



PATIENT PRESENTING CLINICAL SIGNS

Spot Lucas intact, 2 descended testicle palpated, retracted penile sheath and tip of penis was severely inflamed, red, painful to the touch, no obvious trauma or lesions appreciated.

SPECIES Rectal -- suspected prostatomegaly, soft but slightly more firm on the left side, non-painful on palpation, no blood on glove once removed but small amount of yellow tinged diarrhea appreciated.

Canine chronic hacking cough - suspected collapsing trachea

BREED stranguric
hematuria
tenesmus
hematochezia

Poodle Differentials include - suspected prostatitis vs prostatic hyperplasia vs prostatic adenocarcinoma - causing hematuria and tenesmus.

SEX

Male, intact

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

15/2017

The urinary bladder is pelvicly located. The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

WEIGHT

10.3 lbs.

The prostate is enlarged (1.71 cm in width) with a normal shape and smooth peripheral contours). The parenchyma is hyperechoic relative to surrounding omental fat and slightly heterogeneous in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

INTERPRETED BY

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

The left kidney is normal size (4.48 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.

IMAGING PERFORMED BY

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The right kidney is normal size (4.54 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.

HOSPITAL NAME

Flowerton AH

Adrenal Glands

The left adrenal gland is normal size (0.33 cm at cranial pole) (0.39 cm at caudal pole) (1.69 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. Nawa

The right adrenal gland is normal size (0.79 cm at cranial pole) (0.44 cm at caudal pole) (1.54 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.

INVOICE

13302

Spleen

DATE
5/3/2022



PATIENT
Spot Lucas
The spleen is normal in size (1.27 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.

SPECIES
Liver

Canine
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 portal vein: caudal vena cava ratio is approximately 1:1. 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/not seen.

BREED

Poodle

SEX

Male, intact

AGE

15/2017

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. 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.

Pancreas

WEIGHT

10.3 lbs.

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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 0.99 cm medial iliac lymph node is visualized.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The prostate changes are consistent with benign prostatic hyperplasia. Concurrent bacterial prostatitis is also possible, particularly given the presence of the lower urinary tract signs.

Secondary Findings:

- The prominent medial iliac lymph node is likely reactive.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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SPECIES

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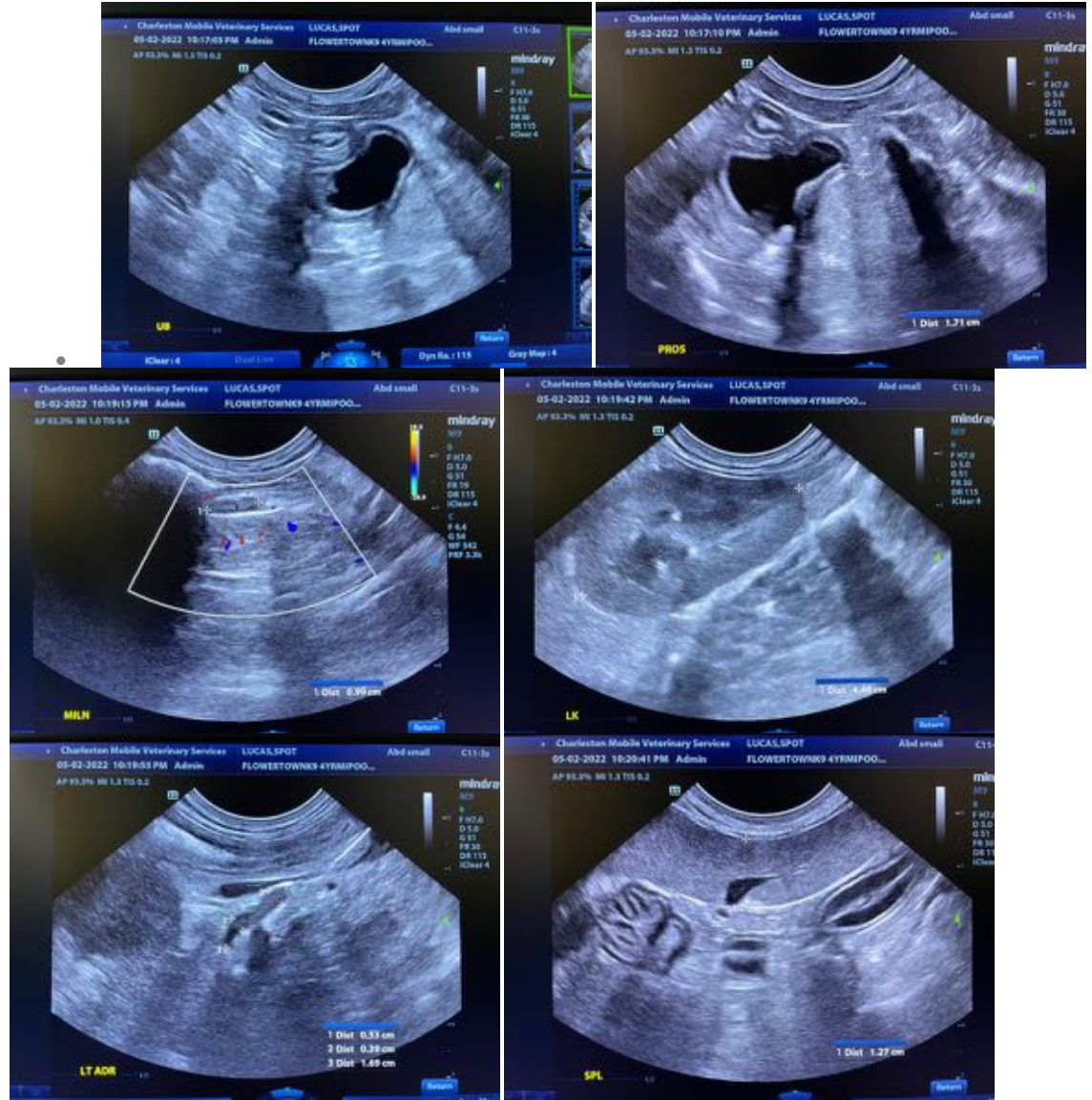
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- Urine culture and sensitivity.
- Consider initiation of antibiotic therapy (i.e., a fluoroquinolone) while awaiting urine culture results.
- Castration is strongly recommended.





PATIENT

Spot Lucas

SPECIES

Canine

BREED

Poodle

SEX

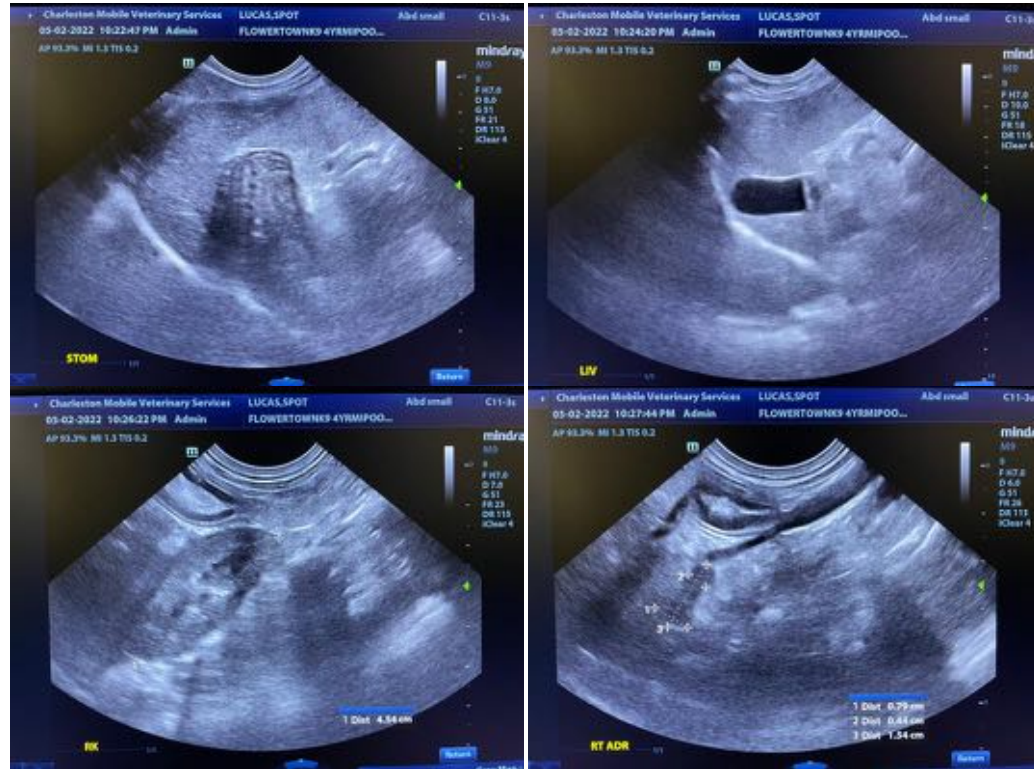
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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