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Clinical Sonography & Telecytology
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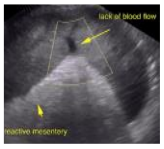

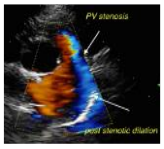

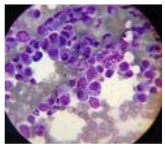
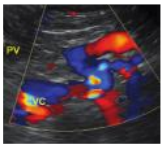

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Chalky Windwood

SPECIES

Canine

BREED

Pitbull

SEX

MI

AGE

8 years 10 months

WEIGHT

79 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Lacey-Crook - SDEP Certified Sonographer

HOSPITAL NAME

Rivers Edge Pet Medical Center

REFERRING VET

Dr. Travis Gibson

INVOICE

14765

DATE

8/30/22

PRESENTING CLINICAL SIGNS

Patient presented after being seen several times for urinary tract infection. Amoxi/clav 500/125mg administered throughout. Pet still will urinate frequently with the last hematuria on the 19th. I could barely palpate prostate with the tip of finger.
Abnormal PE/Chem/CBC/UA Results: Laboratory Abnormalities 7/25- dilution needed 8/1- see attached 8/30 Free catch- SPG 1.042, pH 8.0, Leu 500 Leu/uL, UBG 1 mg/dL, WBC 10/HPF, RBC 9/HPF Urinary cytology- cocci, WBC, RBC

ULTRASONOGRAPHIC EXAMINATION OF THE URINARY SYSTEM

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor particulate sediment, which is suggestive of minor cellular debris / protein given the urinalysis, was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted. The proximal urethra between the cystourethral junction and prostate exhibited mild thickening suggestive of concurrent urethritis. Urethral width measured 0.82 cm.

The residual prostate is significantly enlarged exhibiting asymmetrical contour with ill-defined prostatic capsule contour compared to adjacent paraprostatic tissue. The prostate measured approximately 7.3 cm in diameter exhibiting nonhomogeneous mixed echogenic parenchyma without evidence of parenchymal mineralization. Intermittent intraparenchymal prostatic cysts along with a solitary small paraprostatic cyst were noted within the aspect of the cranial prostate and ventral to the proximal urethra. The small paraprostatic cyst contained primarily anechoic fluid with evidence of mild echogenic changes which may suggest cellularity. The small paraprostatic cyst measured 2.3 cm in diameter. An example of an intraparenchymal prostatic cyst measured 1.7 cm in diameter. Subtle evidence of periprostatic reactive tissue was noted. No overt evidence of associated periprostatic free fluid was present.

Intermittent medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 2.4 cm x 1.3 cm.

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 pyelectasia or pyelonephritis. The left kidney measured 6.9 cm in length. The right kidney measured 6.9 cm in length.

ULTRASONOGRAPHIC FINDINGS

- Prostatomegaly exhibiting nonhomogeneous mixed echogenic parenchyma, intermittent parenchymal and solitary small paraprostatic cysts, minor potential for prostatic to paraprostatic abscess
- Mild associated proximal urethritis
- Sonographically unremarkable urinary bladder
- Sonographically unremarkable bilateral kidneys - no evidence of pyelectasia

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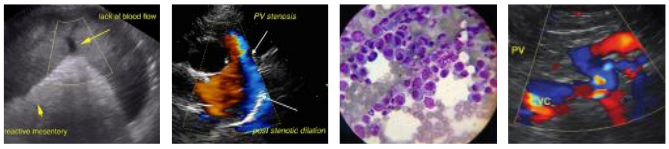

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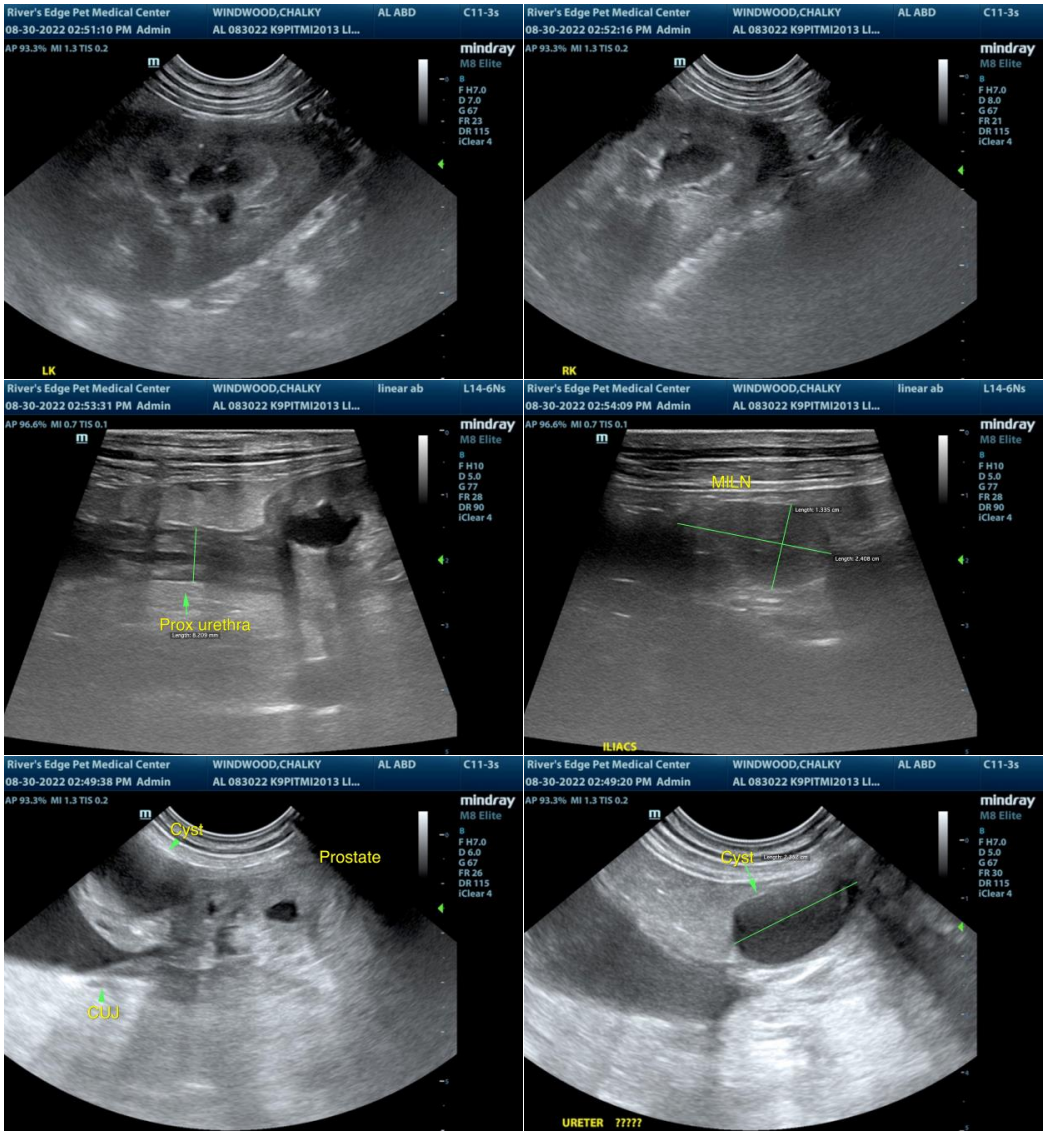
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostatic presentation may suggest significant chronic benign prostatic hyperplasia vs. prostatitis with intraparenchymal a solitary paraprostatic cyst with potential for emerging prostatic to paraprostatic abscessation.

Further assessment may include prostatic sampling either via ultrasound-guided parenchymal and cyst FNA for cytology, as well as fluid analysis C/S. Concurrent urine C/S, ideally on sterile urine sample obtained via cystocentesis or catheterization is suggested. Empirically, neuter with therapy for prostatitis Including fluoroquinolone, but ideally based on sampling and C/S results, is recommended. Sonographic monitoring of prostatic involution, as well as the Intraparenchymal and paraprostatic cysts for evidence of concurrent resolution, is suggested.



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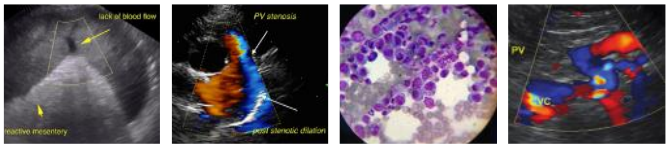

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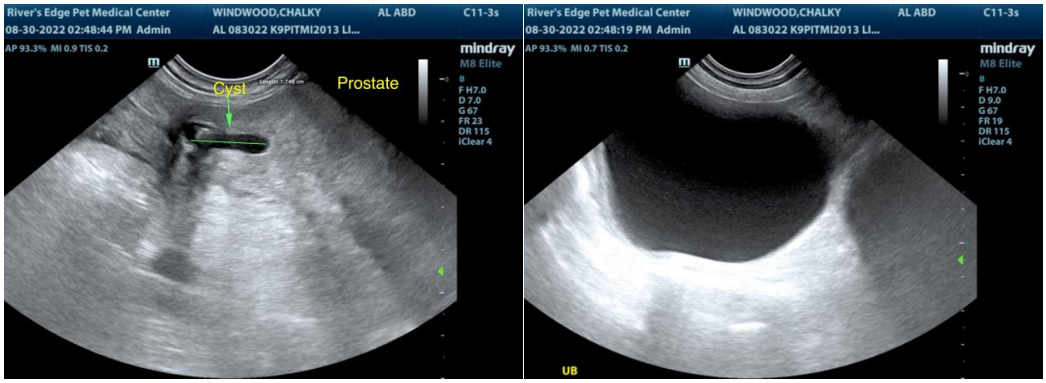

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com