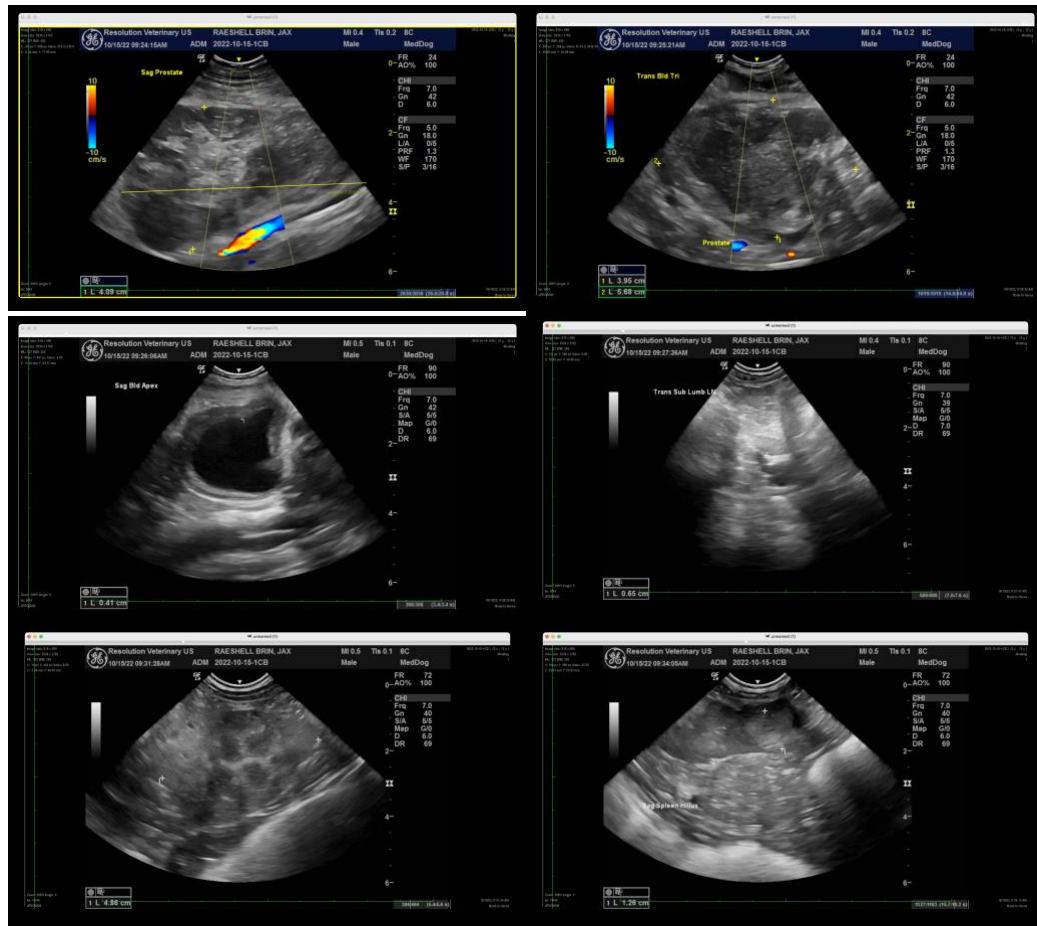
The changes to the gallbladder wall may be an incidental findings or may indicate the presence of cholecystitis. Correlate with laboratory findings and clinical sings.

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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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com