

PATIENT PRESENTING CLINICAL SIGNS

Clyde Holden

SPECIES

Canine

BREED

Doberman

SEX

Intact Male

AGE

8 Years

WEIGHT

68 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Countryside AC

REFERRING VET

Dr. Cox

INVOICE

35958

DATE

2/28/22

Note: Pt was "neutered" but has a retained/cryptorchid testicle) Presented on 2/24: Exam notes --> "Lethargic about a week ago. Hair standing up, couldn't jump on bed this morning. Drinking large amounts of water today. Discharge from prepuce. Frequent urination. Pus noted in urine. Not eating kibble, only eating wet food. Has only been able to get him to eat 1 1/2 cans. Vomited up this morning right after they took him outside, they tried to get him an eat and he wouldn't, they force fed him a treat and he vomited again" A: discharge from prepuce, UTI, retained testicle r/o: prostatic abscess, neoplastic condition involving the prostate or retained testicle alopecia - r/o: endocrine cause, open Current Medications Started 2/27 at Salem ER: metronidazole 435 mg; 87 mls of 5mg/ml IV q 12 hours enrofloxacin 145mg; 6.4 mls of 22.7mg/ml IV q 24 hours ampicillin/ sulbactam 870mg; 29 mls of 30mg/ml IV q 8 hours
Abnormal PE/Chem/CBC/UA Results: 2/24/22 @ CAC: WBC 83,900 with neutrophilia, bands, monocytosis. PLT clumped SDMA 15, K 3.4, Cl 105, Alb 2.2, Urine spgr 1.008, ph = 6, 2= protein, > 100 wbc, > 100 rbc, marked bacteria T4 = 1.2 2/27/22 @ Salem ER Vet: CBC/ Chem WBC over 200,000- primarily neutrophilic with subjective increase of monocytes on the blood film. The film is consistent with the machine. Many bands present, and platelets are quite large. His white blood cell count is extremely high- leukemia has to be a consideration, which would make the prognosis significantly worse. It could also be related to a severe infection or inflammatory response. A review by a pathologist would be ideal. His renal values are now slightly elevated, these values will go up with dehydration, but they will also go up if he is not able to urinate well on his own, and given how large his urinary bladder is, that is a very valid concern. Radiographic Findings 2/27 at Salem ER: Radiographs of his abdomen- very large urinary bladder, mass in the caudal abdomen- r/o prostate vs testicle vs other. Intestines all pushed cranially. Passed an 8french red rubber to drain 454 mls of very hemorrhagic urine- left the urinary catheter in place. Repeated lateral view- expect the mass is the testicle as there is evidence of the prostate at the most caudal aspect of the abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

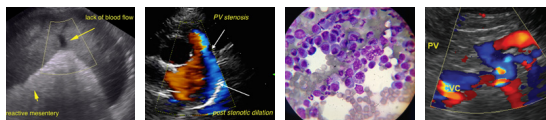
Urinary System

The urinary bladder exhibited marked distention with overtly normal walls. Significant anechoic urine present with moderate non-dependent particulate sediment, which is suggestive of cellular debris or protein.

The area of the aortic trifurcation was free of pathology.

The prostate was severe enlarged in size, primarily secondary to likely multiple variably sized parenchymal cystic lesions containing cellular fluid. Potential for concurrent paraprostatic cyst containing mildly cellular fluid noted dorsal to the urinary bladder. The potential paraprostatic cyst measured approximately 6.5 cm in diameter. A prostatic parenchymal cyst measured approximately 10 cm x 6 cm, while the overall prostate measured 11-12 cm in diameter. Potential for prostatic abscess. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was heterogeneous with a mixed pattern of varying echogenicity without evidence of parenchymal mineralization.

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. The left kidney measured 8.8 cm. The right kidney measured 8.0 cm. No evidence of pyelectasia.



PATIENT *Adrenal Glands*

Clyde Holden The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm at the crania pole and 0.69 cm at the caudal pole. The right adrenal gland was not definitively visualized.

SPECIES

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Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. A moderate amount of retained anechoic fluid was present. Gastric body wall measured 0.48 cm.

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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Minor segmental jejunal ileus noted present without obstruction or foreign material. Duodenum wall measured 0.48 cm. Jejunum wall measured 0.35 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

IMAGING PERFORMED BY

Jenna Walsh, CVT

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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Free Abdomen

Moderately sized, primarily spherical non-homogeneous mass was present in the subjective mid to left abdomen, measuring 7-8 cm in diameter. Adjacent tortuous to tubular structure likely consistent with pampiniform plexus was present. No overt lymphadenopathy. No effusion.

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ULTRASONOGRAPHIC FINDINGS

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- Severe prostatomegaly exhibiting variably sized yet large parenchymal cysts to potential parenchymal abscess, suspect concurrent paraprostatic cyst noted dorsal to the urinary bladder, potential for chronic prostatitis.
- Distended urinary bladder with moderate non-dependent particulate sediment
- Non-homogeneous mass in subjective left abdomen – likely consistent with left retained testicular mass.
- Gastroenteritis pattern with gastric hypomotility



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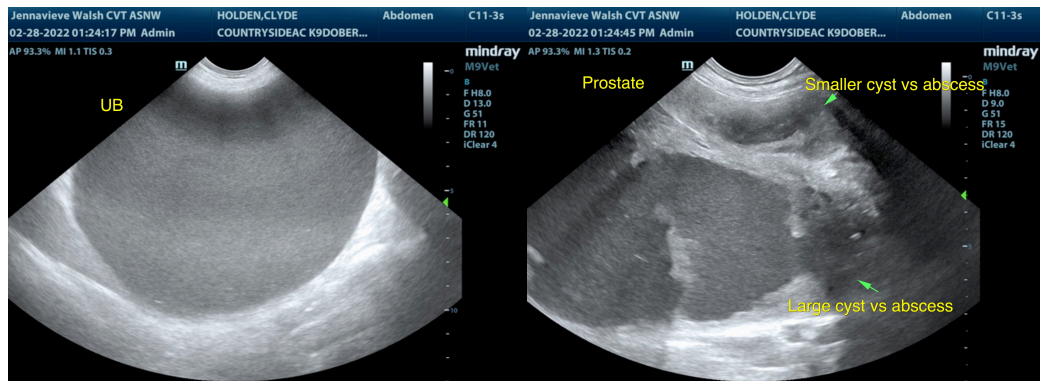
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound percutaneous centesis of the prostatic cyst to possible abscess with fluid analysis, culture and sensitivity recommended. The degree of prostatomegaly is consistent with some degree of likely obstruction to urinary outflow, given the degree of urine retention and urinary bladder distention. No overt evidence of regional to intraabdominal metastasis associated with the likely retained testicular mass. However, CT for further assessment as well as surgical planning for potential testicular mass resection, surgical drainage or excision versus omentalization of the prostatic to paraprostatic cyst or potential abscess likely ideal. Given this complicated case, referral may be in this patient's best interest. 3-view chest radiographs recommended to rule out thoracic pathology.

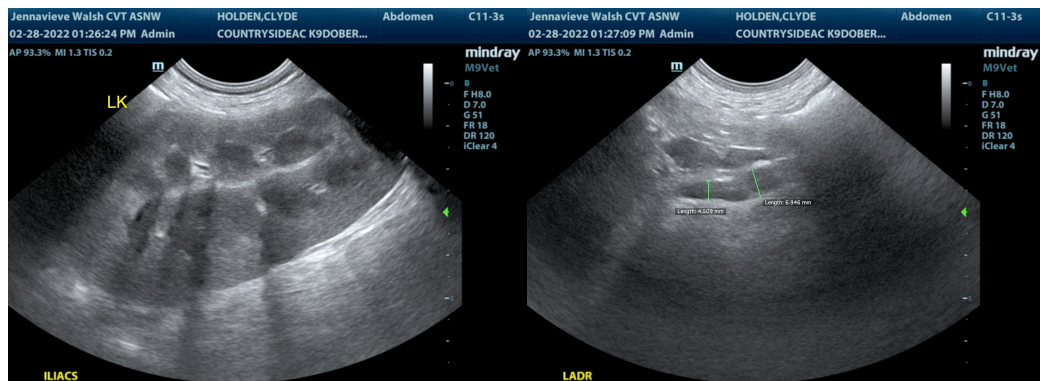


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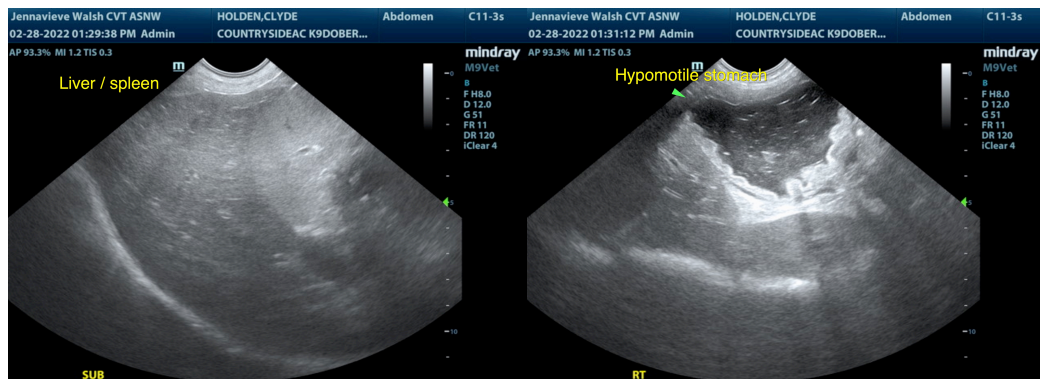
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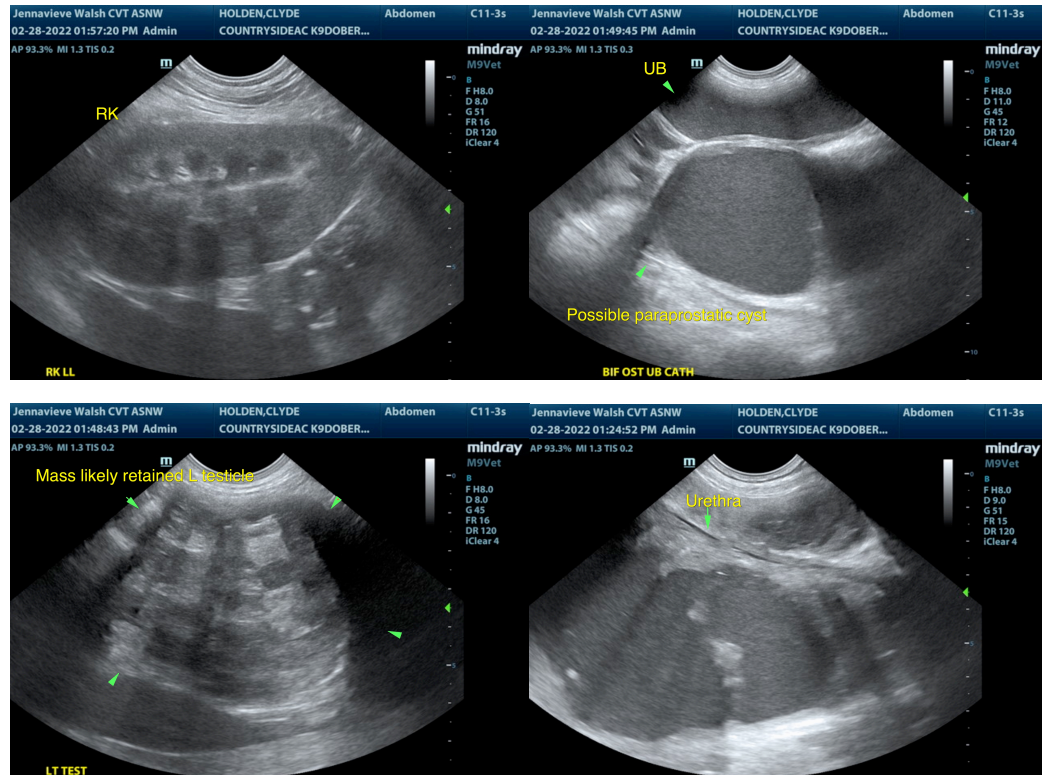
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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