

**DATE**

8/1/22

**PRESENTING CLINICAL SIGNS**

History: Pt presents for prostatic cyst removed 6/13/2022 and neutered. Pt not eating well, lethargic, losing weight, straining to defecate. Pt has free fluid in area of cranial prostate as well as very enlarged prostate.

**PATIENT**

Jake Wagner

Current Medications: baytril started 7/31, fluids, cerenia inj

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Neutered Male

**AGE**

12/12/13

**WEIGHT**

68 Pounds

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostatic tissue is difficult to see/assess, due to the presence of a very large cystic structure, filled with echogenic fluid. However, the visible parenchyma is heterogenous and hyperechoic.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 8.14 cm. The right kidney measures 8.26 cm.

**Adrenal Glands**

Left adrenal gland is normal in size (2.36 cm long x 0.65 cm at cranial pole and 0.74 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (2.43 cm long x 1.0 cm at cranial pole and 0.75 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**Spleen**

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

**Gastrointestinal****INTERPRETED BY**Beth Johnson, DVM  
DACVIM**HOSPITAL NAME**

Everhart VH

**REFERRING VET**

Dr. Rubinstein

**INVOICE**

16640

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

### ***Pancreas***

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

### ***Free Abdomen***

An enlarged hypoechoic medial iliac lymph node is present. This is likely reactive given this patient's history; however, infiltrative neoplasia cannot be ruled out.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- Enlarged fluid filled structure associated with the prostate, that appears to be a complex, possibly infected prostatic cyst.
- Medial iliac lymphadenopathy. This is likely reactive; however, infiltrative neoplasia cannot be definitively ruled out.

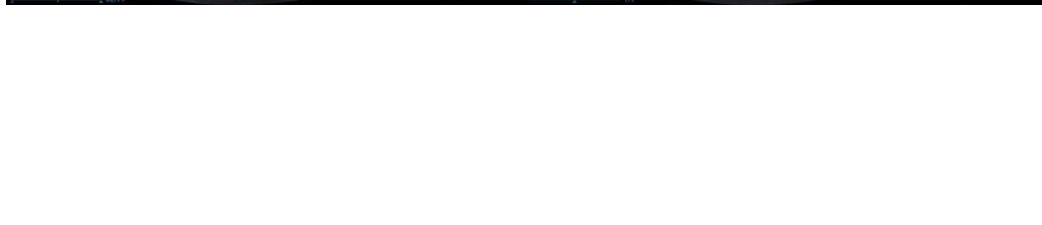
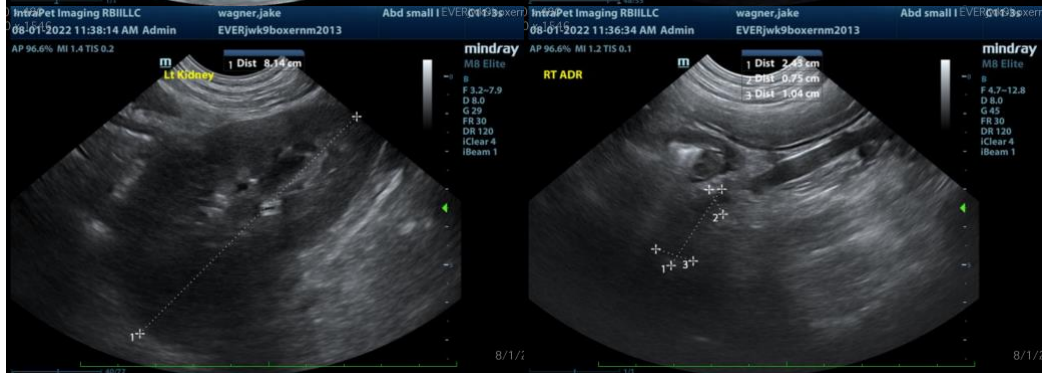
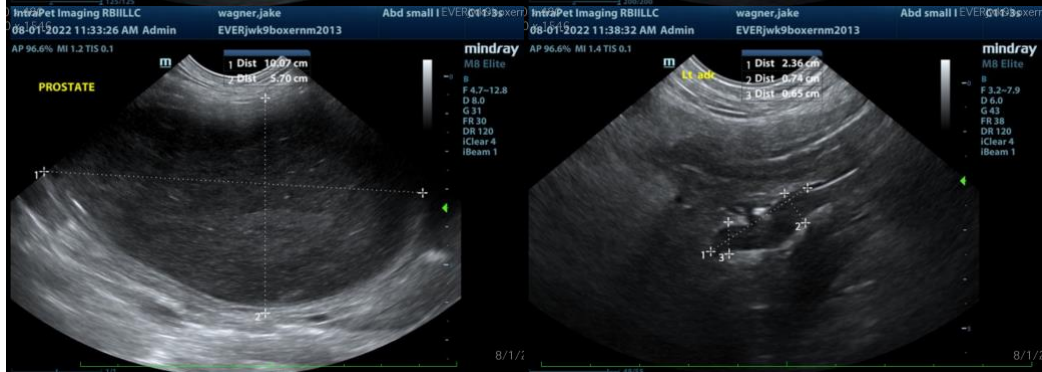
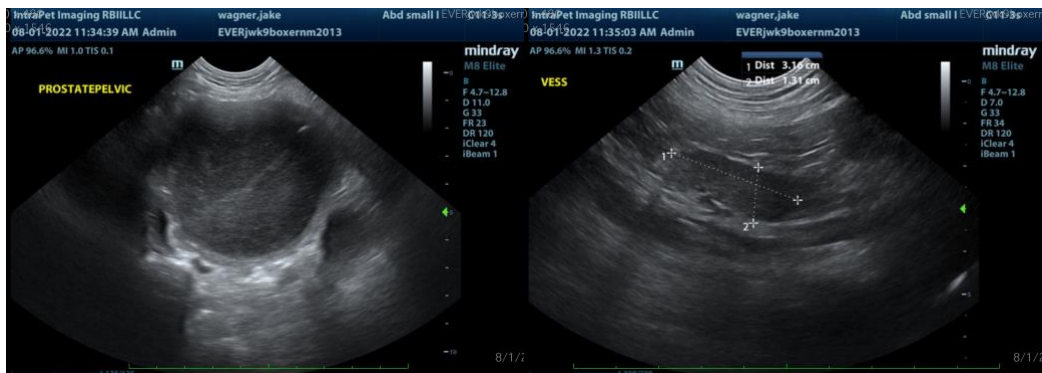
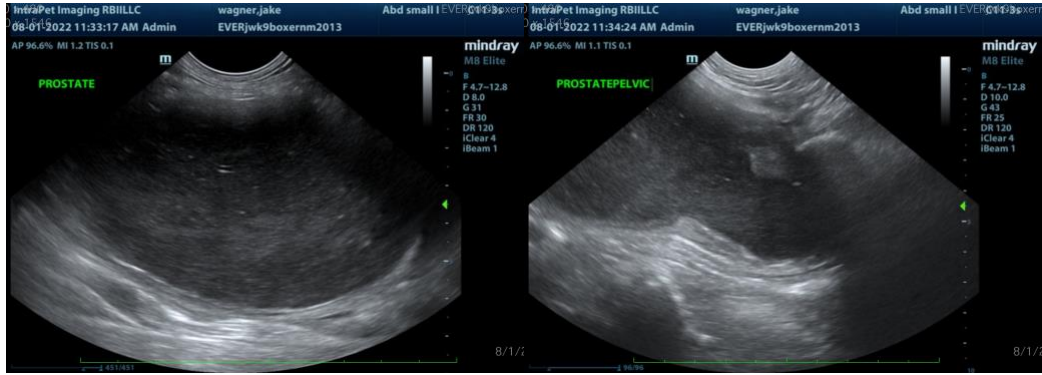
### **Secondary Findings**

- Age-related kidney changes

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

These findings are most consistent with a benign but likely infected prostatic cyst given patient history. Having said that, infiltrative neoplasia can't be ruled out. Therefore, urinalysis and urine culture, if indicated based on urinalysis results, are recommended. Submission of urine to look for BRAF gene mutation, which is associated with urinary bladder cancer, could be considered. Other diagnostic options include traumatic catheterization, fine needle aspirate (with small risk of tumor seeding/trailing) or cystoscopy for further sampling.

Percutaneous ultrasound guided drainage of the cyst with submission of fluid for both cytology and culture is recommended. In addition, continued supportive/symptomatic medical management with antibiotics, such as the Baytril reportedly being administered, fluid therapy (if indicated), pain management (as indicated) and support of concurrent GI signs, is recommended. If the cyst continues to recur, repeat surgical drainage/removal/omentization may be required. A fine needle aspirate of the medial iliac lymph node could be considered for further evaluation of unlikely but possible infiltrative neoplasia, if patient's coagulation status is appropriate.





**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.

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