



PATIENT

Tank Wilbanus

SPECIES

Canine

BREED

Bulldog

SEX

Intact, male

AGE

8 Yr. old

WEIGHT

75.9 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vasquez

HOSPITAL NAME

Ringwood AH

REFERRING VET

INVOICE

12249

DATE

9/23/21

PRESENTING CLINICAL SIGNS

History: Patient presents for enlarged prostate seen on radiographs; seems uncomfortable, decreased appetite, brown discharge from penis. Current meds: ciprofloxacin and Carprofen.
Abnormal PE/Chem/CBC/UA Results: Reticulocytes 120, platelets 461, lipase 272. U/A: pH 7.0, 3+ protein, 2+ bilirubin, >100 WBCs, >100 RBCs, marked cocci, 4+ epithelial cells. USG: 1.028.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is thickened (up to 0.55 cm) particularly in the region of the apex. The mucosal surface is irregular. A small amount of echogenic to mineralized debris is observed within the lumen. The proximal urethra is normal.

The prostate is enlarged (3.27 cm in width) with a slightly irregular shape. The parenchyma is hyperechoic to heterogeneous in appearance with several ill-defined cystic areas, the largest measuring 3.49 cm in length. A few foci of mineralization are visualized within the parenchyma. The prostatic urethra is not overtly dilated.

The left kidney is normal size (7.95 cm in length); normal shape and architecture with 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (7.58 cm in length); normal shape and architecture with 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is small in size (0.41 cm at cranial pole) (0.48 cm at caudal pole) (2.37 cm in length) with a somewhat flattened contour. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.59 cm at cranial pole) (0.62 cm at caudal pole) (2.16 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.

Spleen

The spleen is normal in size (xxx cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. 2 irregular hypoechoic nodules are visualized, one measuring 0.90 x 0.76 cm and the other measuring 0.59 x 0.56 cm. Splenic vasculature is normal.

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. The gall bladder lumen is moderately



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distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

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The gastric lumen is distended with ingesta. 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. No obstructive disease is noted.

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Pancreas

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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.

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Free Abdomen

Intact, male

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

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Other

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The testicles are subjectively normal in size (left testicle 4.08 x 2.82 cm; right testicle 3.90 x 2.09 cm) and symmetrical with smooth peripheral contours and homogeneous parenchyma.

WEIGHT

A brief echocardiogram reveals no evidence of pericardial effusion.

75.9 lbs.

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ULTRASONOGRAPHIC FINDINGS

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

Primary Findings:

- The prostatic changes are most consistent with benign prostatic hyperplasia with parenchymal cysts. Concurrent bacterial prostatitis is suspected, particularly given the patient's clinical signs and the active urine sediment.
- The urinary bladder wall changes could be consistent with cystitis and/or may be artifactual due to lack of full repletion.

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Secondary Findings:

- The splenic nodules could be consistent with benign pathology (i.e., foci of extramedullary hematopoiesis or lymphoid hyperplasia). Alternatively, an early neoplastic process may be present.
- The small left adrenal gland may be a normal variant for this patient or may represent early atrophy (i.e., secondary to hypoadrenocorticism).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Continued empirical treatment for bacterial prostatitis is recommended. Antibiotics should be continued for at least 4 weeks.
- Castration is also strongly recommended.
- Given the patient's age, three-view thoracic radiographs are recommended prior to anesthesia.

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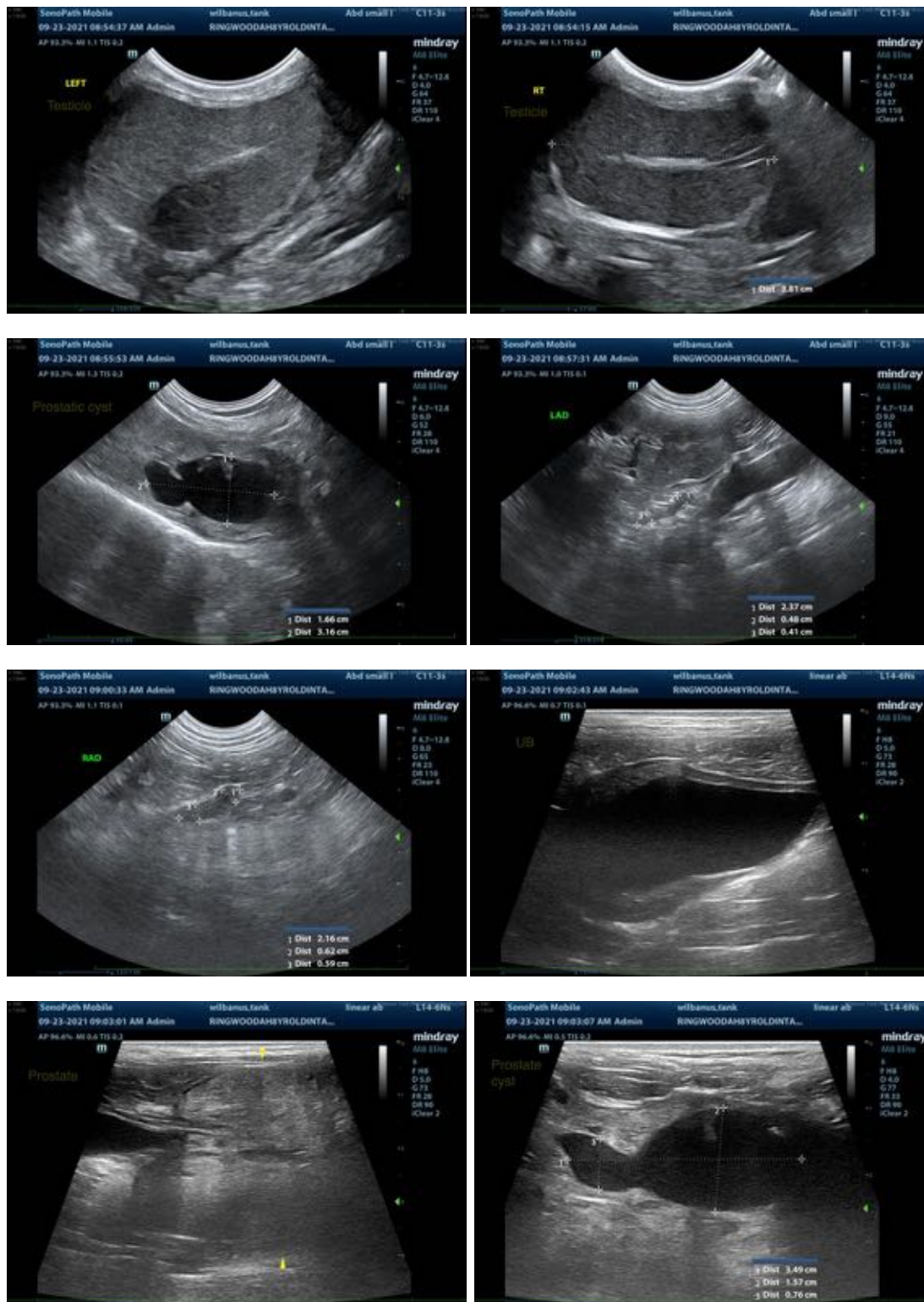
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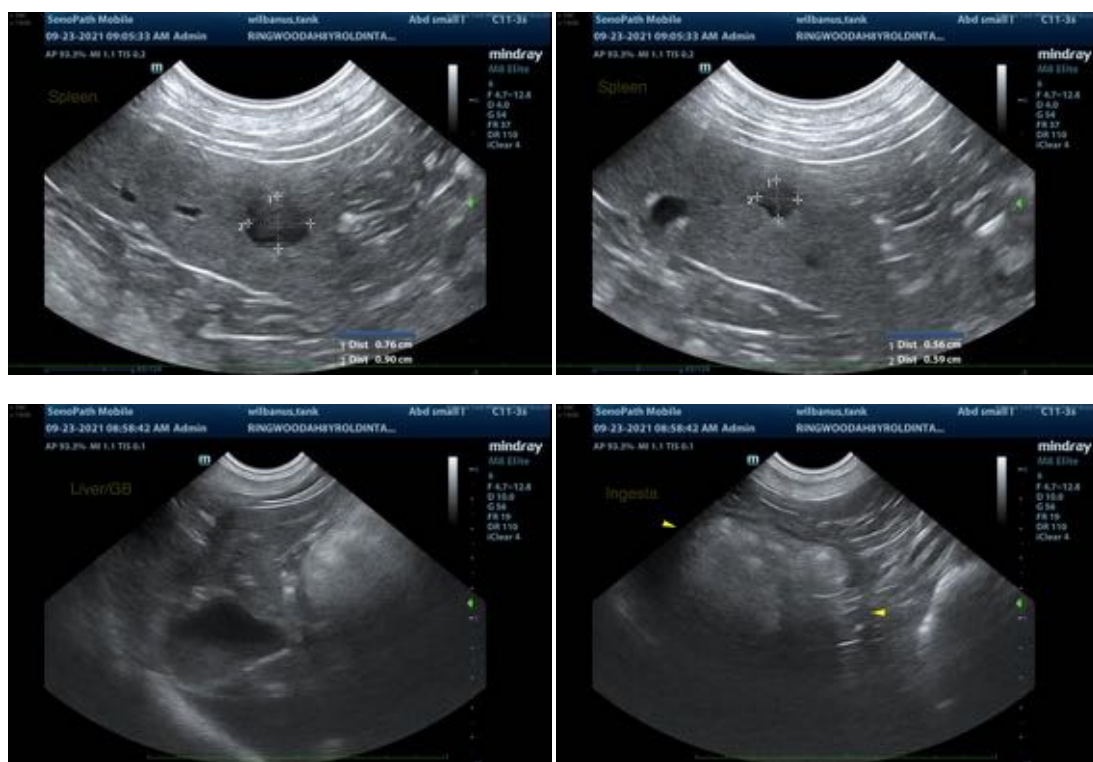
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

Andrea.nicastro@sonopath.com

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