**DATE**

8/10/21

PRESENTING CLINICAL SIGNS

Hematuria / Blood In Urine. Bleeding From Penis. Straining To Urinate.

History: Date: 08-08-2021 Notes: Acutely urinating blood have not had him very long, adopted from somebody they know.

PATIENT

Monzee Johnson

Current Medications: Carprofen Tablets 100mg, SMZ/TMP Tablets 960mg, Gabapentin Capsules 300mg
Lab Results: Attached

Radiographs: Abdomen 2 View- large fluid filled structure, possible mineralization in region of prostate passed u Cath , didn't fall in right position and larger structure. ventral-- concern for prostatic mass /bladder mass, infection, other.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous
Sedation: IM sedation utilized for AUS and procedure
Stat Report: not requested**BREED**

American Bulldog

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****SEX**

Male

The urinary bladder is moderately distended with echogenic 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.

AGE

2014

The prostate is large in size measuring 7.89 cm in cross section with mottled parenchyma and small cystic lesions varying from 0.6-1.5 cm. There is a very large, lateral cyst that measured 8.76 cm in diameter and distended with echogenic fluid. This is most consistent with a prostate abscess or cyst. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

WEIGHT

112.6 lbs

The left kidney has a normal shape and size (7.82 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.

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

The right kidney has a normal shape and size (7.83 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.

HOSPITAL NAMEAnimal Emergency
Hospital**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.

REFERRING VET

Dr. King

The right adrenal gland is normal in size measuring 0.78 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.

INVOICE

91110

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

There is a scant amount of free fluid in the area of the prostate and pelvis. No lymphadenomegaly was noted. The omentum is of normal echogenicity.

Other

Both testicles were imaged. The right testicle contains a 1.75 cm isoechoic nodule. The left testicle has two isoechoic nodules. One measured 0.91 cm and one measured 1.52 cm.

ULTRASONOGRAPHIC FINDINGS

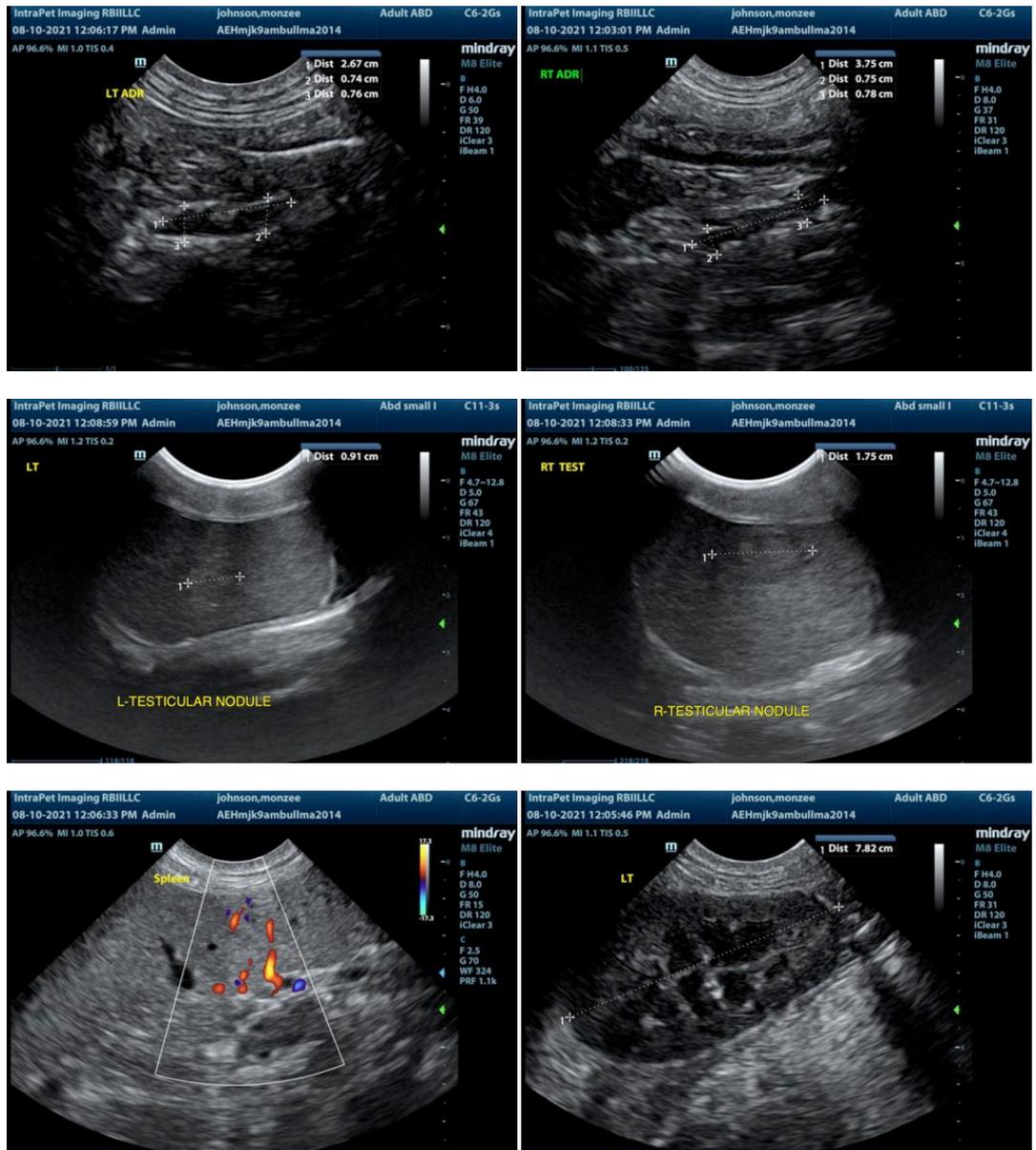
PRIMARY FINDINGS:

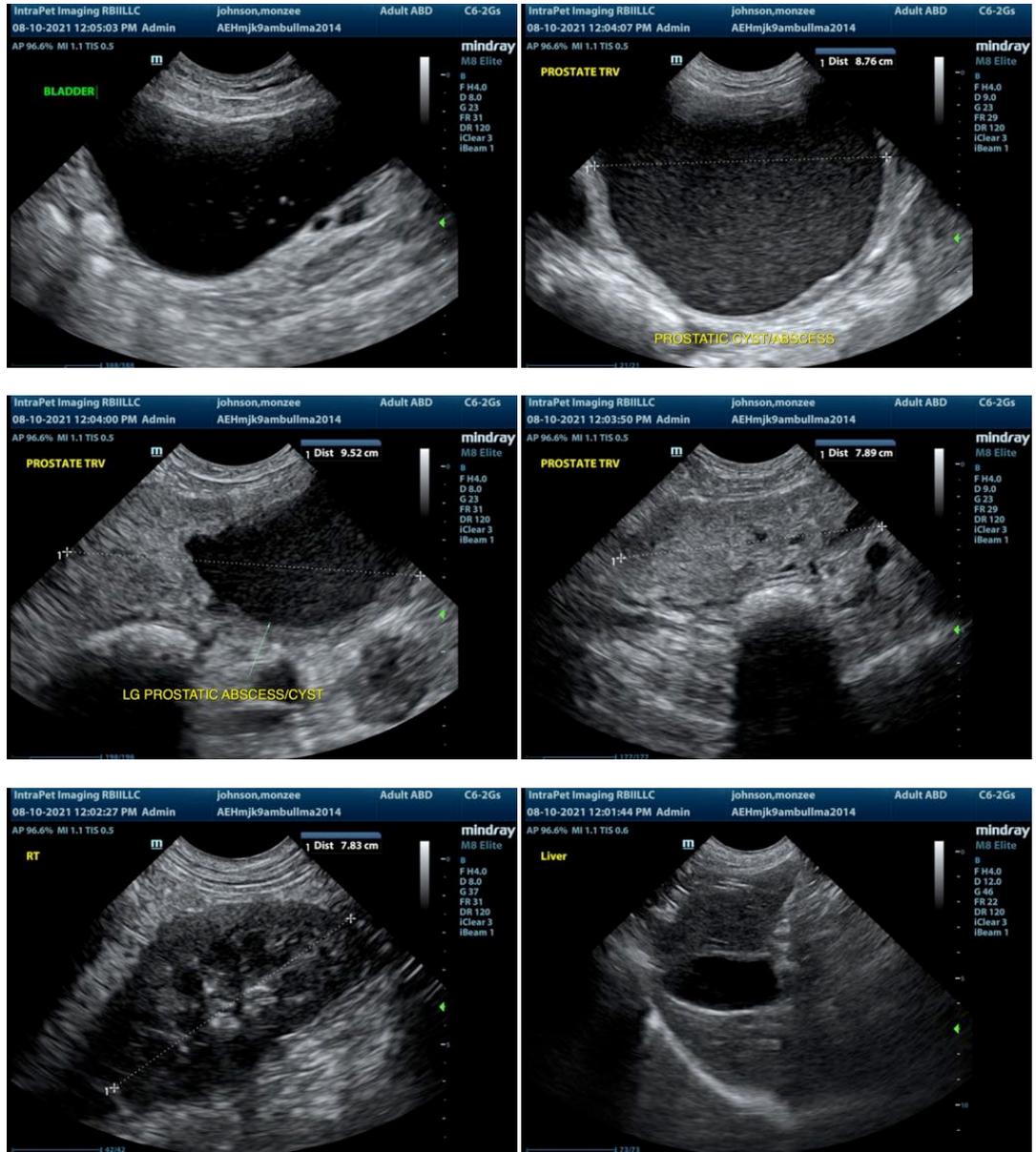
- Large cystic prostate with very large peri-prostatic cysts/abscess.
- Nodules observed in both testicles.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large prostate that is consistent with BPH or prostatitis. Additionally there is a very large cystic structure that is adjacent to the prostate. This is consistent with a prostatic abscess or cyst. Based on fluid analysis and culture of the fluid obtained from the prostatic cyst (330 mls removed) you will be able to discern and target your antibiotic therapy based on sensitivity results. The cyst was drained and Baytril was injected into the lesion at the time of the scan. With the size of this lesion it is possible that it will recur despite draining. I recommend to continue to monitor for this as surgery to omentalize the lesion may be necessary. This patient needs to be neutered in order for this disease process to resolve. Additionally, there are nodules in both testicles. Additionally there are nodules in both testicles so they should be submitted for

histopathology at the time of castration.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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