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Clinical Sonography & Telecytology
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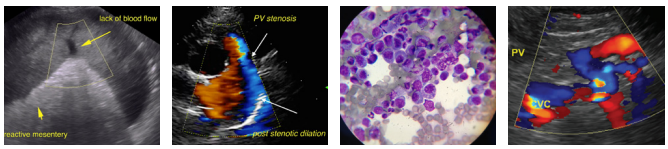

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1-800-838-4268 info@sonopath.com

PATIENT

Gallant Oaks Thor Groves

SPECIES

Canine

BREED

Bull Mastiff

SEX

Male

AGE

7 Years

WEIGHT

130 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ray Caughman

HOSPITAL NAME

Dogwood AH

REFERRING VET

Dr. Ray Caughman

INVOICE

36822

DATE

4/12/22

PRESENTING CLINICAL SIGNS

Presented for PU/PD and diarrhea. Swollen testicles and penis. Multiple cysts over body Abnormal PE/Chem/CBC/UA Results: Caudal abdominal mass palpated. Testicle- one is swollen and painful, the other is small. UTI, WBC 40k, mild anemia, K 6.2 Painful when scanning the mass and testicles.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The prostate was severely enlarged at 11 cm x 10 cm and presented areas of cavitation. Hypoechoic parenchyma noted with pericapsular inflammation.

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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 7.4 cm. The left kidney measured 6.2 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 1.37 cm x 0.61 cm at the cranial pole and 0.52 cm at the caudal 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 were 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.

Gastrointestinal

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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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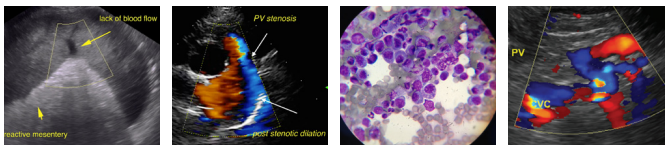

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Pancreas

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.

Other

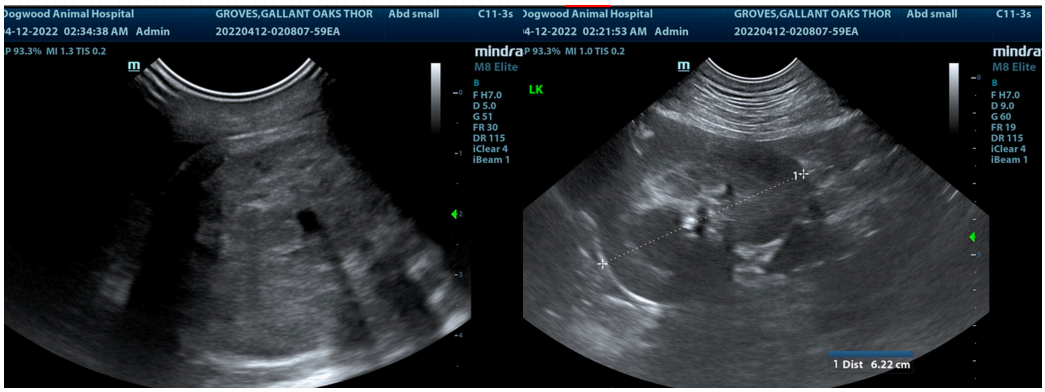
The testicles were imaged. Significant disrupted architecture noted with irregular nodules and areas of cavitation as well as scrotal edema.

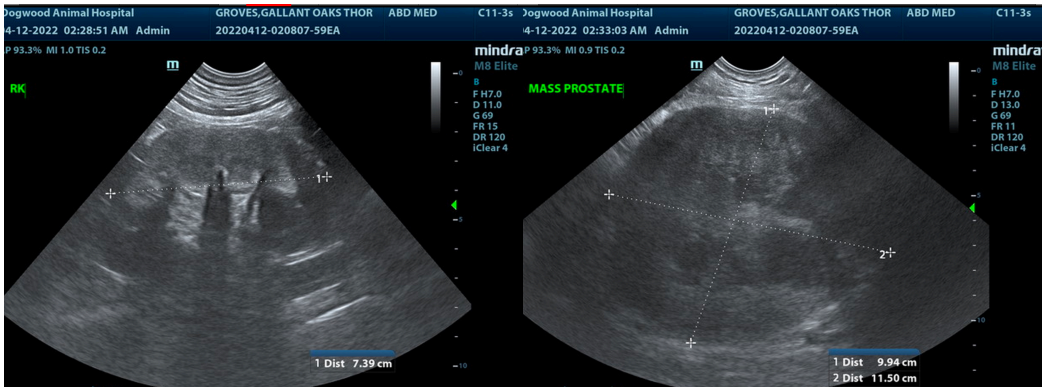
ULTRASONOGRAPHIC FINDINGS

- Severe prostatic enlargement

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prostatitis +/- abscessation suspected. Prostatic lymphoma or carcinoma possible, yet less likely. FNA warranted. As long as the prostate does not demonstrate any evident neoplasia on cytology, then neutering would be indicated and treatment for prostatitis. Recheck sonogram after 4-6 weeks of prostatitis treatment with Enrofloxacin or similar, assuming neoplasia is not present on cytology.





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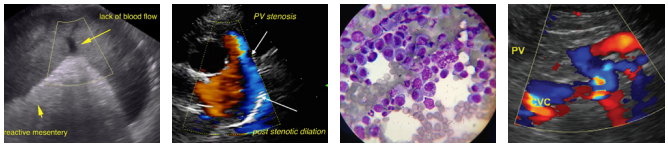

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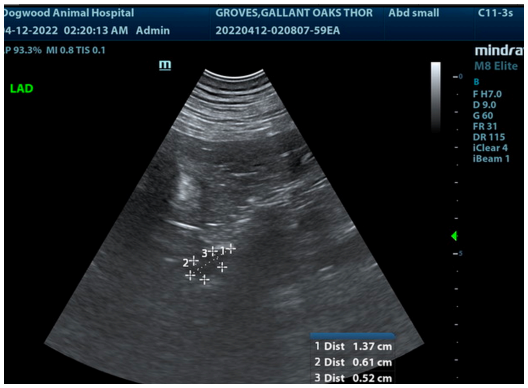

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com