



PATIENT

Benji Martinez

PRESENTING CLINICAL SIGNS

History: Hematuria

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: PE: tumor near anus, prostatic cyst or abscess: enlarged prostate upon rectal exam 3/22/22: SG 1.023, pH7, prot 2+, bili 2+, blood 3+, WBC: 2-3, squamous epithelia 0-1, MAU 1.4 4/5/22: SG 1.019, pH8, prot 2+, bili 2+, blood 3+, wbc 2-3, struvite crystals 4-10, squamous epithelia 2-3, MAU 2.8

BREED

Standard Poodle

Sedated with Dexdomitor for this study.

SEX

Intact Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

AGE

11 years, 8 mo

The prostate is enlarged (4.23 cm in width) with a slightly irregular shape. The parenchyma is mildly heterogenous with a few, ill-defined cystic areas. A small amount of subcapsular edema is observed at the cranial aspect. The prostatic urethra is not overtly dilated.

WEIGHT

56.2 lbs

The left kidney is normal size (8.42 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

The right kidney presented normal size (8.41 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

IMAGING PERFORMED BY

Ashley Fatzer

Adrenal Glands

The left adrenal gland is normal size (0.70 cm at cranial pole) (0.63 cm at caudal pole) (2.46 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Andover AH

The right adrenal gland is normal size (0.84 cm at cranial pole) (0.59 cm at caudal pole) (2.61 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. Hummel

Spleen

The spleen is normal in size (2.15 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.

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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

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regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

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The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

BREED

Standard Poodle

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly fluid-distended. The gastric wall and pylorus are 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. No obstructive or overt infiltrative disease is noted.

SEX

Intact Male

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.

AGE

11 years, 8 mo

Free Abdomen

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

WEIGHT

56.2 lbs

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The prostate changes are consistent with benign prostatic hyperplasia with parenchymal cysts and subcapsular edema. Given the patient's clinical history of microscopic hematuria, bacterial prostatitis is a consideration.

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ACVIM (*Small Animal
Internal Medicine*)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Urine culture and sensitivity
- Initiation of broad-spectrum antibiotics (i.e., fluoroquinolone) is recommended, while awaiting culture results.
- Castration is strongly recommended.
- Regarding the tumor near the anus, a fine-needle aspirate can be considered.
- Three-view thoracic radiographs are also recommended to assess for pulmonary metastatic disease. If the tumor is to be removed, castration can be performed concurrently.

IMAGING PERFORMED BY

Ashley Fatzner

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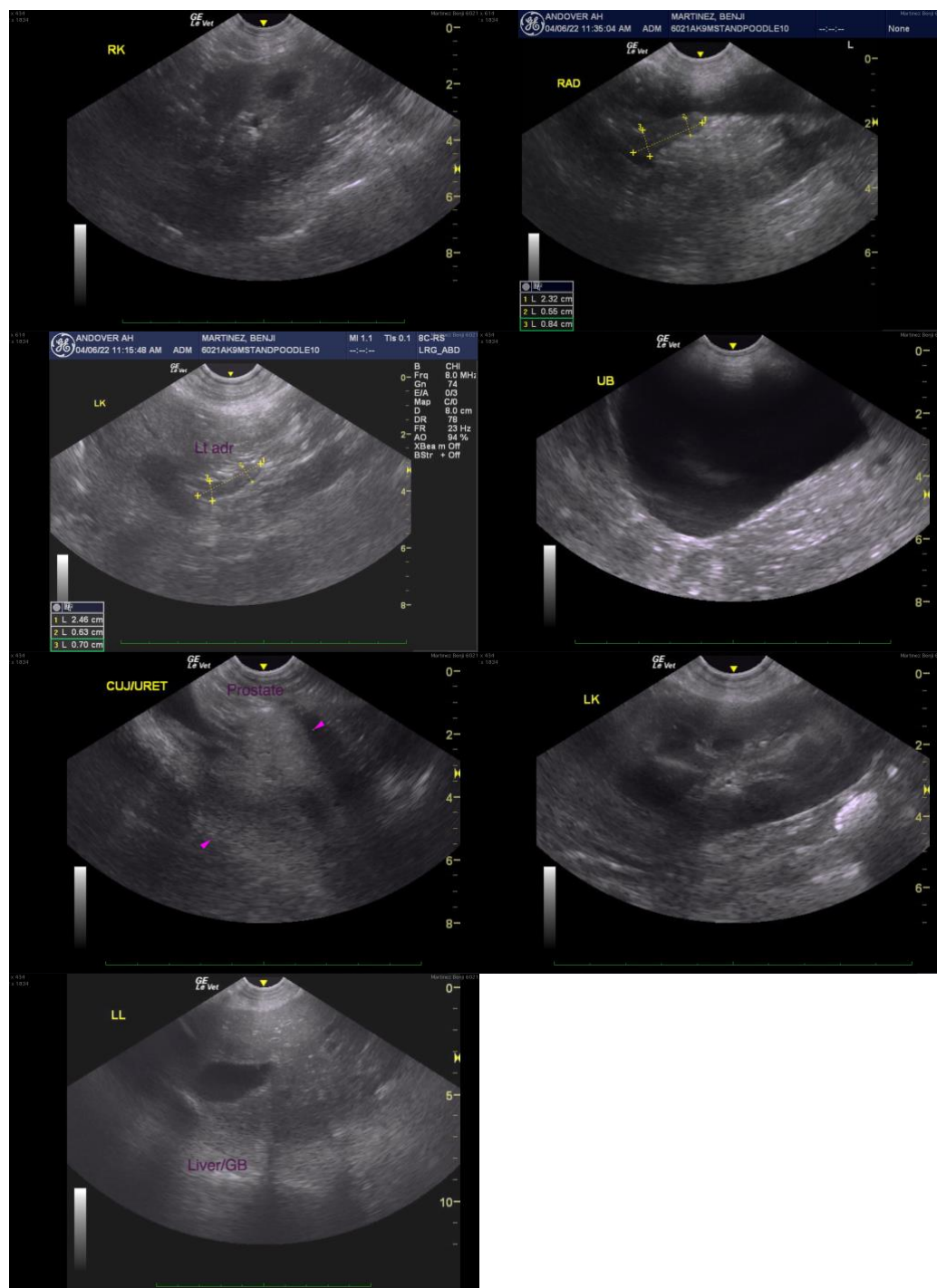
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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