



PATIENT

Dolf Wortman

SPECIES

Canine

BREED

Shepherd

SEX

Intact Male

AGE

8 Years

WEIGHT

90 Pounds

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate ACVI

IMAGING PERFORMED BY

Megan Cassels-
Conway

HOSPITAL NAME

Central Broward AH

REFERRING VET

Dr. Janeez Lezcano

INVOICE

38826

DATE

6/17/22

PRESENTING CLINICAL SIGNS

P has recurrence of hematuria. BRAF test was NEG. P was treated w baytril in last episode. Previous AUS performed by local internist showed enlarge prostate consistent w hyperplasia. Also FNA performed due to splenomegaly noted on rads. Results showed no cytologic evidence of disease. ***FOCAL US, ONLY submitted images of urinary tract and spleen***

Abnormal PE/Chem/CBC/UA Results: most recent CBC: NSF, Chem: creat: 0.8, T4: 4.0H (on soloxine supplementation), UA, cysto: SG: 1.047, pH: 7.5, 1+ prot, 2+ bilirubin.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra. There is no evidence of cystoliths, polyps or a mass. A hyperechoic "line" (1.30) is observed along the dorsal wall. It casts a "dirty" shadow, which is suggestive of sediment adhered to or embedded in the dorsal wall.

Prostate

The prostate is homogenous and measures - Sagittal view: 4.95 cm x 4.15 cm (and up to 5.65 cm in length in a different view) and Transverse view: 5.99 cm in diameter x 3.60 cm in length. It has smooth external borders and is homogeneous other than a few hypo to anechoic structures or lacunae. One of the anechoic structures, consistent with a cyst, measures 3.4 mm in diameter x 6.6 mm in length. There are no calcified areas observed. No obvious abnormalities are observed with the prostatic urethra.

Kidneys

The **left** kidney measures 7.82 cm. The capsule is smooth. A hyperechoic band is observed along the medulla, traversing parallel to the corticomedullary junction, which accentuates the definition of the cortico-medullary junction. Small mineralizations of the diverticulae and pelvis are present, without evidence of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The **right** kidney measures 7.76 cm. Findings are similar to the left kidney.

Aortic bifurcation/trifurcation

No abnormalities observed.

Adrenal Glands

No visualized, however, no abnormalities are noted in the region where they are located.

Spleen

Splenomegaly, however, no abnormalities are observed with its overall architecture, echotexture, or echogenicity, and the capsule is smooth. Its vasculature is within normal limits, i.e. congestion and thrombi are not identified.

Liver and gallbladder

Not evaluated.

Gastrointestinal

A portion of the gastric wall is visualized. It within normal limits in thickness and the wall layers are well defined.



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The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. Abnormally dilated loops of bowel are not observed.

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

SPECIES

Pancreas

Canine

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

BREED

Shepherd

Other

Lymph nodes

SEX

No abnormalities are observed

Intact Male

Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

AGE

8 Years

- **Prostate:** Findings are consistent with *benign prostatic hyperplasia* with *occasional cystic structures*. There are no signs of an infection (prostatitis) or neoplasia.

WEIGHT

90 Pounds

- **Spleen:** *Splenomegaly*, without abnormalities in echotexture or echogenicity. Focal lesions are not observed. Splenomegaly is often observed in German shepherd and German shepherd mix breed dogs. The cause of splenomegaly in this breed is not known, but is not considered clinically significant.

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- **Urinary bladder:** The hyperechoic “line” along the dorsal wall, which casts a “dirty” shadow is suggestive of sediment adhered to or embedded in the mucosa. Another differential diagnosis is mineralized sediment that has adhered to suture material from a previous cystotomy.

- **Kidneys:** Very mild age-related changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Castration is the ideal treatment for *benign prostatic hyperplasia*.

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Treatment with antibiotics does not appear to be necessary based on the sonographic findings.

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Free floating sediment is not observed in the urinary bladder, however, hyperechoic sediment appears to be embedded or adhered to the mucosa of the dorsal wall. As mentioned above, mineralized sediment adhered to suture material from a previous cystotomy is another differential diagnosis, depending on Dolf’s history.

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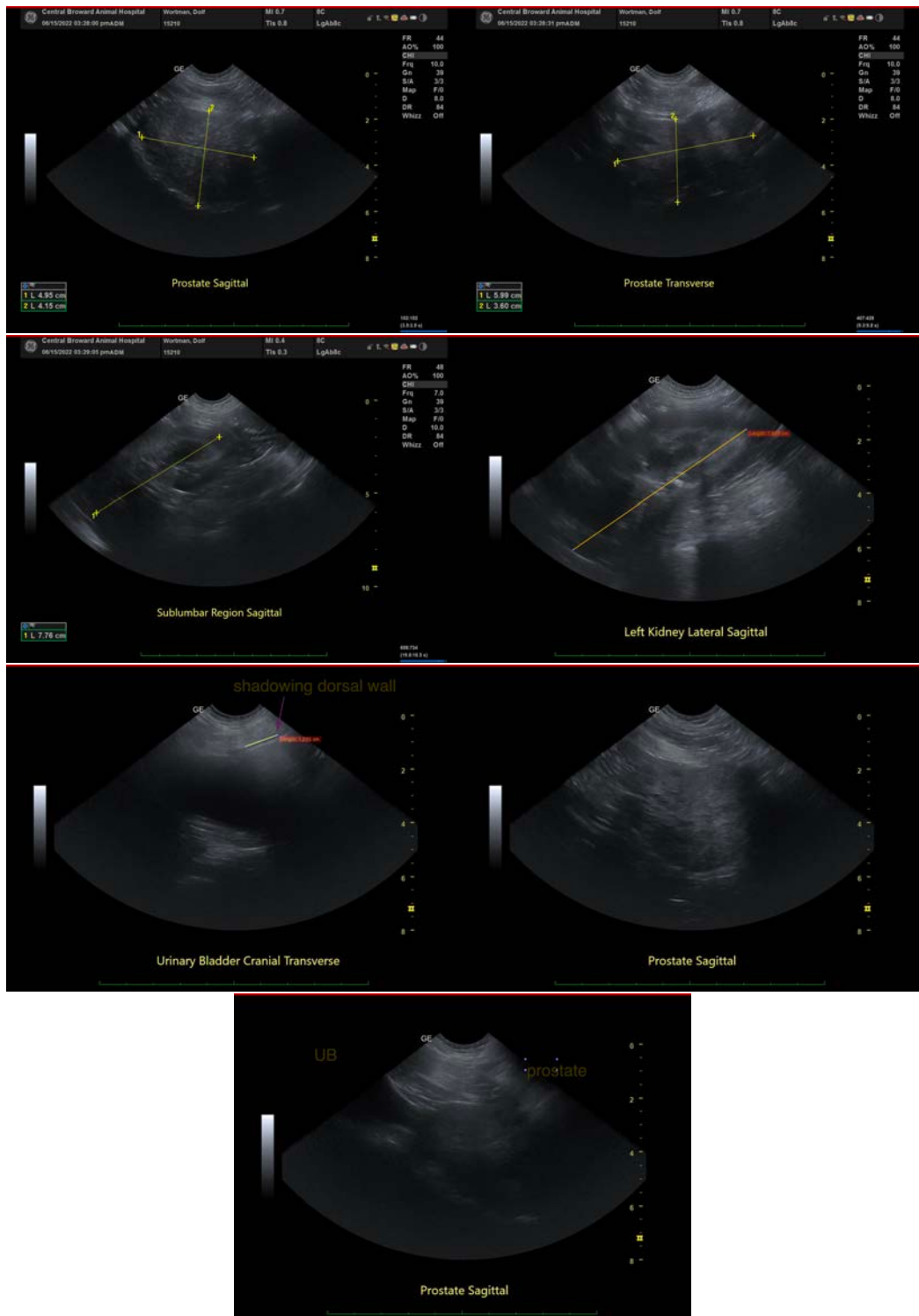
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

Lisa.Carioto@sonopath.com

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