

**PATIENT**

Cosmo McDermott

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Neutered Male

**AGE**

12 years

**WEIGHT**

25.95 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Arias

**HOSPITAL NAME**

Animal EH Deland

**REFERRING VET**

Dr. Arias

**INVOICE**

12338

**DATE**

3.5.23

**PRESENTING CLINICAL SIGNS**

History: P has not had a BM in 4 days and has been vomiting

Abnormal PE/Chem/CBC/UA Results: CBC: Lymphopenia  
enlarged prostate, rectal asymmetrical on palpation.  
Mass seen on spleen

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. 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 3.6 cm x 4.5 cm x 5.9 cm. There is mineralization noted within the parenchyma. The prostatic urethra is not dilated.

Both kidneys are hyperechoic and exhibit mildly decreased corticomedullary differentiation, with a corticomedullary rim sign. There is no evidence of nephrolithiasis, mineralization, pyelectasia, or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 6.7 cm in length. The right kidney is 5.7 cm in length.

**Adrenal Glands**

Neither adrenal is distinctly seen, although the regions for both the left and right adrenals are unremarkable.

**Spleen**

A 2.4 x 3.2 cm mass is noted in the head of the spleen, which disrupts the splenic capsule. The surrounding omentum is normal. 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. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

**Gastrointestinal**

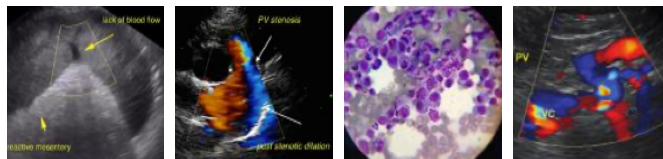
The stomach is empty. The gastric wall is subjectively normal in thickness, and exhibits appropriate wall layering, but cannot be accurately measured due to normal deviations of the rugal folds. The pylorus is of normal appearance.

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. The duodenal wall measures 5.6 mm. The jejunal wall measures up to 3.8 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.2 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

**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.



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**Free Abdomen**

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed, although the region of the sublumbar lymph nodes is not provided.

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Canine

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- An enlarged mineralized prostate, most consistent with prostatic neoplasia
- A splenic mass with capsular deviation, concerning for splenic neoplasia

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**Secondary Findings**

- Reactive hepatopathy
- Chronic renal changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the prostate is concerning for prostatic neoplasia. Recommendations include:

- Urethral catheterization with prostatic massage may provide cells for cytology, and is low risk
- Urine BRAF testing may be useful in detecting prostatic neoplasms of urothelial origin.
- 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.
- Given the patient's difficulty with defecation, stool softeners may also provide symptomatic relief.

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The splenic mass could represent either a benign hemangioma, hematoma or malignancy. Recommendations include:

- Three view chest radiographs to rule out metastasis
- Splenectomy with histopathology
- If surgery is not elected, initiation of therapy with Yunnan Bai Yao and l'm-Yunity may serve to decrease risk of acute hemorrhage. More information, including dosing for these therapies can be found here:

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- <https://penntoday.upenn.edu/news/compound-derived-mushroom-lengthens-survival-time-dogs-cancer-penn-vet-study-finds>
- [https://www.mspca.org/angell\\_services/yunnan-baiyao-to-use-or-not-to-use/](https://www.mspca.org/angell_services/yunnan-baiyao-to-use-or-not-to-use/)

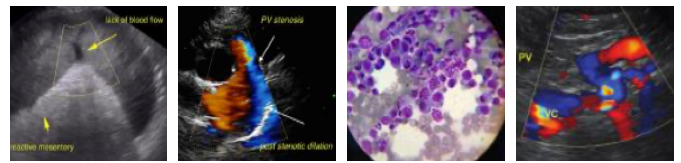
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The changes in the kidneys are consistent with chronic renal disease. Findings should be correlated with laboratory values, IRIS staging and clinical signs.

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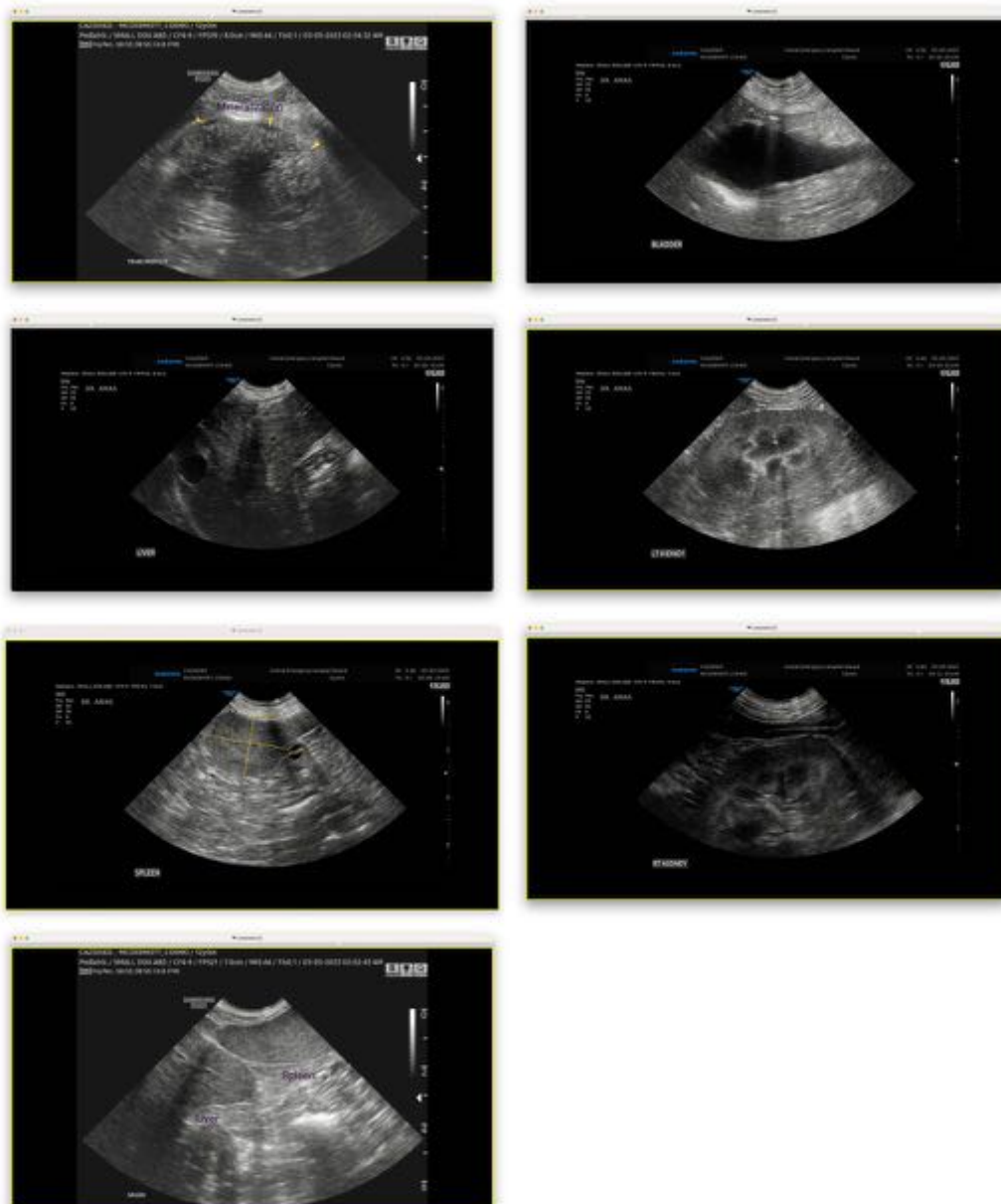
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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