



**PATIENT PRESENTING CLINICAL SIGNS**

Rupert Pasos

Rupert was seen at the family veterinarian on 6/19/23 for pollakiuria and urinary incontinence, was treated with 7 days of Clavamox and Proin. Patient is also on CBD extract (for pain, recent orthopedic surgery), started about the time when the urinary symptoms were noticed.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Smaller right testicle compared with the left one. UA via U-cath (6/19/23): high blood (3+), high RBC (11-20/hpf), high WBC (4-10/hpf), rods (26-50/hpf), pH 8.5, high protein (3+), USG 1.040, no cells. Vet-screen (2/20/23): high ALT (128), rest of the bloodwork WNL.

**BREED**

French Bulldog

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

**Urinary System**

Intact Male

The urinary bladder is moderately distended with severely echogenic urine and a large amount of dependent echogenic debris. 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.

**AGE**

11 Years

The prostate is large, irregular, heterogeneous, and hyperechoic. There are several irregular areas and two large cystic areas. One is in the cranial ventral aspect of the prostate measuring 1.5 cm in diameter with a thickened wall. The other is slightly irregular measuring 1.8 cm x 2.59 cm in the dorsoventral aspect of the prostate. Findings are concerning for prostatic abscesses. The prostate measures 2.87 cm in height in the sagittal view and 4.94 cm in length.

**WEIGHT**

40 Pounds

The left kidney has a normal shape and size (6.72 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.

**INTERPRETED BY**

Kathleen Sennello DVM,  
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(Small Animal Internal  
Medicine)

The right kidney has a normal shape and size (5.37 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**

Dr. Tudor Suci

**Adrenal Glands**

**HOSPITAL NAME**

Animal Clinic of  
Queens

The left adrenal gland is normal in size measuring 0.64 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.

**REFERRING VET**

Dr. John Mucera

The right adrenal gland is normal in size measuring 0.67 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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**Spleen**

**DATE**

7/12/23

The spleen is large and irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There is a large, mixed echogenic, solid mass effect arising from the caudal aspect of the spleen, measuring >5.0 cm x .638 cm.



**PATIENT** *Liver*

Rupert Pasos

The liver is subjectively normal in size, and echogenicity 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. There is an ill-defined hyperechoic nodule visualized in the parenchyma measuring 1.0 cm.

**SPECIES**

Canine

**BREED**

French Bulldog

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**

**SEX**

Intact Male

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.

**AGE**

11 Years

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. Jejunum wall measures 0.39 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**WEIGHT**

40 Pounds

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 area of 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.

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**Other**

Both testicles are visualized. The left testicle is normal measuring 2.2 cm. The right testicle is more hyperechoic and smaller with less distinct architecture, measuring 1.71 cm.

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**ULTRASONOGRAPHIC FINDINGS**

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- Large, irregular prostate with thick-walled cystic lesions and a large amount of dependent intraluminal debris in the urinary bladder – Findings are most consistent with prostatitis, prostatic abscesses, and concurrent cystitis. Recommend urinalysis and culture.

**DATE**

7/12/23

- Large, mixed echogenic, hypoechoic splenic mass lesion – A focal solid mixed echogenicity mass is visualized associate with the spleen. This mass distorts the splenic capsule. Differentials include: benign lesions ( lymphoid hyperplasia, hemangioma etc..) or cancerous lesions (hemangiosarcoma, lymphoma, histiocytic sarcoma etc..)



**PATIENT**

Rupert Pasos

- Heterogeneous liver with ill-defined hyperechoic nodule – The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time. The appearance of the hyperechoic nodule trends towards a more benign etiology.

**SPECIES**

Canine

- Slightly small, irregular right testicle – Findings are suggestive of a mildly atrophied testicle.

**BREED**

French Bulldog

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a large amount of suspended and dependent echogenic debris in the urinary bladder, most consistent with severe cystitis and debris. The prostate is large and irregular with at least two thick-walled cystic regions. Findings are most consistent with prostatitis and prostatic abscesses. Recommend prolonged treatment with antibiotics based on culture and sensitivity results (likely recommend re-culture mid treatment), as well as neutering with histopathology performed on the testicles, as the right testicle appears small and somewhat atrophied. Additionally, you could consider percutaneous drainage of the prostatic abscesses +/- installation of Baytril.

**AGE**

11 Years

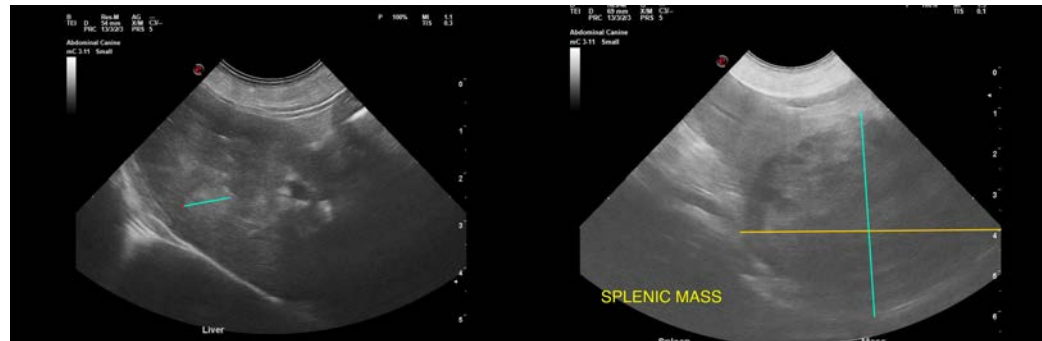
Additionally, there is a large mass effect on the spleen. This could represent a benign or neoplastic lesion. Consider splenectomy for both diagnostic and therapeutic purposes. If the patient is stable, you could consider combining the neutering with splenectomy, provided 3-view thoracic radiographs are normal.

**WEIGHT**

40 Pounds

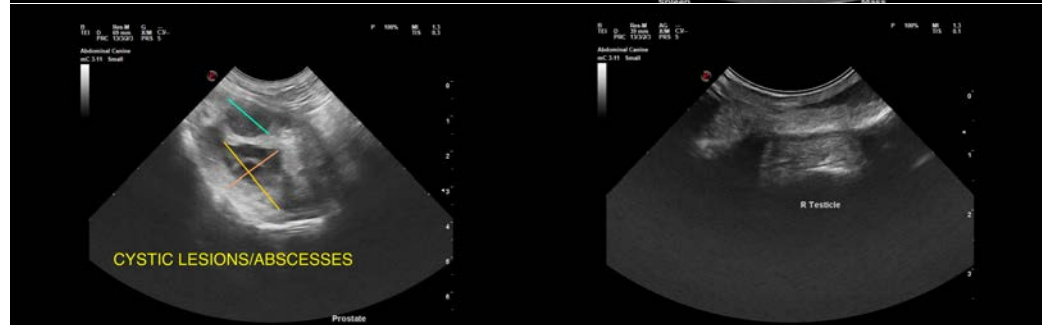
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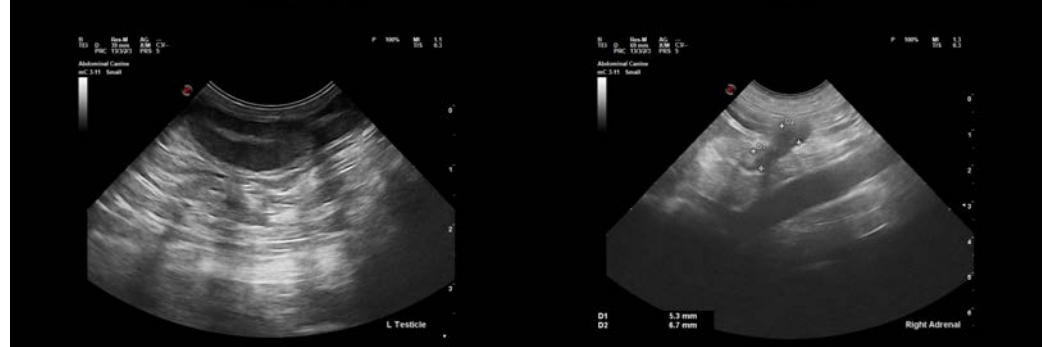


**HOSPITAL NAME**

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**PATIENT**

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**SPECIES**

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**SEX**

Intact Male

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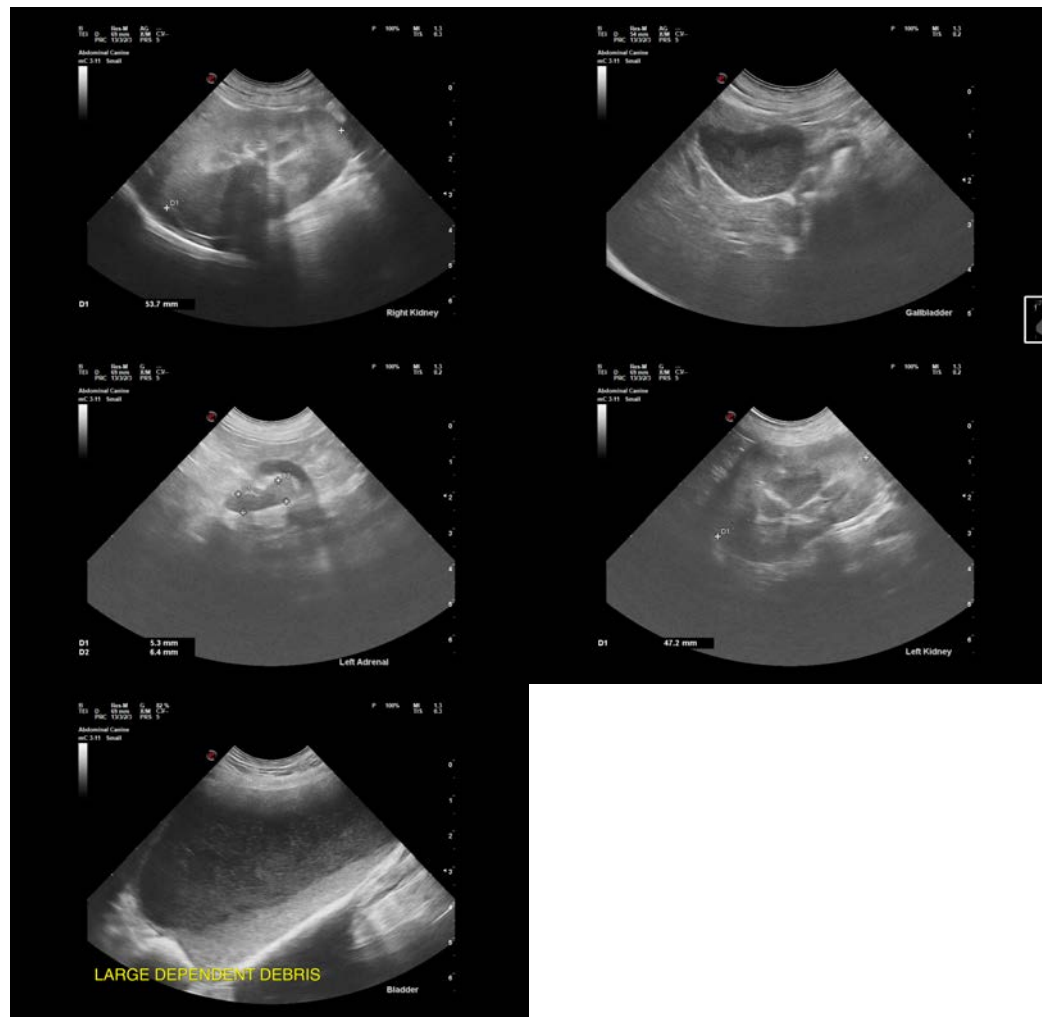
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**DATE**

7/12/23



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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