


PATIENT PRESENTING CLINICAL SIGNS

Apollo Sedillos History: Patient presented early March for vomiting, diarrhea, and decreased appetite. CBC/Chem performed and unremarkable. Re-presented for diarrhea and inappetance on 3/27 - sent home on metronidazole and proviable but not improving. 3/29 developed abnormal urination with straining, pulsing to urinate, and painful. No vomiting.

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: Extremely tense and painful abdomen. Unable to palpate prostate on rectal exam, liquid stool on exam glove. CBC/Chem unremarkable UA/Culture pending AXR - distended bladder, enlarged prostate TXR - unremarkable Cytology/fluid analysis pending for ascites - ~600 ml of serosanguinous fluid drained from abdomen FNA of prostate submitted for cytology FNA of anechoic structure adjacent to prostate submitted for culture - fluid was brown and thick

BREED

Doberman Pinscher

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX
Urinary System

Intact Male The urinary bladder wall is mildly distended. The wall is of appropriate thickness for the level of repletion. The mucosal surface is slightly irregular. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

AGE

4 years, 6 mos The prostate is enlarged (6.70 cm in width) with an irregular shape. A >11.00 cm fluid pocket is observed on the right side of the prostate. Several other cystic lesions are also seen within the gland. The more solid-appearing parenchyma is mildly hyperechoic relative to surrounding omental fat and slightly heterogenous in appearance. The prostatic urethra is not overtly dilated.

WEIGHT

72 lbs The left kidney is normal in size (8.05 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

Andrea Nicastro, DVM,
 Diplomate ACVIM
 (Small Animal Internal
 Medicine)

The right kidney is normal in size (8.15 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

IMAGING PERFORMED BY
Adrenal Glands

The cranial pole is visualized and is normal in size (0.57 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

Ukachi Ugorji DVM

HOSPITAL NAME

The right adrenal gland is in normal size (0.84 cm at cranial pole) (0.47 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Craig Road AH

Spleen
REFERRING VET

The spleen is normal in size (2.34 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Dr. Jansen

Liver
INVOICE

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

12566

DATE

3.30.23

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is minimally fluid-distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. A few intestinal loops are hyperperistaltic. The wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The mesentery throughout the abdomen is hyperechoic. A small to moderate amount of echogenic free fluid is present. The abdominal lymph nodes are normal/not visible.

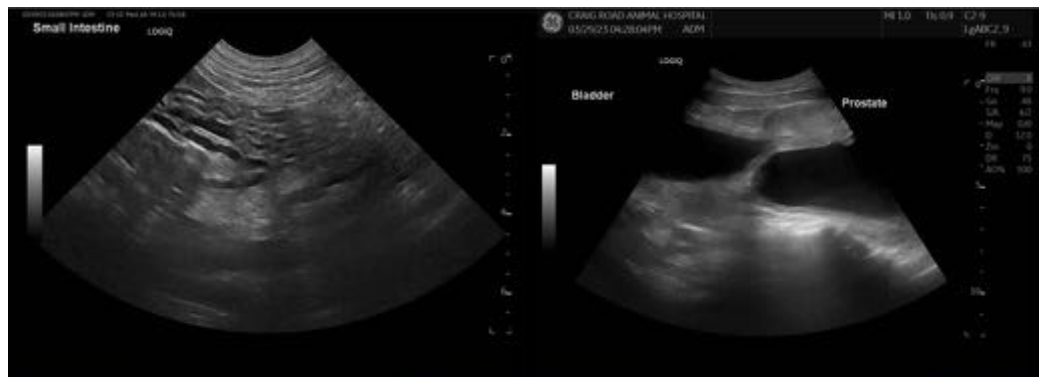
ULTRASONOGRAPHIC FINDINGS

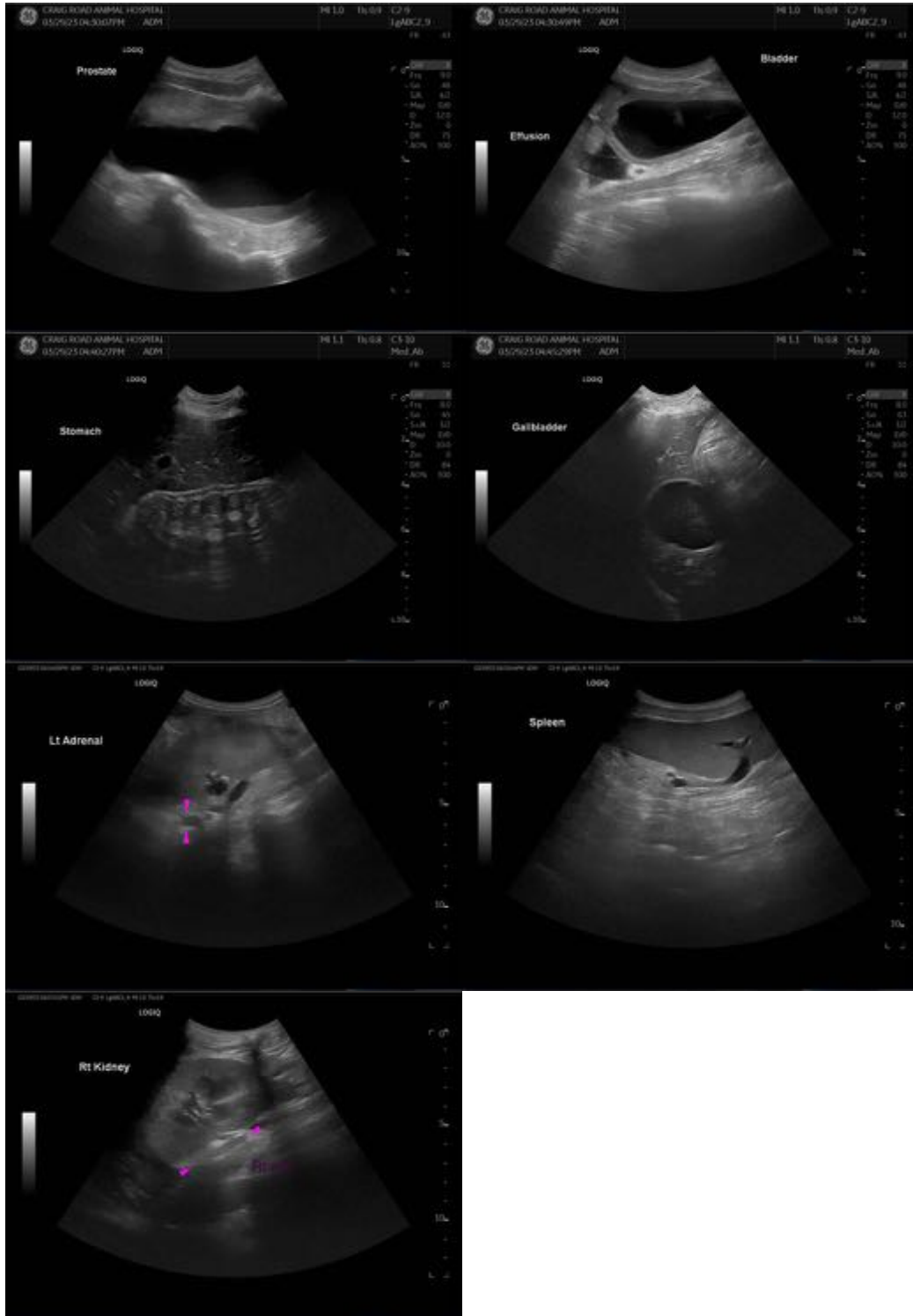
Findings

- The prostate changes are consistent with benign prostatic hyperplasia with parenchyma cysts and/or abscessation. Concurrent bacterial prostatitis is also a concern.
- Diffuse peritonitis is present, likely secondary to prostate pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consultation with a board-certified surgeon is recommended to discuss castration and possible drainage of the cystic prostatic lesions with omentalization. In the meantime, symptomatic care along with broad-spectrum antibiotics (i.e., fluoroquinolone) is recommended.
- Given the large amount of ascites, three-view thoracic radiographs are also recommended to assess cardiopulmonary status prior to anesthesia.





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.

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