



PATIENT

Diego Raymond

SPECIES

Canine

BREED

German Shorthaired
Pointer

SEX

Male

AGE

10Y

WEIGHT

35kg

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

J Allan

HOSPITAL NAME

Adelaide Plains Veterinary
Surgery

REFERRING VET

Dr E Klopp

INVOICE

74097

DATE

3-9-26

PRESENTING CLINICAL SIGNS

- Seemed fine yesterday. Today did not want morning snack that usually loves. Hiding down the back.
- No vomiting/diarrhoea noted. Hunched and groaning. Worried constipated.
- Exam:
- QAR, gait good, BCS 5/9. still drinking.
- Temp - 40.0, MM - pink, moist CRT - <2 HR - 128,RR - WNL
- Dental grade: 0-2/4
- CV: WNL, no murmurs, hydration WNL
- Resp/Chest: WNL, URT clear
- U/G: ENTIRE. 2 normal testicles. Prostate caudal pole enlarged and mod painful, LHS seems larger than RHS. caudal abdo palpation =feels full and mass like. penis WNL
- Abdo/GIT: cranial abdo soft and comfortable. caudal abdo uncomfortable.
- Assessment/DDx:
- 1) caudal abdo mass vs prostate vs balder.
- Recommend day stay for workup. bloods, rads, US.
- Bloods: full = slight low HCT, moderate neutrophilia, slight increase ALKP
- X-rays: small amount gas stomach and mod gas in colon and some in SI. mass effect caudal abdo. Too wiggly to get good VD. ate food and several hours later repeat rad showed less SI gas and poo moving through colon.
- US: approx. 6-7cm prostate with mixed echogenicity and cysts. Looks to have large cyst going cranially dorsal to bladder. No free fluid in abdo. spleen etc ok on quick scan
- UA (via Ucath ~11am) - USG 1.035, pH8, pro 3+, Ery 4+, Hb 4+
- Sediment = +++ neuts, cocci. ?epithelial cells.
- Dx: Prostatic cysts, hyperplasia and possible abscessation given fever.
- On reflection O thinks has had some wee straining and discolored blood urine going on for multiple months.
- CT Abdomen

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The testes present within normal limits.

The prostate is markedly enlarged measuring approximately 8 x 6 x 4 cm. Multiple internal cystic/abscess like areas are present in both the right and left lobe, the largest measuring up to 1.5 cm.

A small peripheral approximately 2 cm sized fluid pocket is seen right lateral to the urinary bladder possibly representing regional peritonitis or post-cystocentesis changes. Mild caudal urinary bladder wall thickening suggestive of cystitis is seen. No intraluminal calculi are identified. There is no evidence of a mass.

The regional medial iliac lymph nodes present within normal limits.

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.



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Small mineralized gallbladder polyps are noted extending into the cystic duct. No obstruction is identified at the time of the examination.

Moderate degenerative lumbosacral stenosis with moderate disc protrusion is noted.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

Small nodules are seen within the spleen.

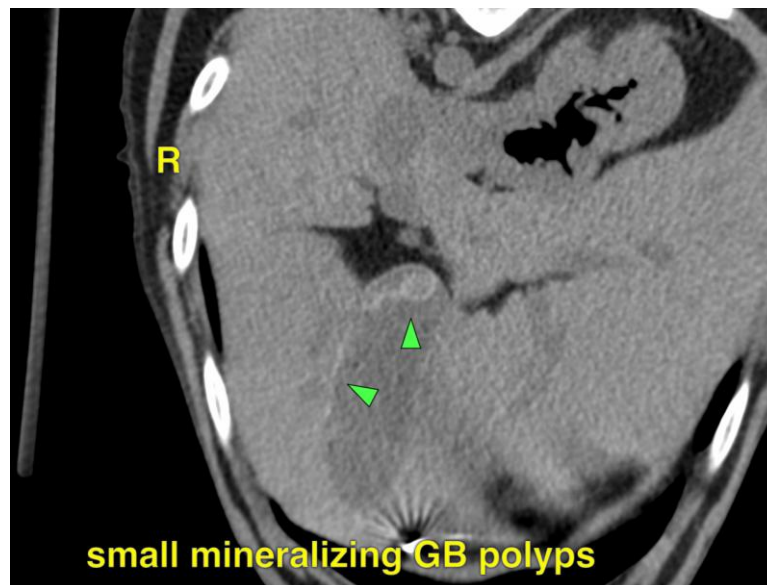
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Marked prostatic enlargement with multiple internal cysts or abscesses.
- Small peripheral fluid pocket adjacent to the urinary bladder likely post-cystocentesis or reactive peritoneal change.
- Mild caudal urinary bladder wall thickening suggestive of cystitis.
- Small mineralized gallbladder polyps – nonobstructive at this point.
- Moderate degenerative lumbosacral stenosis.
- Splenic nodules – likely benign.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with prostatic hyperplasia with cyst formation. Prostatitis with small abscesses cannot be ruled out entirely but appears less likely. Correlating with the patient's history of hematuria, straining, and fever, urology consultation for potential cystocentesis, prostatic wash/brush biopsy or direct sampling under ultrasonographic guidance can be considered. Urine culture and sensitivity to guide antibiotic therapy is recommended.

The splenic nodules are likely to represent benign lymphoid hyperplasia or extramedullary hematopoiesis. Neoplasia is considered very unlikely at this point.





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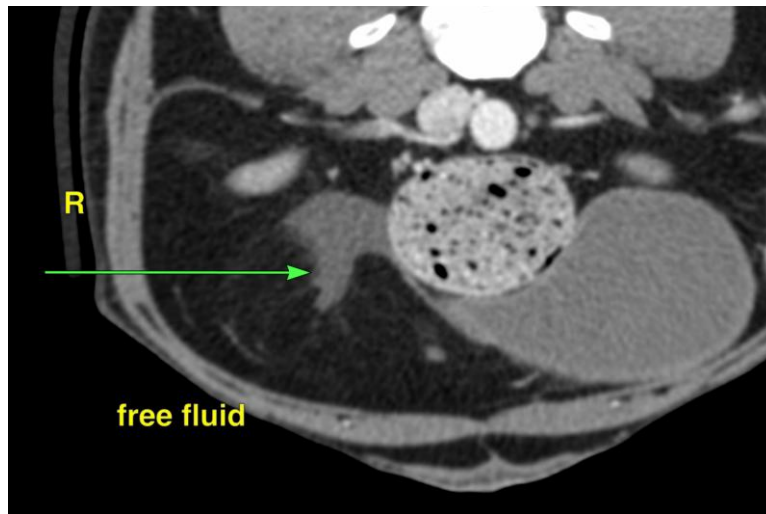
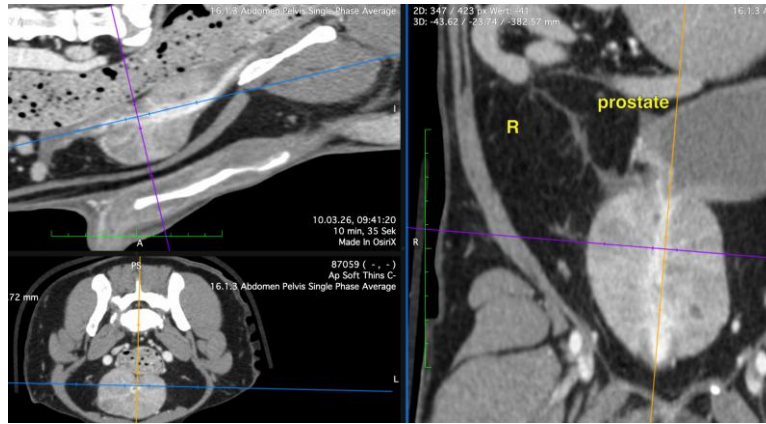
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
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