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Clinical Sonography & Telecytology
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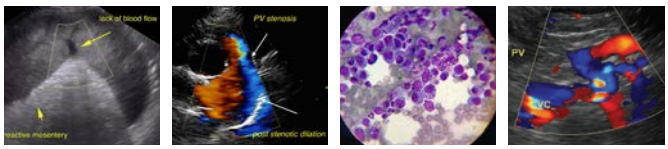

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1-800-838-4268 info@sonopath.com

PATIENT

Can Bruno Dept. of Correccione de PR

SPECIES

Canine

BREED

German Pointer

SEX

Intact Male

AGE

6 Years

WEIGHT

68 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Paseos Vet Center

REFERRING VET

Dr. Michelle Biello

INVOICE

46564

DATE

4/11/23

PRESENTING CLINICAL SIGNS

Presented for a recheck evaluation as pt has decreased appetite for 2 days and had some mild urinary incontinence. Pt has been working for over 12 hrs daily. Pt originally presented for hematuria (very bloody urine) on April 6th pt was sent home with Enrofloxacin and carprofen. Urinalysis and urine culture was done and it was negative. The hematuria has almost resolved but developed the above clinical signs. An abdominal ultrasound was done to further evaluate.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The prostate is large, heterogeneous, and hyperechoic, with a 1.29 cm hypoechoic cyst/abscess. It measures 4.43 cm in height in the sagittal view, and 5.08 cm in width in the transverse view.

The left kidney has a normal shape and size (6.45 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.

The right kidney has a normal shape and size (6.42 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.51 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.

The right adrenal gland is normal in size measuring 0.86 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.

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 hypoechoic 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.

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

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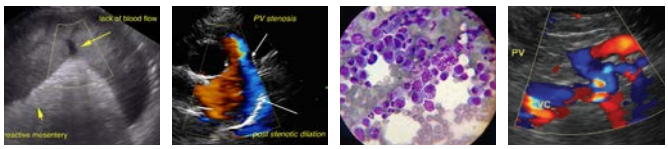

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The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic 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. Duodenum wall measures 0.49 cm. Jejunum wall measures 0.32 cm. 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 nonformed 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 visible mesenteric lymph nodes at 0.75 cm and 0.31 cm, as well as the iliac lymph nodes. The iliac lymph nodes are normal, measuring 0.63 cm on the right and 0.69 cm on the left. The omentum is of normal echogenicity.

Both testicles are visualized and appear within normal limits.

ULTRASONOGRAPHIC FINDINGS

- Large, hyperechoic, heterogeneous prostate with hypoechoic cyst/abscess – Findings are most consistent with benign prostatic hypertrophy +/- prostatitis and a benign prostatic cyst/abscess.
- Mildly heterogeneous/hypoechoic liver – I suspect this is within normal limits for this individual.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the urinary bladder. The prostate is large and hyperechoic and has a hypoechoic region most consistent with a prostatic cyst or less likely abscess. Recommend a urinalysis and culture. These lesions are unlikely to improve dramatically/permanently in an intact male dog.

Options moving forward would include castration, or treatment to block testosterone levels (Finasteride). A fine needle aspirate of the prostate could be considered to look for additional evidence of prostatitis and rule out the unlikely diagnosis of underlying neoplasia. Additionally, a fine needle aspirate of the prostatic cyst/abscess could be considered for both diagnostic and therapeutic purposes. It is likely that the hematuria reported is secondary to the prostatic disease.

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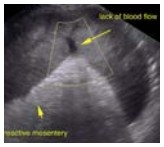
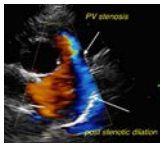
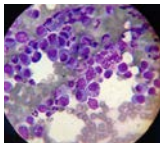
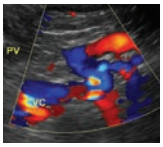

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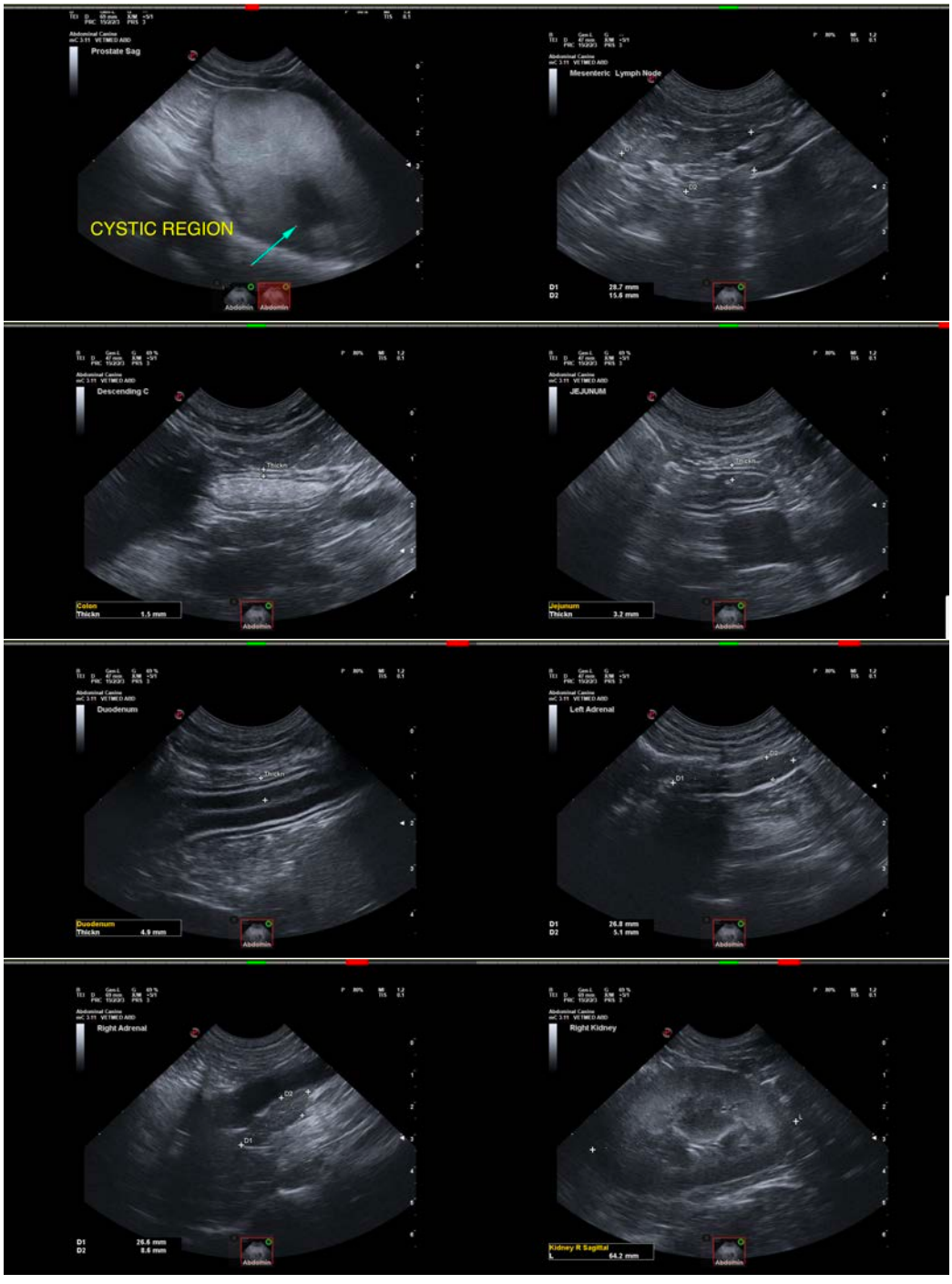

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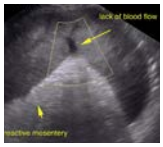
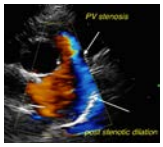
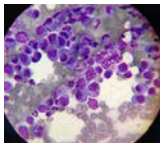
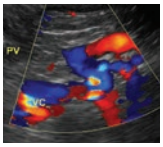

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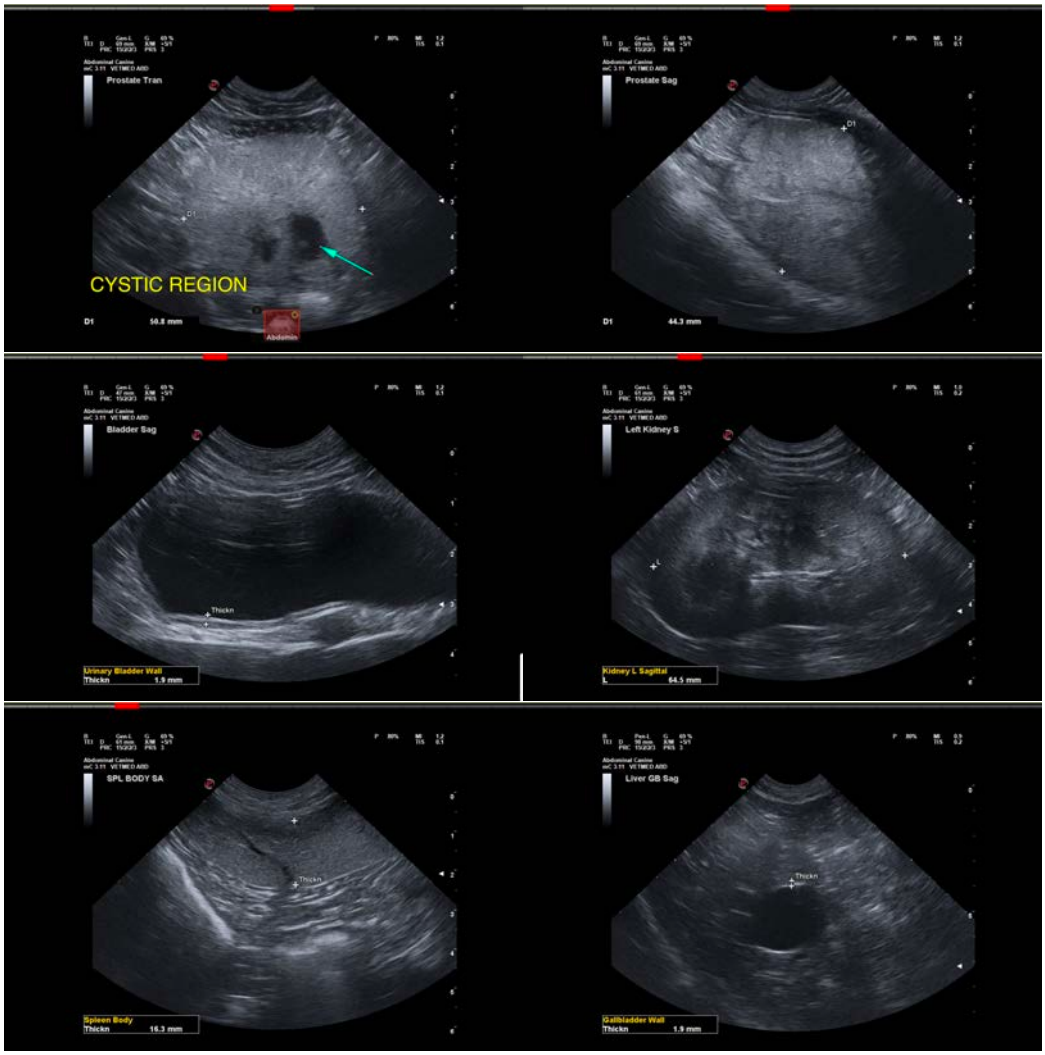

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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