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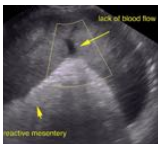

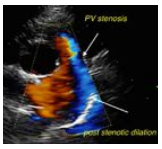

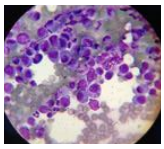
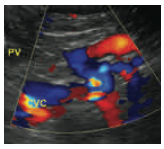

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1-800-838-4268 info@sonopath.com

PATIENT

Ford Vang

SPECIES

Canine

BREED

Rottweiler

SEX

Male

AGE

7 years

WEIGHT

146 lbs

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

A Murphy CVT

HOSPITAL NAME

Wauwautosa VC

REFERRING VET

Dr. Binor

INVOICE

DATE

4/29/22

PRESENTING CLINICAL SIGNS

History of intact male urinating blood since 2/2022. Concern for prostatitis or other structural bladder issue. Palpation of prostate seemed WNL while sedated, but I am concerned I may be palpating the caudal edge of prostate only. No response to antibiotic treatment - seemed to recur. Owner reports he is "leaking" urine. Urine culture was negative. He was treated with simplicef. 2/2022 UA indicated hematuria, pyuria and cocci bacteria.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is well distended with anechoic contents. The wall is mildly irregular along the ventral wall. There is no evidence of sediment, cystoliths, polyps or a mass. No obvious abnormalities are noted with the trigone or proximal urethra.

Prostate

The prostate is heterogeneous and measures XX mm, consisting of multiple anechoic and hypoechoic structures.

Multiple anechoic structures of variable shape and size are observed surrounding the urinary bladder, both cranio-dorsally and caudo-dorsally. The structures have smooth, sharply demarcated thin walls, and are consistent with paraprostatic cysts.

Kidneys

The **left** kidney: The capsule is smooth, however, the cortex is mildly to moderately hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. Cortical lesions consistent with infarcts, mineralizations and multiple small nephroliths are observed. Mineralizations of the diverticulae and pelvis are present, without evidence of pyelectasia. The surrounding mesentery is not hyperechoic.

The **right** kidney: The capsule is smooth. The cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. Mineralizations of the diverticulae and pelvis are present, without evidence of pyelectasia. The surrounding mesentery is not hyperechoic.

Aortic bifurcation/trifurcation

No abnormalities observed.

Adrenal Glands

Not visualized, however, no abnormalities are observed in the regions where they are located.

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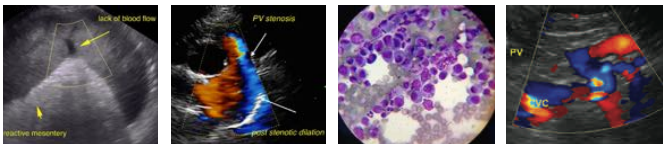

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Spleen

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is mildly granular and coarse, however, there are no obvious signs of focal lesions or neoplasia. No abnormalities are observed with the hepatic vessels visualized.

The gallbladder wall is within normal limits in thickness and echogenicity. There is no evidence of echogenic material within the GB or edema surrounding it. There are no signs of an obstruction.

Gastrointestinal

Fluid and gas are present within the lumen of the stomach. The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.

The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. The submucosa is mildly prominent, however, this is a subjective finding. Abnormally dilated loops of bowel are not observed.

The colonic wall is not thickened and mural detail is considered normal.

There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction in the gastrointestinal tract.

Pancreas

No overt abnormalities are observed with the echogenicity or echotexture of the parenchyma. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.

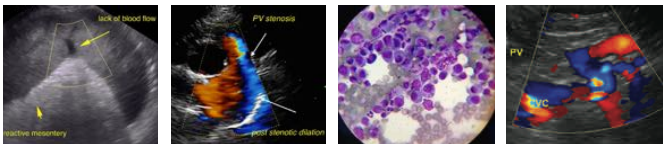
Other

Lymph nodes

No abnormalities are observed

Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS



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- The prostate is markedly hyperechoic and moderately heterogeneous, which is highly suggestive of benign prostatic hyperplasia. Bacterial prostatitis cannot be excluded, however.
- Multiple paraprostatic cysts are present.
- The mucosa of the urinary bladder is mildly irregular along the ventral wall, therefore, a urinary tract infection cannot be excluded.
- Renal changes are suggestive of chronic degeneration, however, the abnormalities associated with the left kidney are suggestive of previous infarcts.

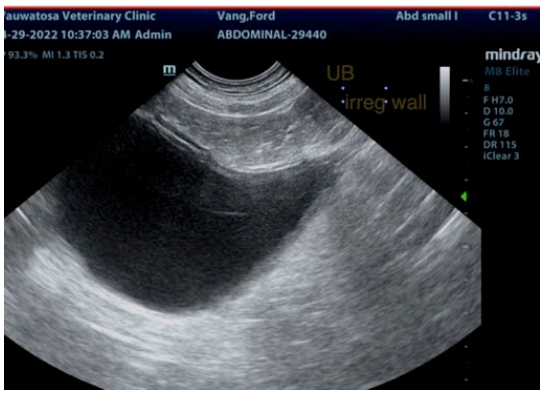
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

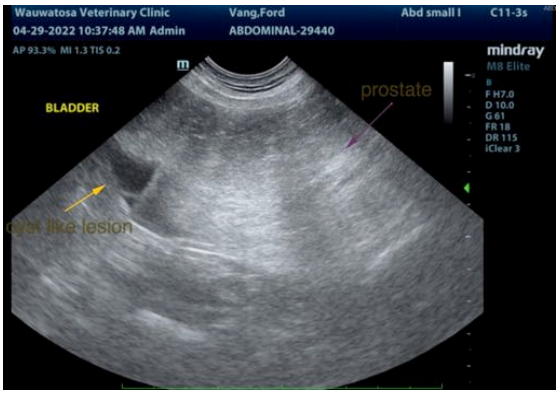
Benign prostatic hyperplasia is strongly suspected. A urinary tract infection and secondary prostatitis are also likely present. Neutering is the ideal form of treatment. Involution and resolution of clinical signs usually occur within 2 to 4 weeks of castration.

If clinical signs persist following castration, drainage of the paraprostatic cysts and injection of antibiotics directly into the cysts may be considered.

A urine culture and sensitivity is recommended to determine the organism(s) responsible for the urinary tract infection and prostatitis and choose the appropriate antibiotic. If this is not possible, enrofloxacin should be administered for a minimum of 8 to 10 weeks, with a re-evaluation of the ultrasound approximately 4 weeks following initiation of antibiotics.

Monitoring of Ford's renal function, including a SDMA and arterial blood pressure, are suggested every 4 to 6 months.





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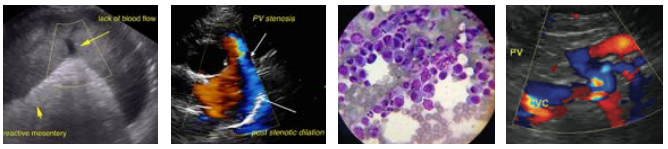

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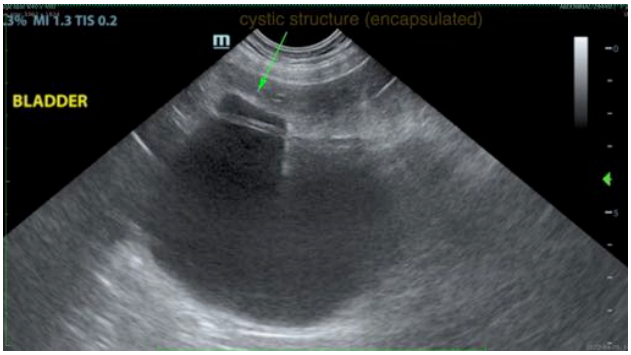

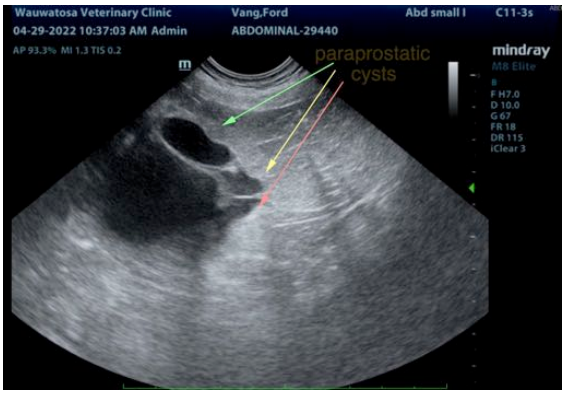

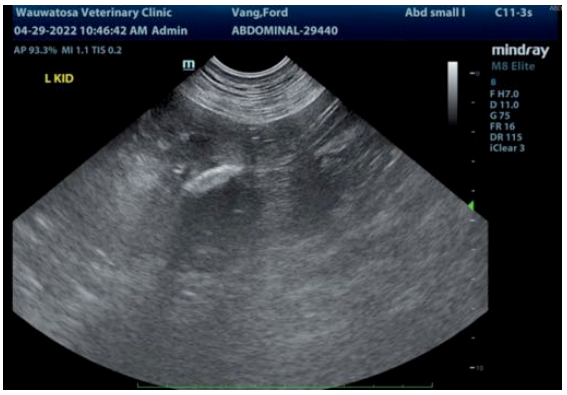

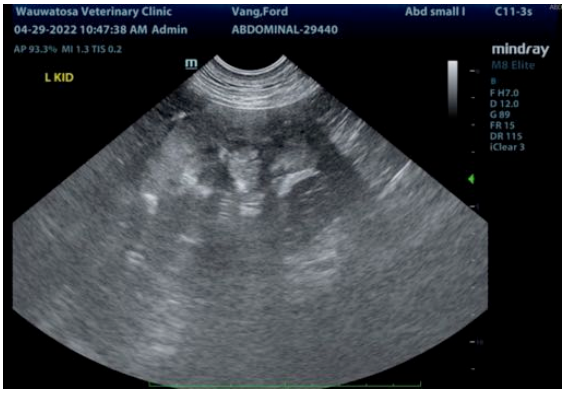

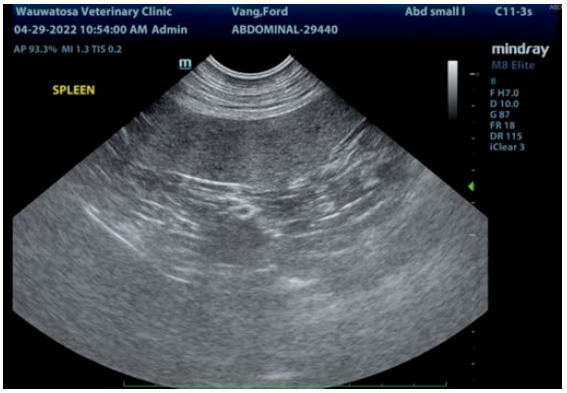

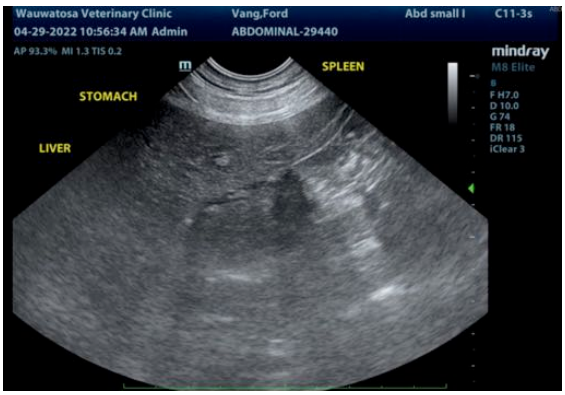

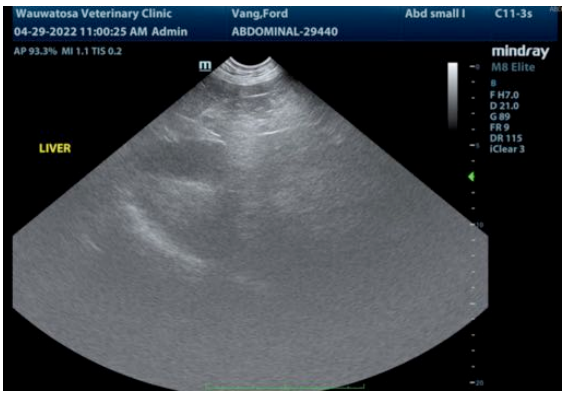

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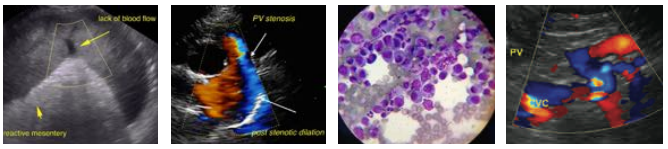

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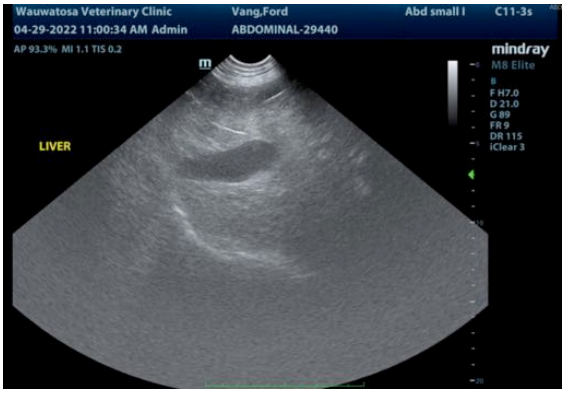

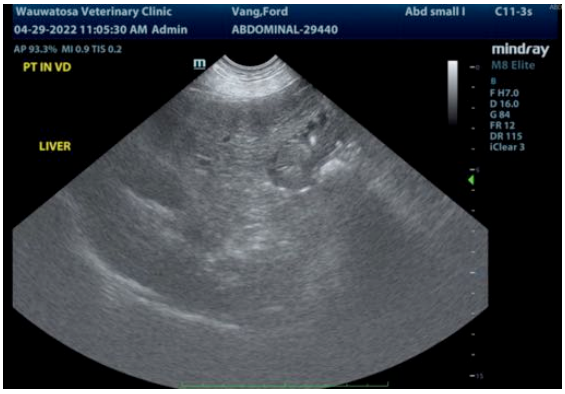

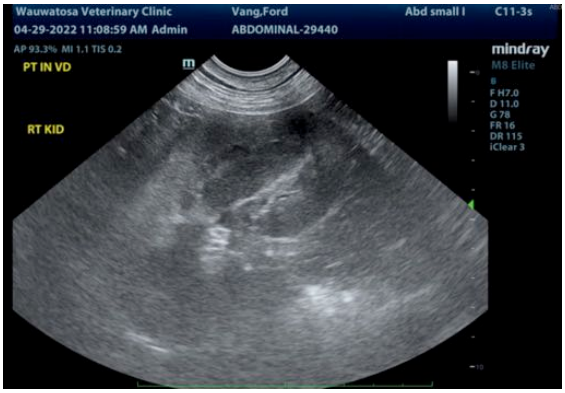

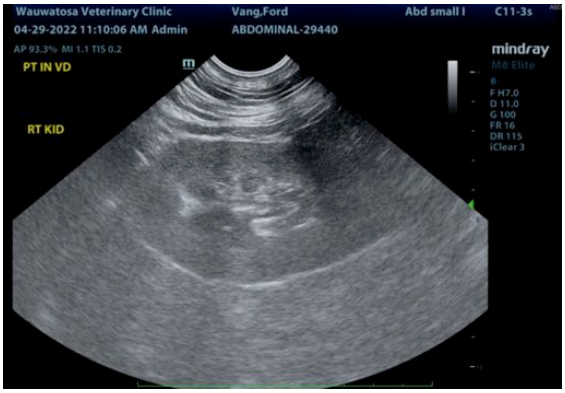

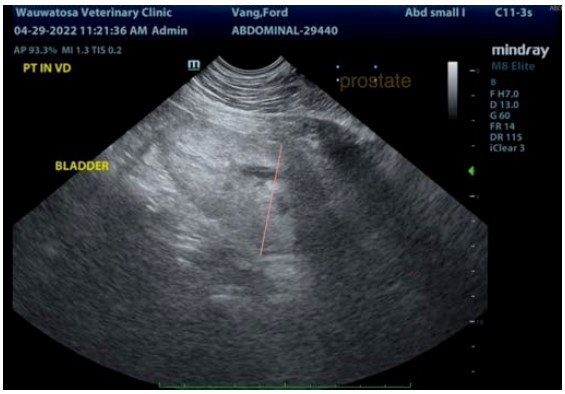

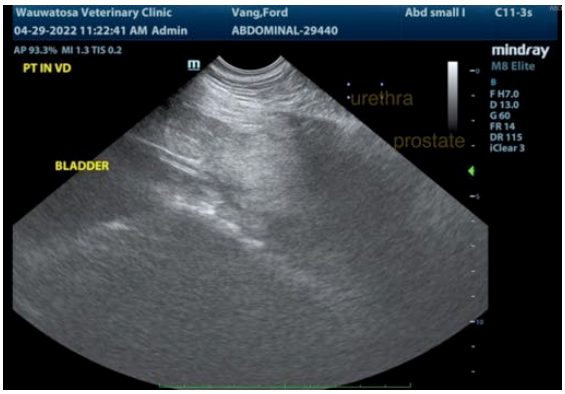

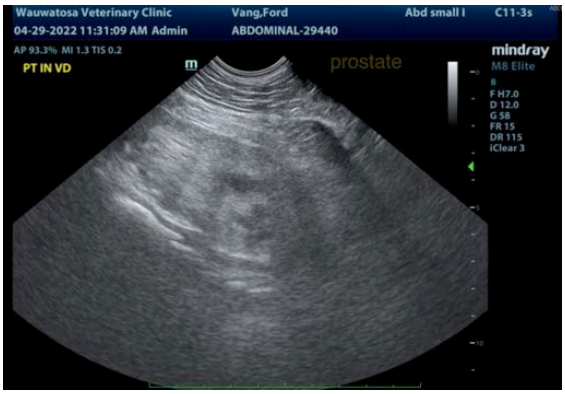

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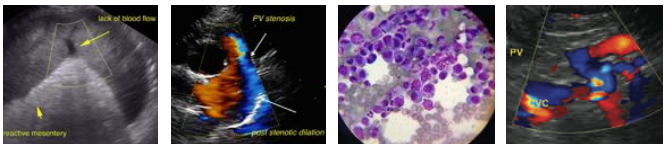

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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