



**PATIENT**

Cheyenne Rivera-Little

**SPECIES**

Canine

**BREED**

Corgi Mix

**SEX**

Male, intact

**AGE**

10 yrs

**WEIGHT**

39 #

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Megan Cassels-Conway, DVM

**HOSPITAL NAME**

Central Broward  
Animal Hospital

**REFERRING VET**

Janeen Lezcano,  
DVM

**INVOICE**

10043

**DATE**

2/2/2023

**PRESENTING CLINICAL SIGNS**

Patient presented for dribbling blood-tinged urine. Mild straining to urinate and defecate.

Abnormal PE/Chem/CBC/UA Results: PE: dental dz 4/4, enlarged prostate noted both on abd palpation and rectal exam. No masses noted when penis exteriorized from prepuce. CBC: monos: 891H, Chem: t prot: 7.7H, glob: 4.0H, creat: 0.7, SDMA: 3.7, T4: 1.3, UA, cysto: SG: 1.055, pH: 7.5H, 3+ prot, 2+ bilirubin, 2-3 RBC/hpf, UCS: no growth after 3 days. Abd rads consult: prostatomegaly, no evidence of mineral opaque cystic or urethral calculi.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is mildly/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. In some images the bladder wall appears irregular, almost folded- suspect this is due to lack of full repletion.

The prostate is large, hyperechoic, and heterogenous with a slightly moth eaten/ microcystic parenchyma measuring 3.55 by 7.44 cm in this sagittal view. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi. Scant free fluid is surrounding.

The left kidney has a normal shape and size (6.92cm). 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.

The right kidney has a normal shape and size (5.85cm). 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.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.81cm 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.

The right adrenal gland is normal in size measuring 0.68cm 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.

**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.

**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.



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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.

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Corgi Mix

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 (0.36cm) and the jejunum measured as normal (0.31cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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**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.

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**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.

**INTERPRETED BY**

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

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

Megan Cassels-Conway, DVM

**Primary Findings**

- Large, hyperechoic, heterogenous/microcystic prostate – Findings are most consistent with benign prostatic hypertrophy +/- prostatitis.

**Secondary Findings**

- Irregular appearance to the urinary bladder- suspect there is folding of the urinary bladder secondary to lack of distension- recommend re-evaluation with a fully distended bladder

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The prostate is large with no focal lesions but diffuse heterogenous/moth eaten appearance and small cysts. Typical of the benign prostatic hypertrophy. Additionally, there is a small amount of surrounding free fluid which could be secondary to prostatitis or even a ruptured prostatic cyst. Recommend a urinalysis and culture looking for evidence of concurrent prostatitis.

**REFERRING VET**

Janeen Lezcano, DVM

In some images the bladder wall appears somewhat folded and irregular. I suspect this is due to lack of full distension of the urinary bladder, but other pathology cannot be ruled out. Consider re-evaluation with a fully distended bladder.

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The prostatic changes are a likely/possible cause for hematuria and blood dripping from the penis. Options moving forward would include neutering +/- treatment for prostatitis and reevaluation of the prostate 6-8 weeks after neutering or a fine needle aspirate of the prostate for cytology +/- culture prior to considering neutering.

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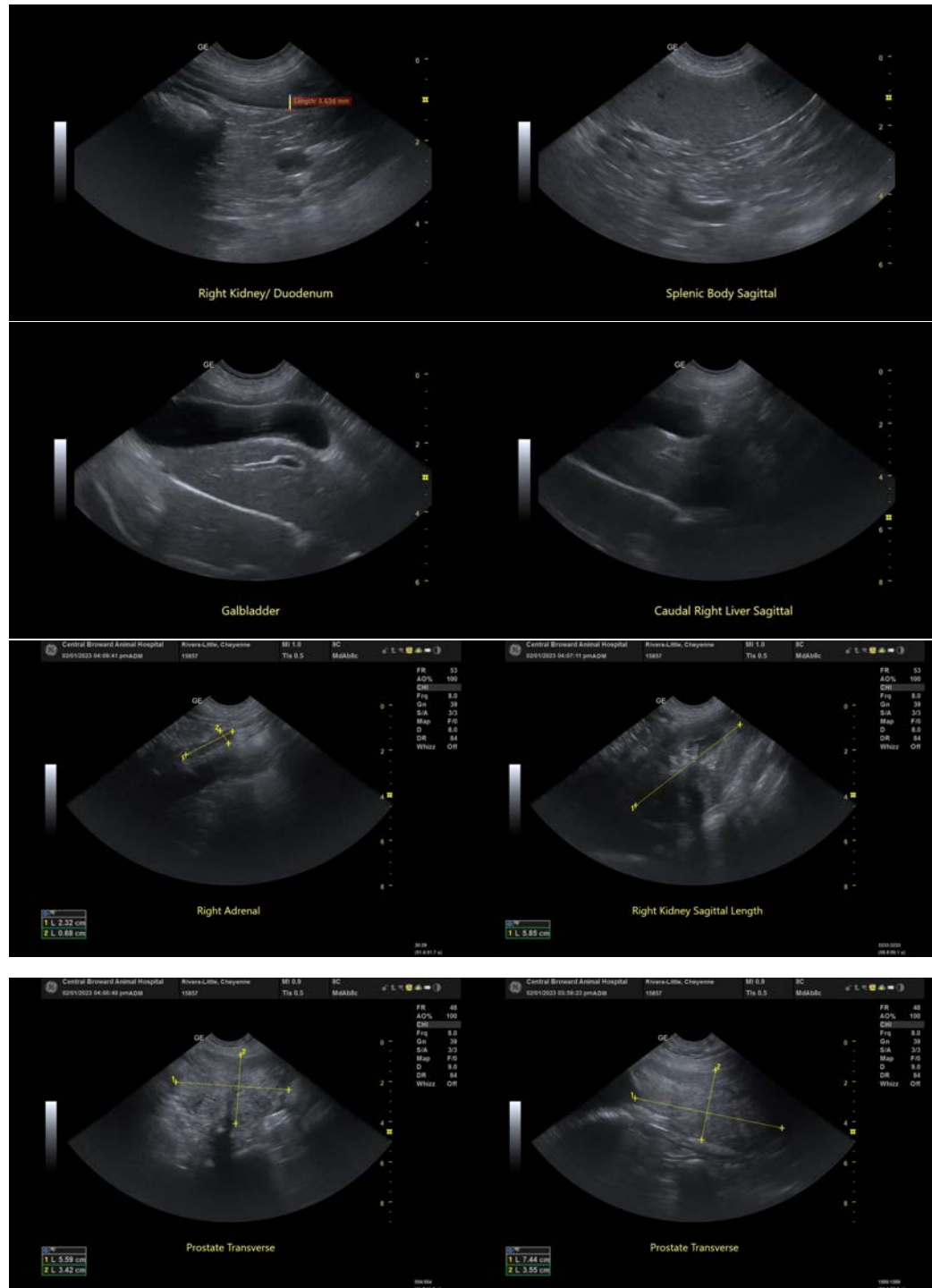
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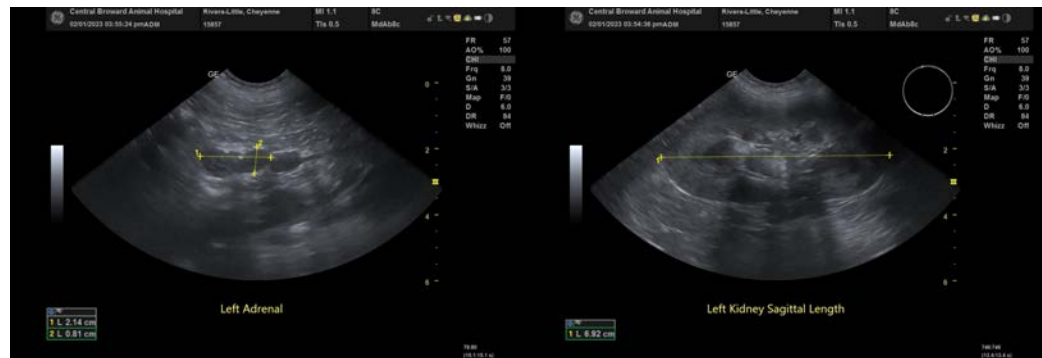
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com