



**PATIENT**

Duke Jarrett

**PRESENTING CLINICAL SIGNS**

History: difficulty defecating; R/O prostatitis vs other

**SPECIES**

Canine

**BREED**

Rottweiler

**SEX**

Intact male

**AGE**

6 years

**WEIGHT**

122 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Diane McFadden, RVT

**HOSPITAL NAME**

North Warren AH

**INVOICE**

96655

**DATE**

3/8/22

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The prostate was enlarged and irregular with areas of mineralization. Pericapsular inflammatory pattern was noted. Edema lines were also noted in the prostate. The prostate measured 5.0 cm.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. The right kidney measured 9.8 cm with trace pyelectasia. The left kidney measured 9.66 cm.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 3.16 x 0.63 cm at the caudal pole and 0.51 cm at the cranial pole. The right adrenal gland measured 2.96 x 0.6 cm at the caudal pole and 1.96 cm at the cranial pole.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



**PATIENT** *Gastrointestinal*

Duke Jarrett Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The iliac lymph node was reactive and measured 1.5 x 0.5 cm.

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**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**SEX**

Intact male

**ULTRASONOGRAPHIC FINDINGS**

Enlarged, mineralized prostate. Possibility of carcinoma, likely prostatitis with BPH.

**AGE**

6 years

Bladder debris.

Trace pyelectasia in the right kidney.

**WEIGHT**

122 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA with culture and sensitivity as well as cytology is indicated. IF there is no evidence of neoplasia present then neutering and treatment for prostatitis should prove curative. Incomplete urinary emptying is likely an issue.

**INTERPRETED BY**

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**HOSPITAL NAME**

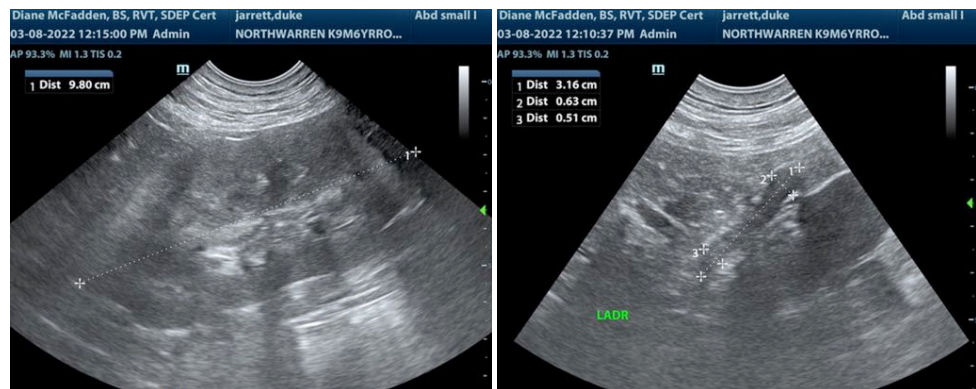
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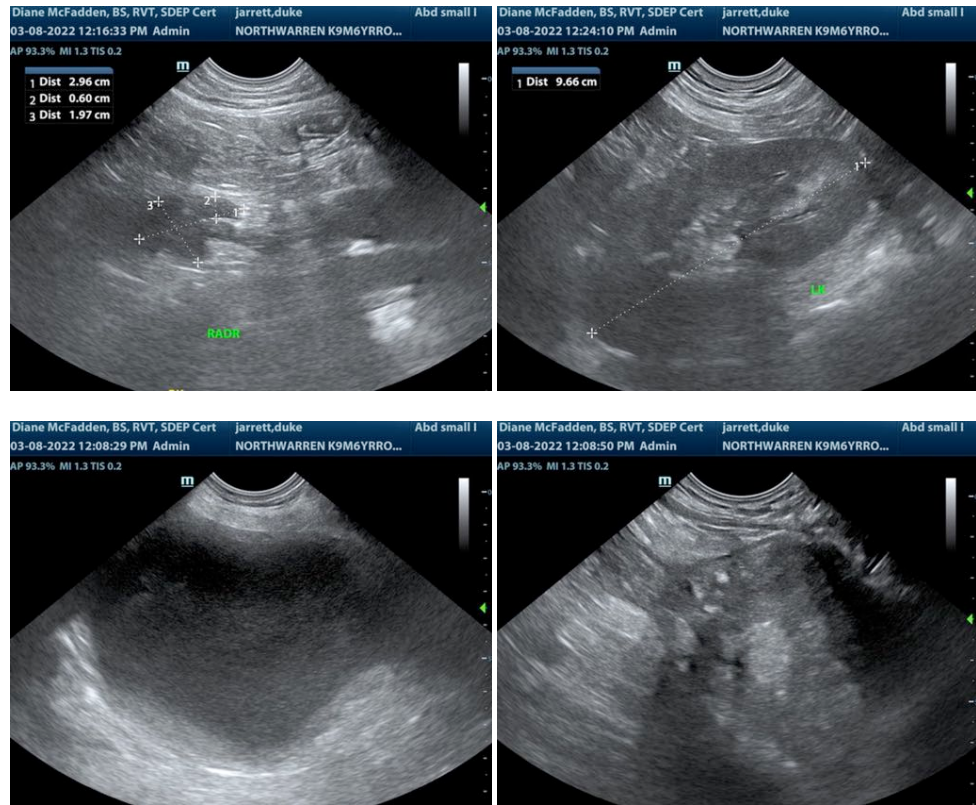
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**  
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