



PATIENT

Rhino VanDamme

SPECIES

Canine

BREED

American Bulldog

SEX

Intact Male

AGE

7 Years

WEIGHT

40.9 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Queensway AH

REFERRING VET

Dr. Saad

INVOICE

38669

DATE

6/14/22

PRESENTING CLINICAL SIGNS

Owner concerned about prostate issues, sent him out for breeding, breeder relayed the message to the owner that through artificial insemination, there was no semen just blood. he sounded good on physical exam. Rectal palpation was not painful but a small mass was felt as far as we can reach. During scan he dripped dark colored and cloudy viscous fluid from his penis. No current meds.

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 in size (4.18 cm x 6.37 cm) but has a regular shape with smooth external margins. The parenchyma is heterogenous with numerous small intraparenchymal cysts present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (7.23 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (7.11 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 0.74 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. 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.

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


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Gastrointestinal

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The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

SPECIES

Canine

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.)

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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

There is a small amount of free fluid observed near the spleen. No 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
Other

 Kathleen Sennello DVM,
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Both the left and right testicles are visualized and appear within normal limits.

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ULTRASONOGRAPHIC FINDINGS

- Large, heterogeneous cystic process – most consistent with benign prostatic hypertrophy +/- prostatitis.
- Moderate gastric dilation with fluid and ingesta – correlate with feeding history. If this patient was adequately fasted, consider such differentials as delayed gastric emptying or a partial outflow tract obstruction (none observed).
- Scant amount of free abdominal fluid near the spleen – The cause for this fluid is unclear. Consider obtaining a sample for fluid analysis, cytology +/- culture if able.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
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The prostate is large, heterogeneous, and has numerous small, irregular parenchymal cysts. These findings are most consistent with benign prostatic hypertrophy +/- secondary prostatitis. Recommend urinalysis and culture. A fine needle aspirate of the prostate could be considered if the urine culture is negative.

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If possible, consider neutering this patient, as benign prostatic hypertrophy and prostatitis both can result in bloody penile discharge. The cause of the reported infertility is not clear. Consider consultation with a veterinary theriogenologist. If neutering is not possible, then prolonged treatment with a testosterone blocker will likely be necessary.

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The cause for the small amount of free fluid in the abdomen is not clear. If possible, collect a sample of this for fluid analysis and cytology +/- culture. Recommend continued monitoring of this fluid if treating for prostatitis.

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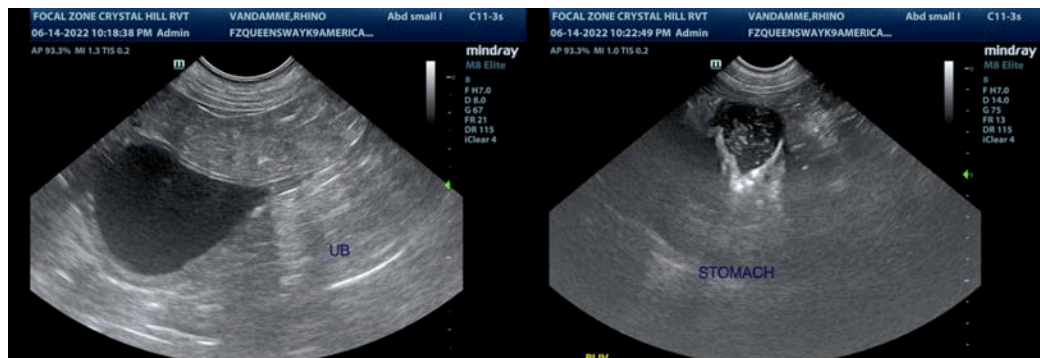
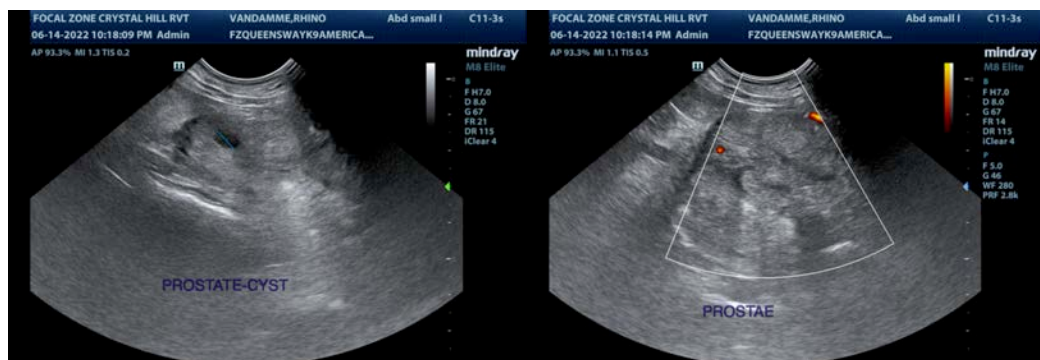
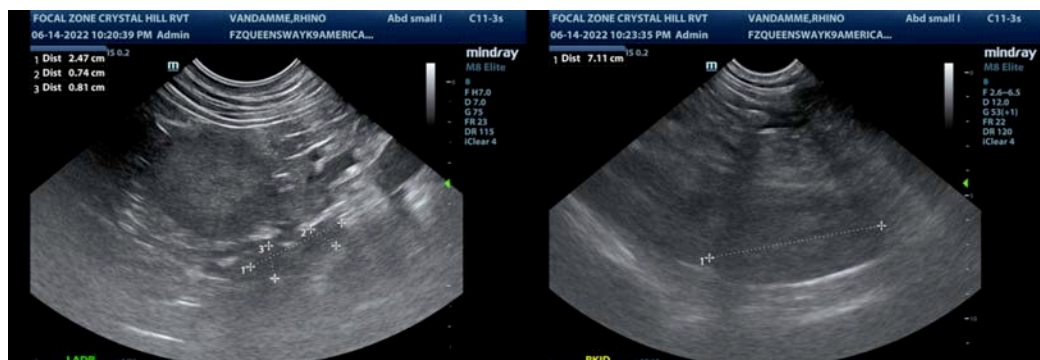
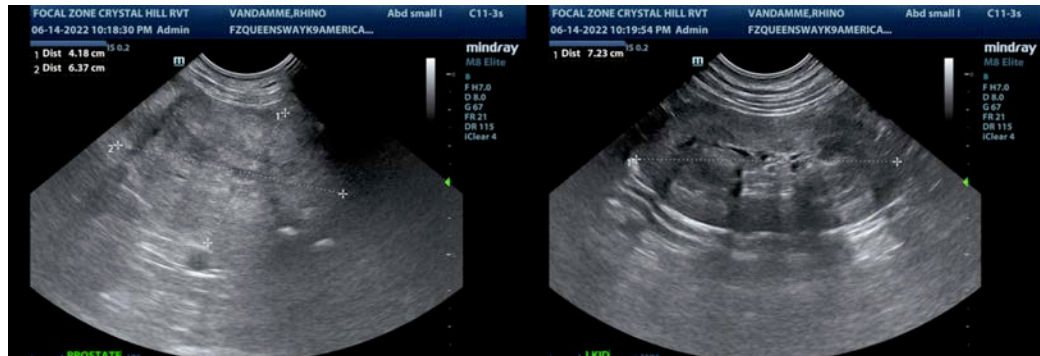
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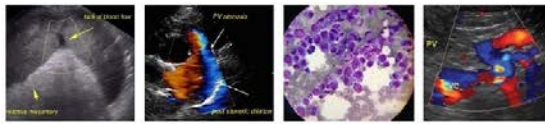
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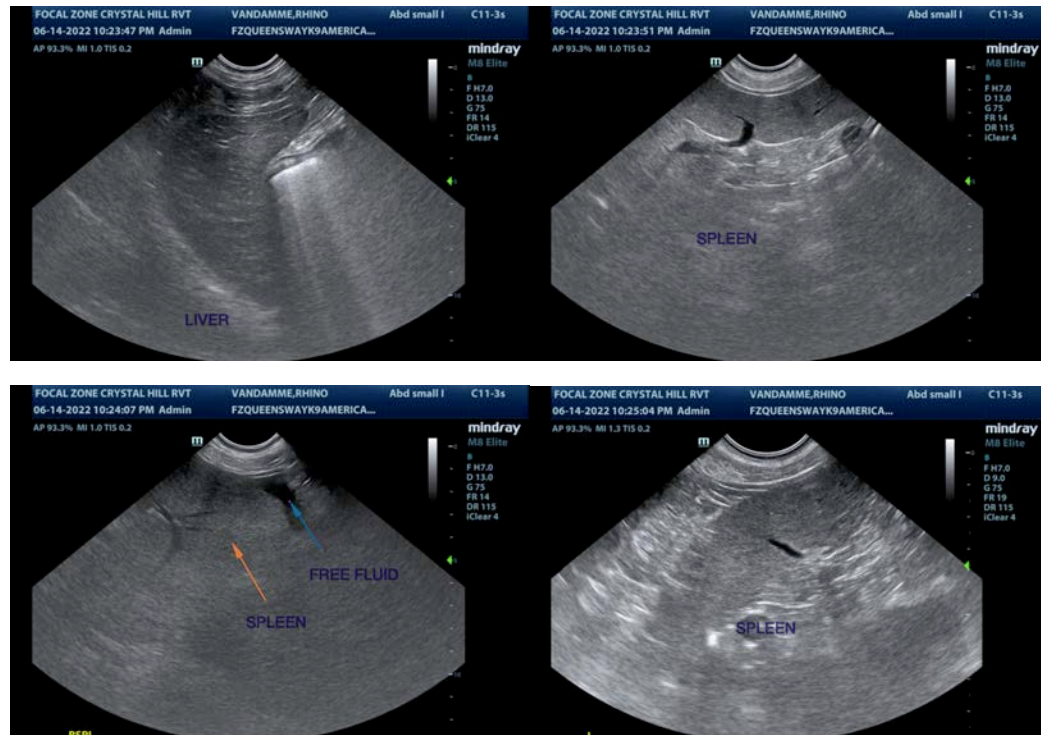
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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