



PATIENT PRESENTING CLINICAL SIGNS

Happy Unidad
Canina Del DCR

History: Presented for an abdominal ultrasound to evaluate recurrent hematuria. Pt presented a month ago for evaluation of blood in the urine but had hematuria previously that has resolved on its own. A urine culture was done and did not grow anything and was sent home on March 9, 2023 with Clavamox and Rimadyl. Some improvement was seen. FNA of the prostate for fluid culture and cytology was done and it pending.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

German Shepherd

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly to moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Intact Male

The prostate is enlarged (3.62 cm in width) with a slightly irregular shape. Parenchyma is hyperechoic relative to surrounding omental fat and slightly heterogenous in appearance. A few ill-defined cystic areas are observed (the largest measuring 1.30 cm in diameter in its longest dimension). The prostatic urethra is not overtly dilated.

AGE

4 years

The left kidney is normal in size (7.18 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.

WEIGHT

72 lbs

The right kidney is normal in size (7.87 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)

Adrenal Glands

The left adrenal gland is normal in size (0.52 cm at cranial pole) (0.59 cm at caudal pole) (2.85 cm in length) 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 appear normal.

The right adrenal gland is in normal size (0.98 cm at cranial pole) (0.53 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 appear normal.

IMAGING PERFORMED BY

Dr. Ferrer DVM

Spleen

HOSPITAL NAME

Paseos VC

A spleen is not visualized in its entirety. In the visualized portions no obvious abnormalities are seen.

REFERRING VET

Dr. Michelle Biello

Liver

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.

INVOICE

12656

The gall bladder is of normal contours and contains a small to moderate amount of gravity-dependent echogenic debris is observed within the lumen. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

DATE

4.4.23

Gastrointestinal

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no 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

There is no obvious evidence of free fluid. One to two medial iliac lymph nodes are visualized (the largest measuring 1.84 cm in length). A few prominent mesenteric lymph nodes are also seen (the largest measuring 1.96 cm in length). All nodes are normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

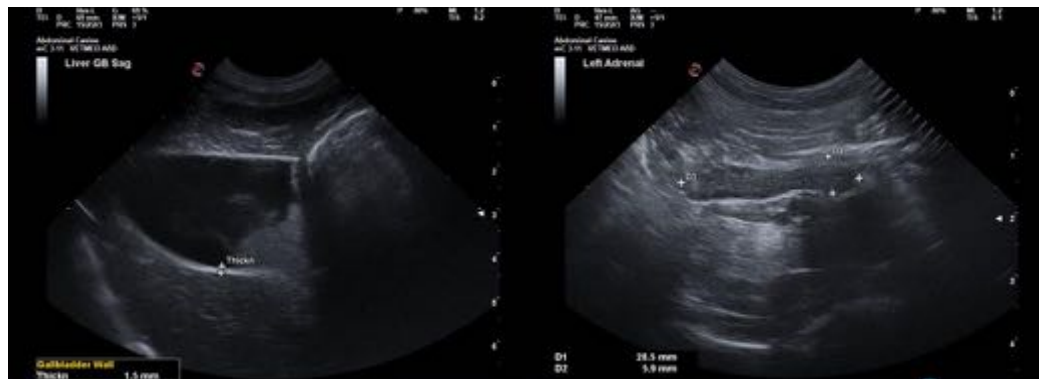
- The prostate changes are most consistent with cystic benign prostatic hyperplasia. However, bacterial prostatitis is also possible. The anechoic lesions within the prostatic gland likely represent cysts, with a lower possibility of abscessation.

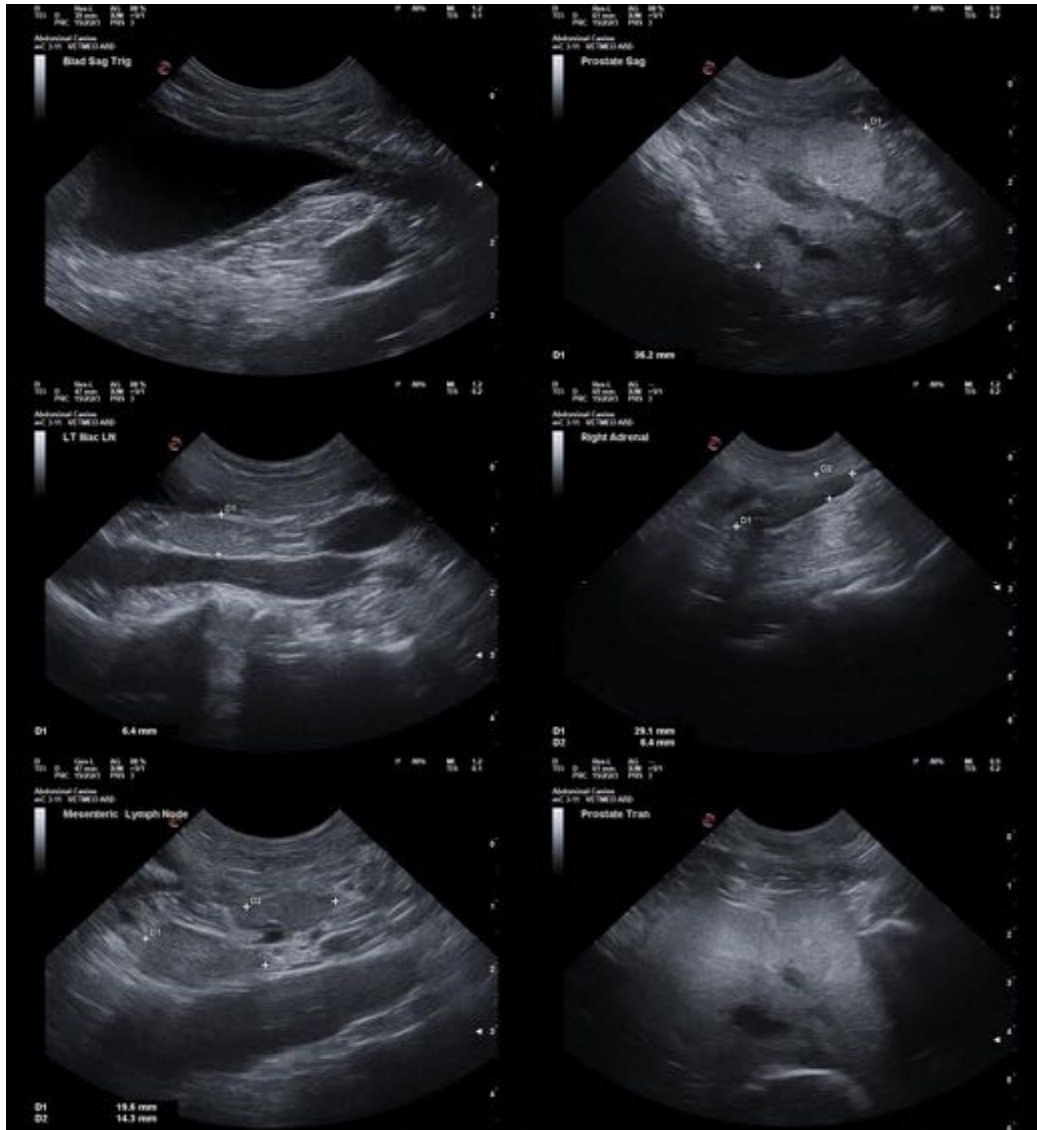
Secondary Findings

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider initiation of a broad-spectrum antibiotic (i.e., fluoroquinolone) while awaiting prostatic cytology and culture results. Castration is also strongly recommended. If surgery is pursued, baseline lab work (i.e., CBC, chemistry panel, urinalysis and T4 is recommended prior to anesthesia to assess overall metabolic function.





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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