



**PATIENT**

Boon Carlozzi

**SPECIES**

Canine

**BREED**

Great Dane

**SEX**

Intact Male

**AGE**

5 years 6 months

**WEIGHT**

148 lbs

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Dr. Emma Herdener

**HOSPITAL NAME**

Eastgate VC

**REFERRING VET**

Dr. Emma Herdener

**INVOICE**

13174

**DATE**

1/26/22

**PRESENTING CLINICAL SIGNS**

Leaking bloody urine/bloody fluid from penis for ~2 weeks - o reports no changes in frequency of urination or drinking habits. Will leak on bedding. Pt does not seem to be bothered by it - not licking at prepuce, etc. Normal activity and energy. No pollakiuria/stranguria. Was treated for presumptive UTI 1/16 with 10 day course of Clavamox plus NSAID. O reports no significant change with medications. Normal physical - prepuce palpates wnl, no fluid pocketing appreciated. Penis visually appears normal, no focal signs of erythema. Intact - testicles smooth/symmetric, non painful. Prostate not fully palpable due to pt size, only able to feel with very tip of my finger, but no pain on palpation/palpates wnl

Abnormal PE/Chem/CBC/UA Results: UA from 1/16/22 showed >50/hpf both RBCs and WBCs with no bacteria/crystals seen. Chem/CBC NSF. Repeat UA with culture/MIC pending

**ULTRASONOGRAPHIC EXAMINATION OF THE URINARY SYSTEM**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The prostate was moderately enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 6.5 cm x 4.7 cm. Possible solitary parenchymal cyst containing subjective anechoic fluid was present in the deep to cranial prostate lumen.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. No evidence of pyelectasia was noted. The left kidney measured 9.1 cm in length. The right kidney measured 9.2 cm in length.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Sonographically normal urinary bladder
- Prostatomegaly exhibiting nonhomogeneous to potential focally cystic parenchyma
- Overtly normal bilateral kidneys - no evidence of pyelectasia

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The prostate may indicate benign prostatic hyperplasia with focal parenchymal cyst. The potential for prostatitis which may present in a similar sonographic manner, cannot be excluded. Prostatic sampling with prostatic FNA or prostatic was for cytology +/- C/S is required for further clarification. Neutering is likely ideal in this patient if possible. Aside from the prostate, no evidence of urinary bladder or renal



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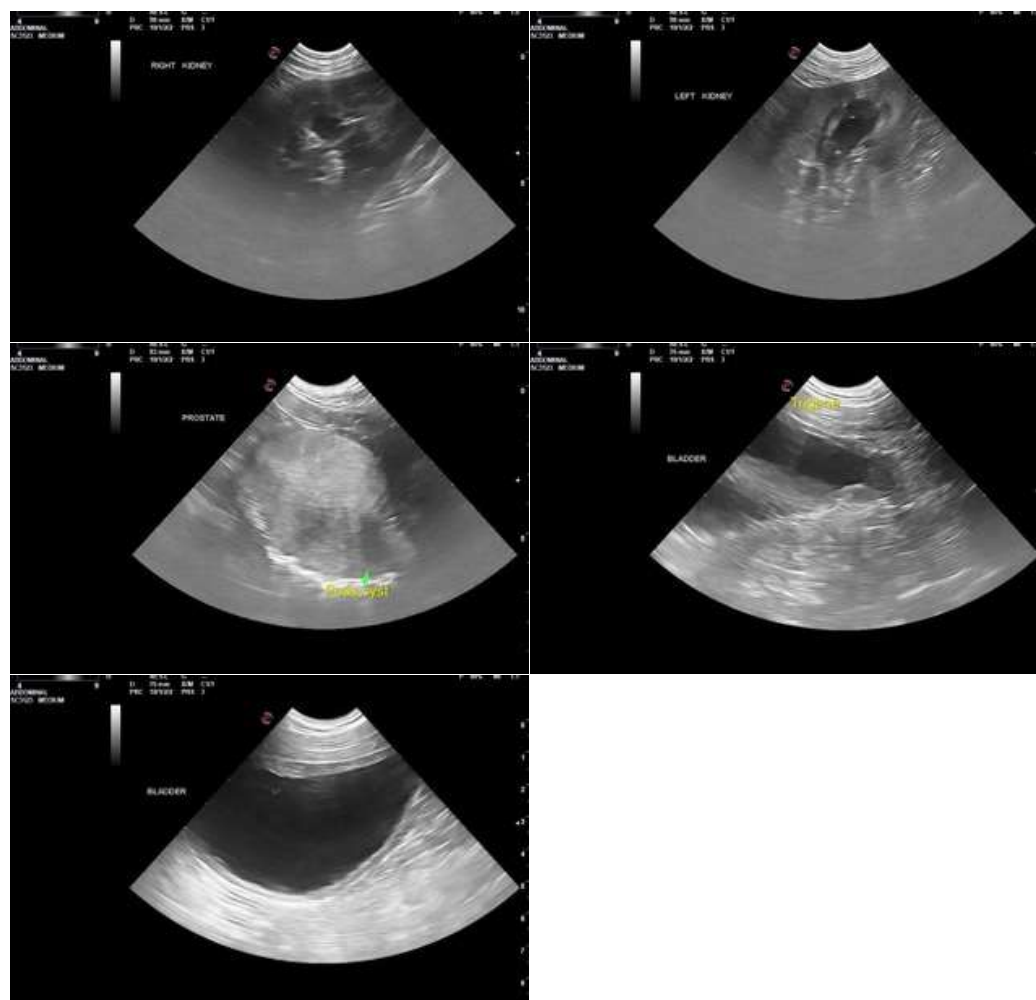
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pathology as an obvious cause of hematuria was noted. If neutering is not possible, empirical prostatitis protocol with Fluoroquinolone antibiotic +/- anti-inflammatory medications and assessment of clinical response could be considered.



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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
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