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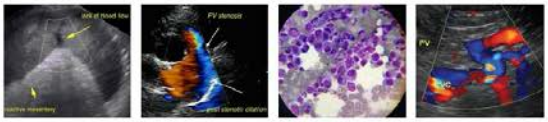

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Bando McNeil

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE

8 Years

WEIGHT

72 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Grass Valley VH

REFERRING VET

Dr. Kristi Cortright

INVOICE

38722

DATE

6/15/22

PRESENTING CLINICAL SIGNS

Bando, 8yr old until recently intact male presented about 10 days ago for inability to urinate for 3 days and very ill. Enlarged cystic or abscessed prostate on my unofficial ultrasound. Kidneys in severe azotemia from obstruction. Placed U-cath for about 10 days now (changing every third day) initially day in hospital on IVF, then neutered, continues on daytime IVF but sent home on oral abx but not improving (O financially limited), switched to hospitalization and IV abx. Now O qualify for SF funds so hospitalized during day the last week or so on IVF, abx, cerenia, eating now. Renal azotemia has completely resolved but poor guy still cannot urinate without U-cath in place (he tries). Urine is dark now but had been bloody for a week. (Culture from prostate pending (FNA), on TMS oral and IV baytril and metronidazole). Worried about tumor. Surgery is NOT an option for this guy, hence trying medical management. He will need a touch of torb as sedation. Nice dog but tender prostate. urine coming out today 6/15 had small amt of blood tinged at beginning of stream but then normal looking color- Filled UB with 60ml of sterile saline to better evaluate urinary bladder walls- foley catheter 8Fr

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with saline instilled from a foley catheter, which is visible within the lumen. The Bladder wall appears slightly irregular and thickened at 0.57 cm. The area of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi. Findings are most consistent with bacterial cystitis or lack of urine distention.

The prostate is large in size, measuring 2.94 cm in width in the sagittal view. It has a somewhat irregular shape with two relatively anechoic cysts that appear to be in the periphery or bulging from the parenchyma, measuring 1.53 cm and 1.55 cm. The parenchyma is heterogeneous, but no focal nodule type lesions are visualized. The prostatic urethra contains a urethral catheter. There is no obvious evidence of mass effect within the urethra.

The left kidney has a normal shape and size (6.3 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 (7.3 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 0.67 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 0.63 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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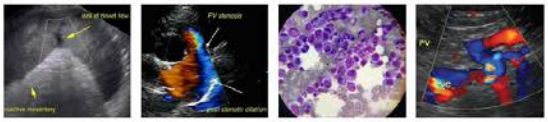

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Spleen

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.

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. The lymph nodes appear relatively normal in size. The right sublumbar lymph node measures 0.62 cm in diameter. The left measures 1.0 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Large, irregular, heterogeneous prostate with two systic lesions – The appearance of the prostate could be consistent with benign prostatic hypertrophy (just neutered two weeks ago), prostatitis, or prostatic neoplasia.
- Mildly thickened/irregular bladder mucosa – most consistent with bacterial cystitis or lack of urine distention. Recommend urinalysis and culture.

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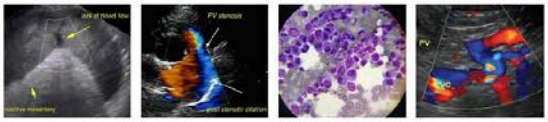

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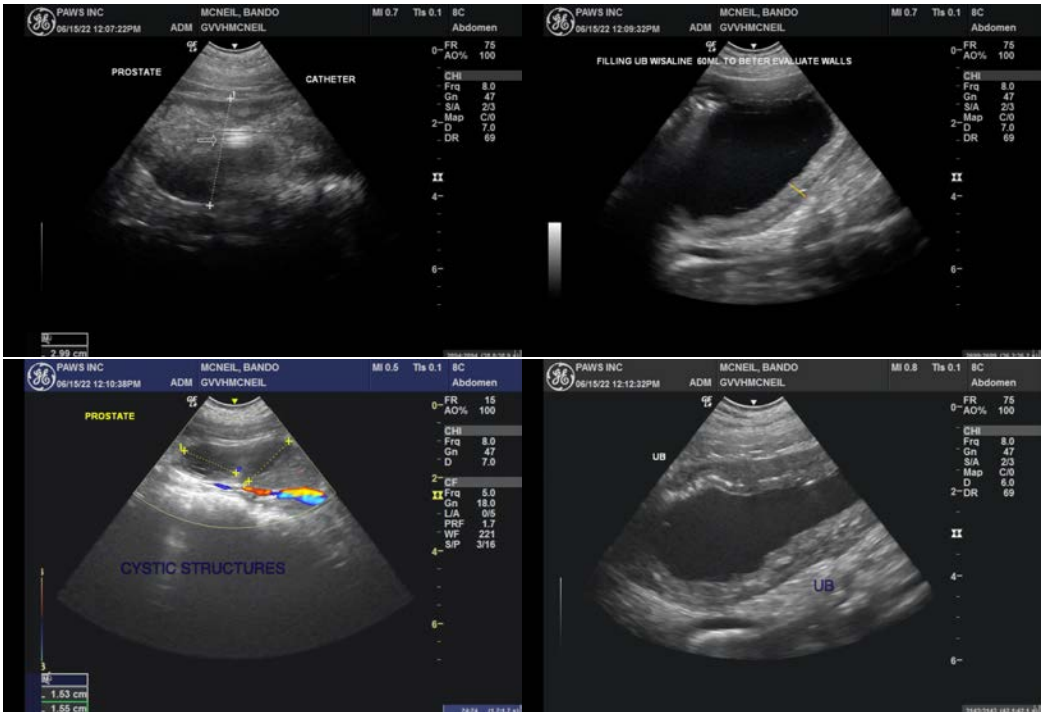
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate is large, irregular, heterogeneous, and has two cystic structures. Unfortunately, by appearance alone, it is difficult to assess if these are benign or neoplastic lesions. The prostate is not dramatically enlarged in a sense that would definitively result in a urinary obstruction, so an open mind should be kept as to the cause of the obstruction.

Due to the lack of response to current therapy and the difficulty/cost of current therapy, I would recommend a fine needle aspirate of the prostate to look for evidence of neoplastic change. Additionally, I would consider draining the fluid from both of the small cysts and submitting it for culture, fluid analysis and cytology, as some chronic prostatitis cases do not culture positive on urine samples, and/or the bacteria isolated from the prostate are different from what is in the urinary bladder.

You could consider starting an anti-inflammatory such as Piroxicam or Deramaxx, in hopes that it would help with some of the inflammation. I feel this is likely safe if the renal values have normalized and the patient is on IV fluids. Additionally, you could consider the possibility of another problem such as reflux dyssynergia, a urethral mass, etc. Although it seems unlikely to be a cause for the symptoms described, you could consider medications for reflux dyssynergia if you're not having success with other treatments.



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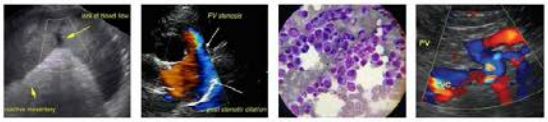

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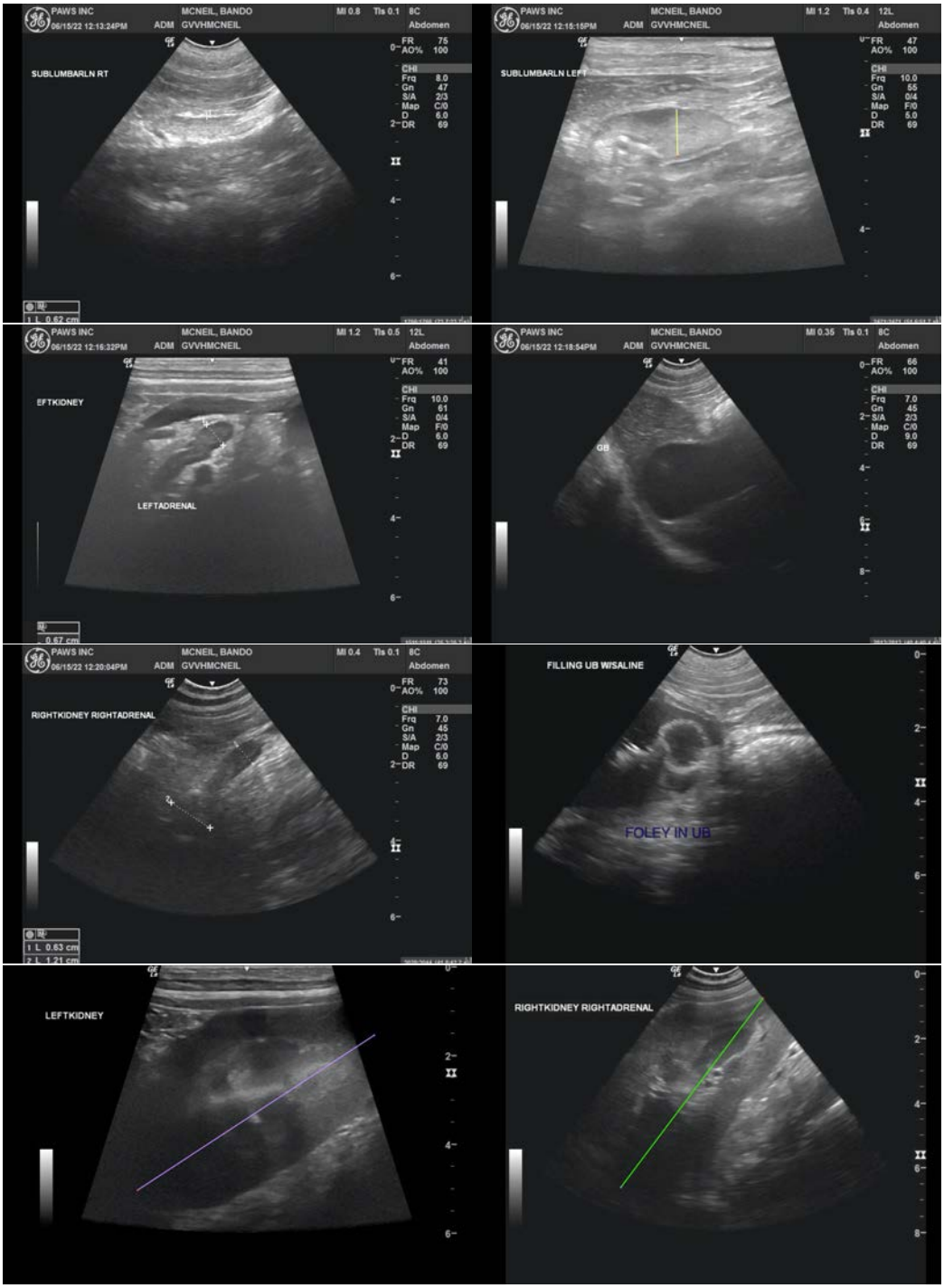

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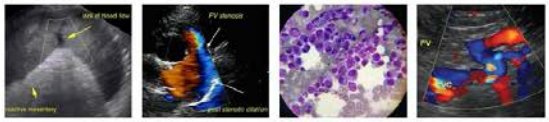

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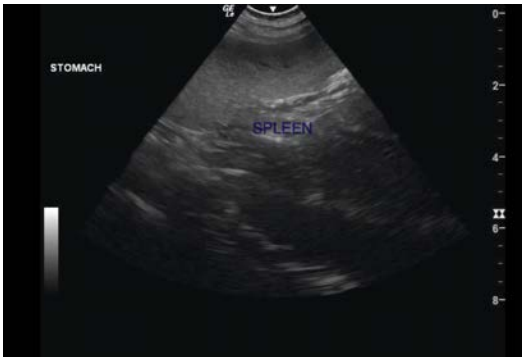

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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