

**DATE PRESENTING CLINICAL SIGNS**

12/22/22 Prostatitis and prostate cyst, lab testing normal except elevated WBC. Pet is decreased eating.

**PATIENT** Current Medications: Baytril 204mg SID, Mirtazapine intradermal.

Lab Results: See attached.

Titus Smith Radiographs: See attached.

Date of Previous IntraPet Ultrasound: No previous.

**SPECIES** Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

American Bulldog

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

**SEX**

Intact Male

The prostate is large, hyperechoic, heterogeneous, and irregular, measuring 4.93 cm in height, 7.46 cm in width, and 8.6 cm in length. There is a very large, irregular, multiloculated, echogenic fluid-filled structure visualized within the parenchyma, most consistent with a cyst or abscess, measuring 3.78 cm x 2.51 cm in the transverse view, and 5.76 cm x 3.69 cm in the sagittal view.

**AGE**

5/1/16

The left kidney has a normal shape and size (8.24 cm). Overall echogenicity is normal with adequate 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**

97.4 Pounds

**INTERPRETED BY**

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

The right kidney has a normal shape and size (7.86 cm). Overall echogenicity is normal with adequate 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.

**IMAGING PERFORMED BY**

Andi Parkinson RDMS

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.68 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.

**HOSPITAL NAME**

Everhart Vet Hospital

The right adrenal gland is normal in size measuring 0.82 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.

**REFERRING VET**

Dr. Goodman

**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.

**INVOICE**

43692

**Liver**

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

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.

### ***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. There are prominent and enlarged sublumbar lymph nodes visualized. The right sublumbar lymph node measures 4.04 cm x 1.8 cm and has a hypoechoic cystic lesion within it. The left sublumbar lymph node measures 3.21 cm x 0.94 cm.

### ***Other***

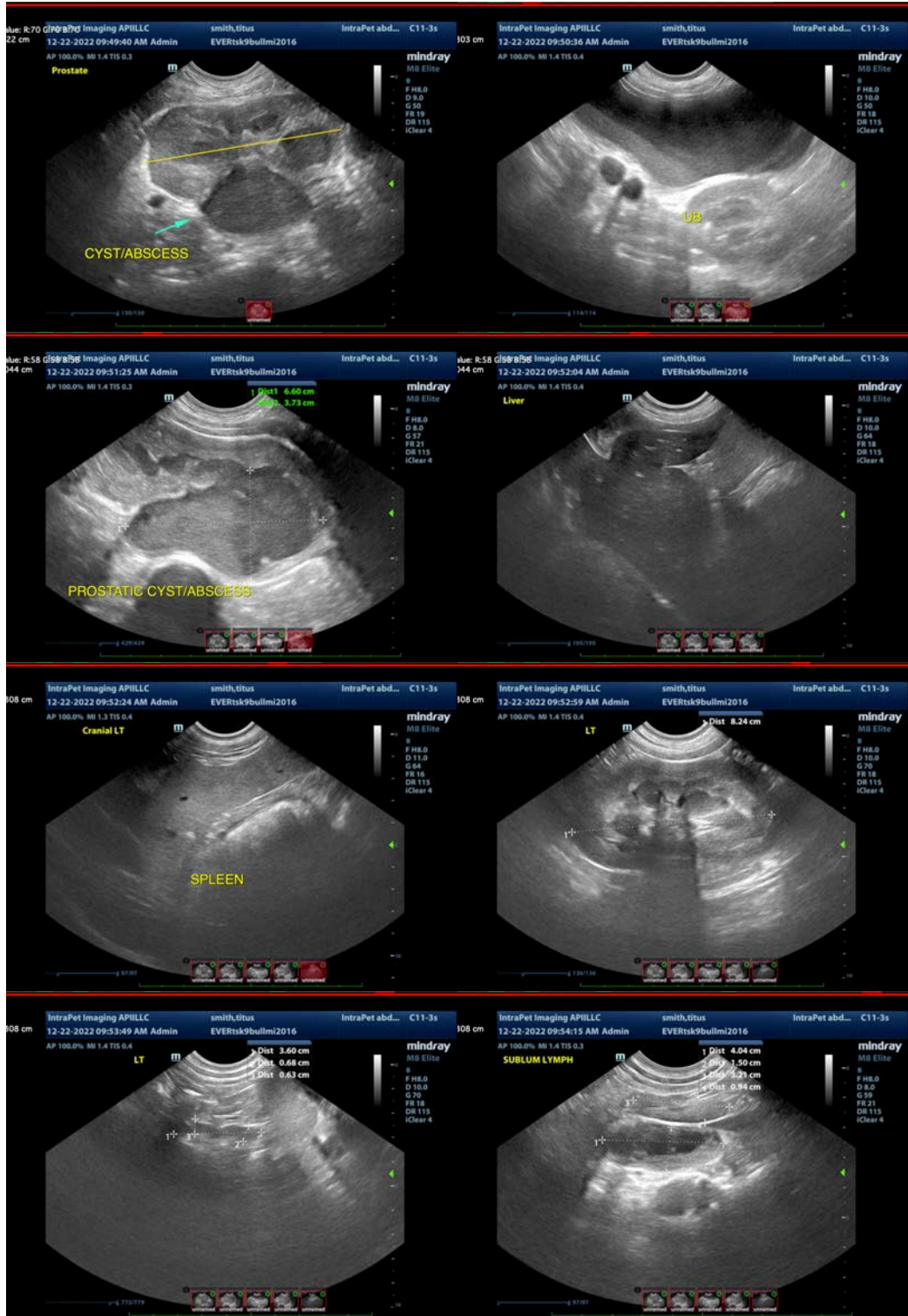
Both testicles are imaged and appear within normal limits.

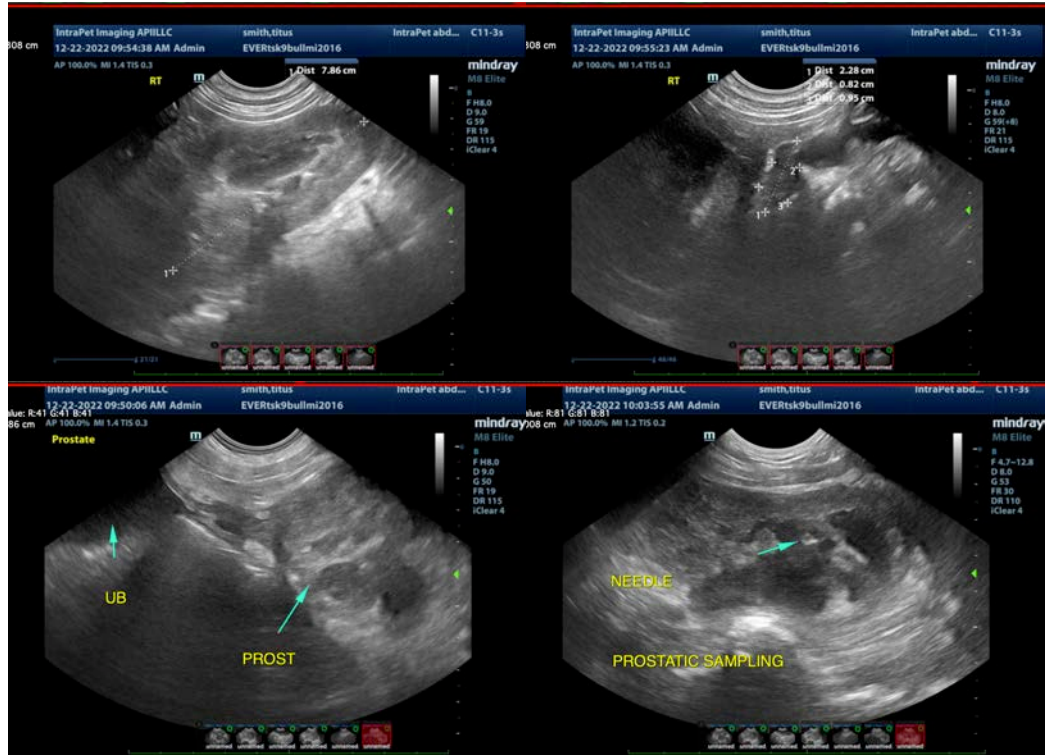
## **ULTRASONOGRAPHIC FINDINGS**

- Large, irregular, mixed echogenic prostate with a large echogenic fluid-filled lesion – Findings are most consistent with BPH, prostatitis, and likely a prostatic abscess.
- Large, cystic (right side only) sublumbar lymph nodes – I suspect these are severely reactive nodes. Infection or neoplasia cannot be ruled out.

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

The prostate on today's scan has criteria consistent with BPH, prostatitis, and a large cystic structure with echogenic fluid, most consistent with an abscess or echogenic cyst. Based on the history provided, your plan for neuter and surgical drainage is excellent. Recommend continued monitoring of the sublumbar lymph nodes and long-term antibiotics.





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.

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