



PATIENT

Bruce Rempel

SPECIES

Canine

BREED

Bichon

SEX

Intact Male

AGE

15 Years

WEIGHT

6.7 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

Dr. Calvise

INVOICE

72881

DATE

2/11/26

PRESENTING CLINICAL SIGNS

On going constipation. Up throughout the trying to defecate. Urinating fine, eating ok. Energy levels seem ok. No vomiting, coughing, sneezing. Has lactulose at home, not giving it consistently. Suspect secondary to perineal hernia. Digitally maneuvered and removed large fecal ball from just inside rectum.

Current Medications: Lactulose, Buprenorphine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The prostate is severely enlarged and heterogeneous, measuring at least 3.0 cm in diameter. It contains a large, irregular fluid pocket measuring approximately 1.0 cm x 2.5 cm, concerning for a prostatic abscess. There are small areas of mineralization within the prostate.

The left kidney has a smooth capsule and with complete loss of corticomedullary definition. No evidence of pelvic dilation was present. Left kidney measures 4.61 cm.

Resolution of the right kidney is limited by overlying gas-filled GI tract. It appears to be generally of normal size, shape and position. Right kidney measured 5.2 cm.

Adrenal Glands

The left adrenal gland is visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 1.7 cm in length x 0.61 cm at the caudal pole and 0.52 cm at the cranial pole.

The right adrenal gland is visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Right measures 1.92 cm in length x 0.60 cm at the caudal pole and 0.82 cm at the cranial pole.

Spleen

The spleen contains a hypoechoic capsular distending, partially cavitated, small mass measuring 1.2 cm x 1.4 cm.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age 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.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.



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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

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Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

The pancreas is not distinctly visualized.

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Free Abdomen

The left testicle is subjectively normal in size and shape with homogenous parenchyma free of masses and normal median raphe visualized.

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The right testicle is subjectively normal in size, shape, and has a generally homogeneous parenchyma. There is a small, hypoechoic nodule present measuring 0.30 cm x 0.30 cm.

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No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

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ULTRASONOGRAPHIC FINDINGS

- Severe prostatomegaly with fluid accumulation, concerning for prostatic abscess.
- Degenerative renal changes.
- Splenic mass.
- Small right testicular nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prostatic changes are concerning for prostatic abscessation which is generally bacterial in origin but may also represent sterile inflammation, or abscessed neoplastic tissue (prostatic carcinoma most common). Prostatic aspirate for cytology and culture is recommended to assess for neoplasia and infection. Percutaneous drainage of the abscess could be considered under heavy sedation for improved source control. Both procedures should be done with caution as abscess rupture and subsequent septic peritonitis is a risk. Urine culture and/or prostatic wash with cytology and culture could be considered. CADET BRAF testing can pick up prostatic neoplasia if transitional cell in origin. Empiric therapy with antibiotics with good prostatic penetration (enrofloxacin, TMS, clindamycin, etc) for a minimum of 4 weeks and recheck imaging to monitor for resolution of fluid accumulation could also be considered. Castration should be strongly considered. Straining secondary to severe prostatomegaly combined with intact status is a likely cause of reported perineal hernia.

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The right testicular nodule is of uncertain clinical significance. It may be a benign remodeling/aging change but may also represent a developing testicular neoplasia. Leydig (interstitial) cell tumors, seminomas, and Sertoli (sustentacular) cell tumors occur most frequently in the testicles of the dog. Most testicular tumors are technically malignant, but they usually behave benignly and metastasis to other organs is rare. Fine needle aspirate is recommended to further define. Castration with histopathology is often both diagnostic and curative.



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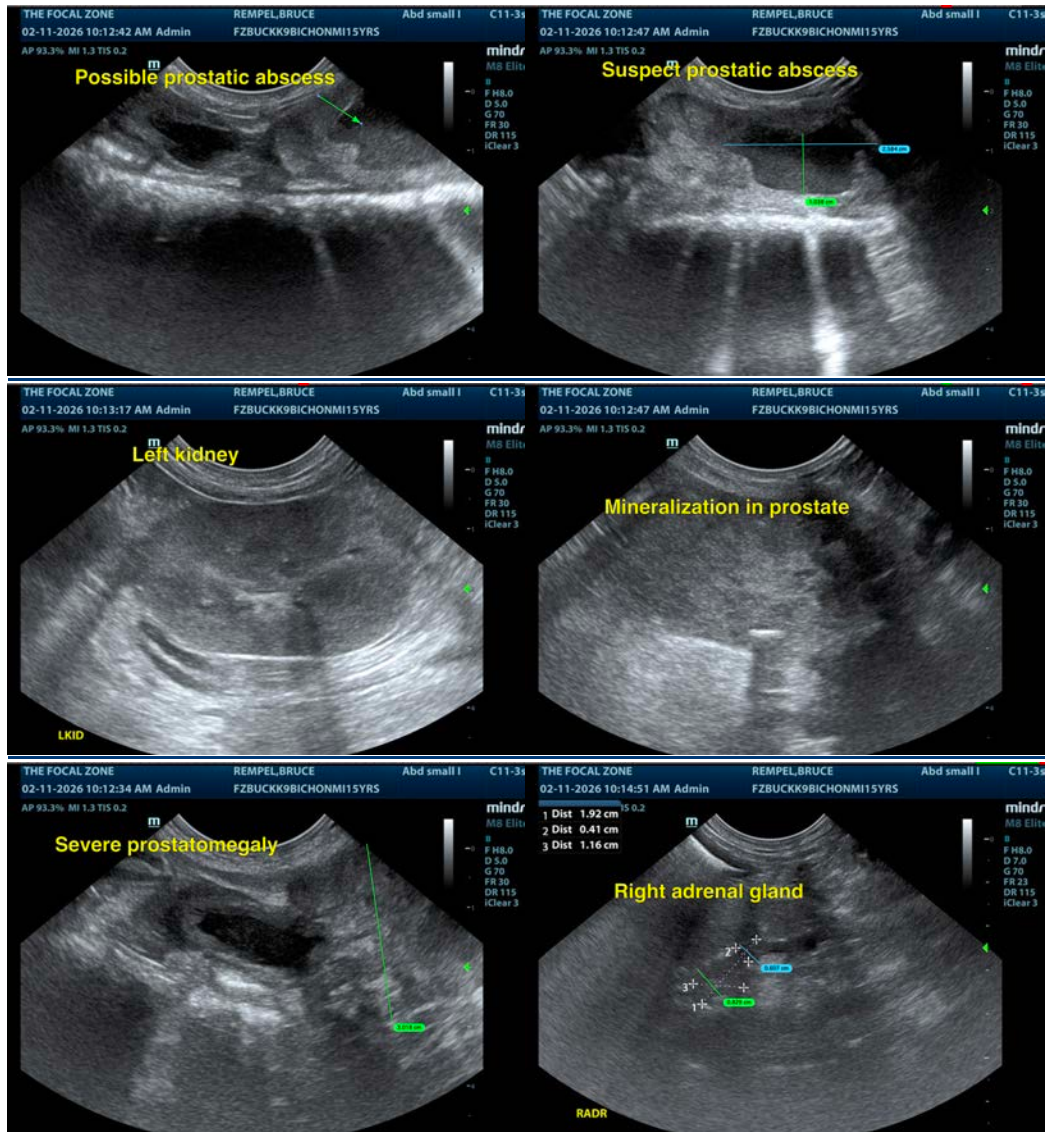
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Splenic nodule is small but has the ultrasonographic features concerning for a mass. It may represent neoplasia with a primary differential being early hemangiosarcoma or may be a benign growth such as a hemangioma or hematoma. FNA is recommended. Consideration for splenectomy is reasonable given the aggressive nature and rapid progression of hemangiosarcoma, though this nodule does not overtly have the appearance of aggressive neoplasia. Repeat ultrasound evaluation (every 2-3 months) for progression or resolution could alternatively be considered, though this increases the chances of spread if malignant neoplasia is the underlying cause.





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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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

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