



PATIENT

Diesel Motsenyat

PRESENTING CLINICAL SIGNS

Paraprostatic cyst? Rear leg paraplegic.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Bull Terrier

The urinary bladder is moderately distended with echogenic urine. The Bladder wall is irregular and significantly thickened, particularly in the region of the trigone, where the wall measures at 0.87 cm. There is a hypoechoic, fluid-filled structure dorsal to the urinary bladder near the ureteral papillae, measuring 0.88 cm x 0.68 cm. This is most consistent with dilation of the distal ureter and either a ureterocele or early ureteral dilation with ascending infection.

SEX

Intact Male

The prostate is extremely large and cannot be imaged in its entirety, but measures larger than 3.8 cm x 8.12 cm. It is severely heterogeneous and hyperechoic with irregular margins and numerous cystic structures, some with echogenic fluid. The largest cyst visualized measured 1.13 cm x 3.8 cm.

AGE

13 Years 10 Months

The left kidney has a normal shape and size (5.94 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

44 Pounds

The right kidney has a normal shape and size (5.7 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
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Adrenal Glands

The left adrenal gland is normal in size measuring 0.70 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

IMAGING PERFORMED BY

Kelly Vazquez

The right adrenal gland is normal in size measuring 0.71 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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Westwood Regional

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

REFERRING VET

Dr. Cattiny

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

Both testicles are imaged and have heterogeneous parenchyma. The right testicle measures 1.98 cm in length. The left testicle measures 2.14 cm in length.

ULTRASONOGRAPHIC FINDINGS

- Severely thickened, irregular urinary bladder wall with a large amount of intraluminal debris – Findings are most consistent with cystitis, although an underlying neoplastic process cannot be ruled out. Recommend urinalysis and culture and follow up imaging to ensure that the thickening and irregularity resolves.
- Suspected dilation of the distal ureter – This is concerning for a ureterocele or ascending infection. Recommend continued monitoring.
- Large, heterogeneous, severely cystic prostate – Concerning for benign prostatic hypertrophy, prostatitis, and prostatic abscesses.
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Heterogeneous liver – The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Mottled testicular parenchyma – Findings could be consistent with age related change, early ill-defined nodules, etc.



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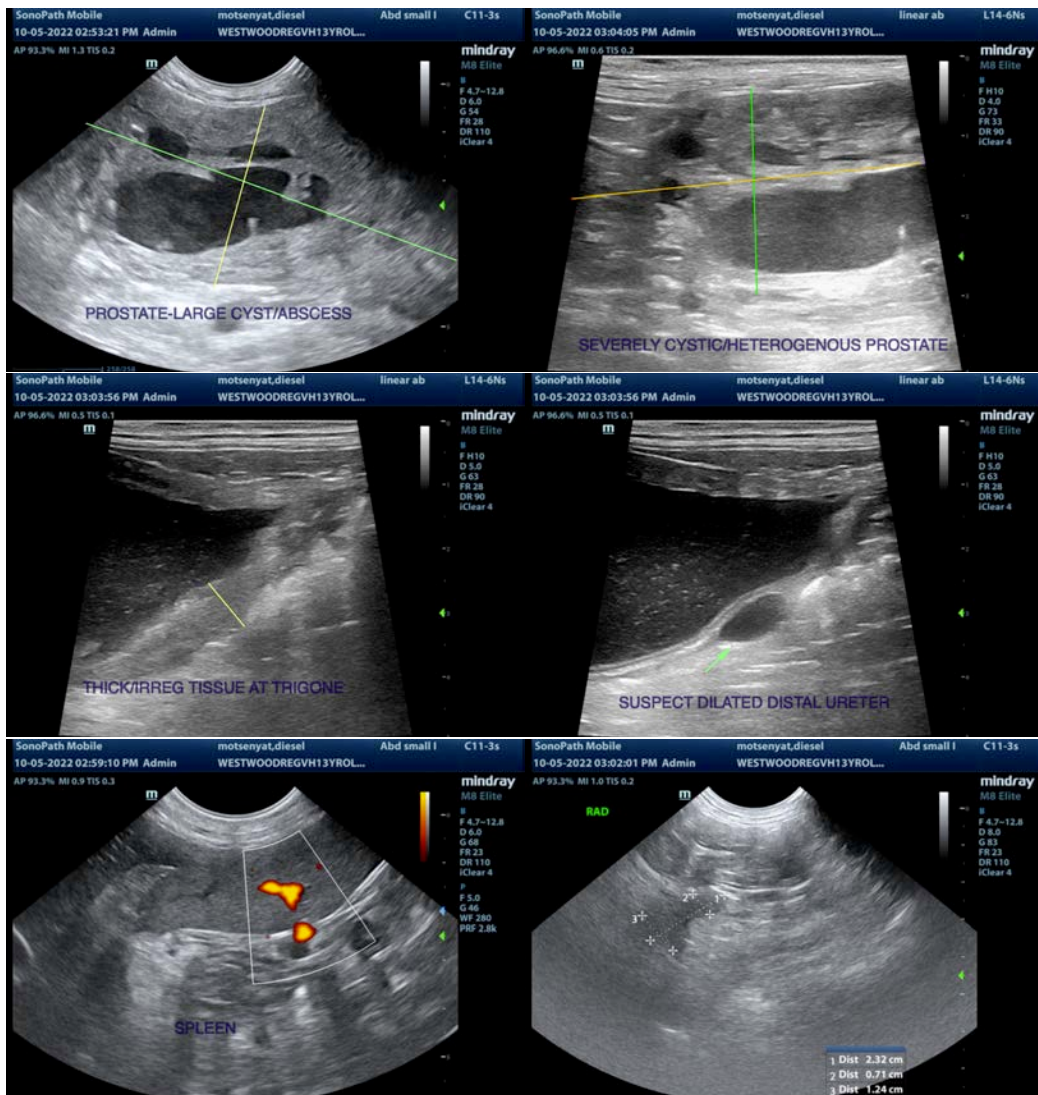
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate is severely enlarged and irregular with too numerous to count cystic structures, many of which have echogenic material within them, most consistent with prostatic abscesses. Additionally, the urinary bladder is severely thickened and irregular with a large amount of intraluminal debris, and there is a dilated structure on the dorsal aspect near the ureteral papillae, which I suspect is dilation of the proximal ureter.

Recommend urinalysis and culture and drainage of the prostatic cyst/abscess with installation of Baytril. This disease process will not resolve unless the influence of testosterone is removed. Recommend neutering and submission of both testicles for histopathology. Also recommend cytology and aerobic and anaerobic culture of the prostatic fluid (I believe this has already been done). Recommend close continued monitoring of the prostate and the urinary bladder, as some of the thickening is severe enough that an underlying neoplastic process cannot be ruled out, and monitoring of the ureter and the possible need of subsequent cyst drainages, etc. needs to be assessed.

An association with the right hind limb paraplegia is not obvious. Consider consultation with a veterinary neurologist and palpation for adequate pulses, etc.





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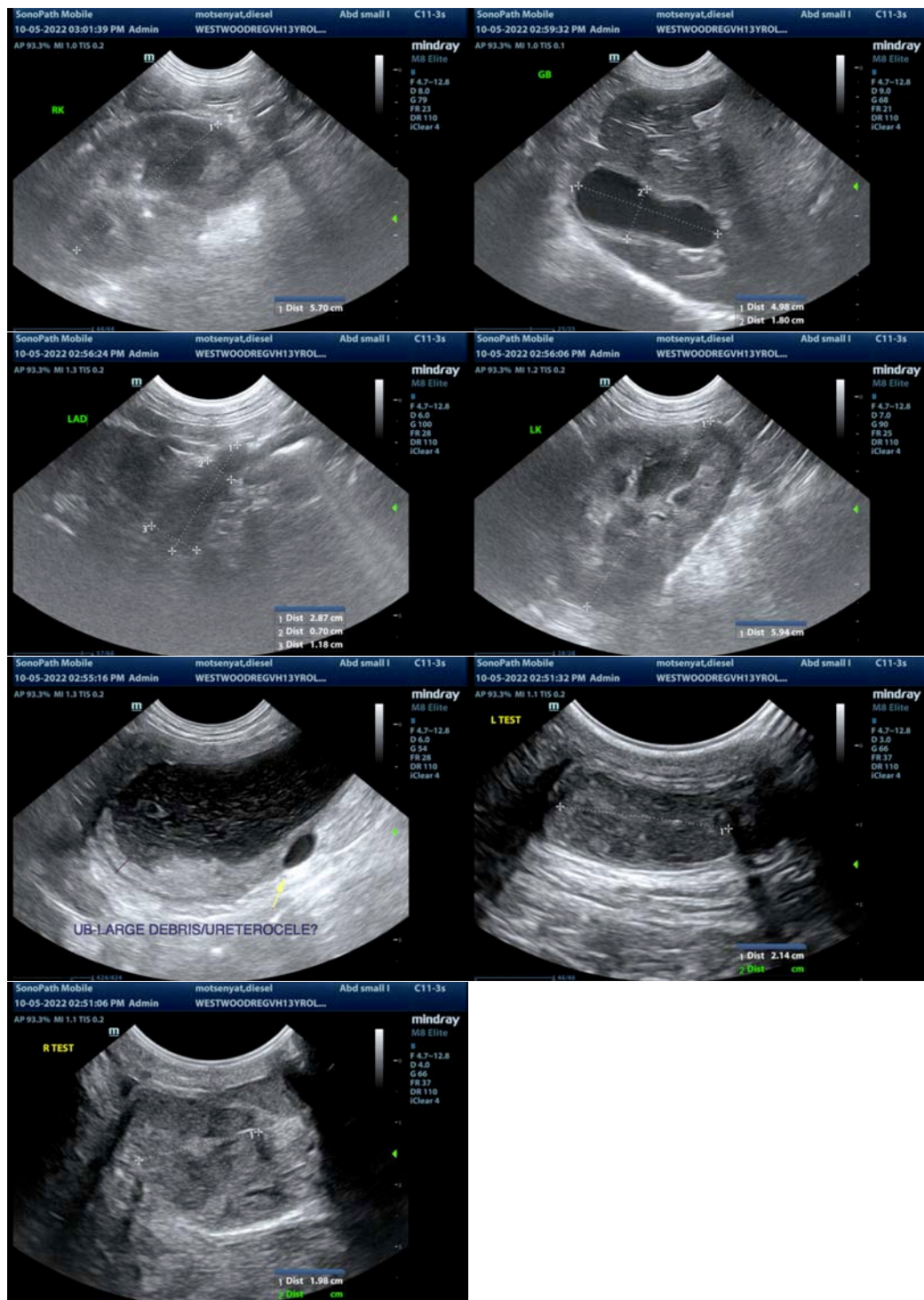
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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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