

PATIENT

Jack O'Neill

SPECIES

Canine

BREED

Mixed

SEX

Intact Male

AGE

9 years

WEIGHT

88 #

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med),
PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Lara Wiseman, DVM

HOSPITAL NAME

Boca Midtowne
Animal Hospital

REFERRING VET

INVOICE

303046

DATE

6/20/22

PRESENTING CLINICAL SIGNS

History: Hypothyroid, enlarged testicle, prostamegaly.

Physical Examination: Heart murmur, occasional VPCs on ECG.

Urinalysis: N/A.

CBC: Normal.

Serum Biochemistry: Normal.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a thickened but normal echogenic appearance of the wall. Normal anechoic urine with no sediment evident. Small uroliths (0.4 cm).

Normal trigone area, proximal urethra, and iliac blood vessels.

Iliac lymphadenomegaly (2 cm) with normal shape and echogenic appearance. Ureters not visualized.

Normal renal size (left 8.4 cm, right 7.7 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. Large cortical cyst (5.1 x 5.7 cm) in the cranial pole of the left kidney.

Reproductive System

Prostamegaly (4.3 cm) with a hyperechogenic appearance and regular capsule. Normal appearance of the peri-prostatic tissue. Normal right testicle. Irregular left testicle with a mottled echogenic appearance.

Adrenal Glands

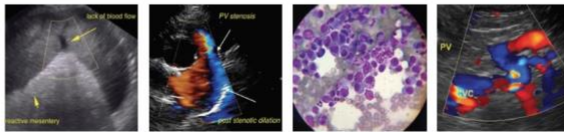
Normal shape, echogenic appearance, position, and size. Left 0.53 cm, right 0.58 cm.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma, smooth curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Normal size, with a diffuse hypoechoic appearance, and some loss of portal markings. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct.



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Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.41 cm, jejunum 0.35 cm) and peristaltic activity, and no distension of the lumen.

Pancreas

Normal size (1.5 cm) and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Prominent mesenteric lymph nodes (0.7 x 3.5 cm)
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Uroliths/thickened urinary bladder wall.
- Prostamegaly.
- Left testicle pathology.
- Hepatopathy.
- Lymphadenomegaly.

Secondary findings:

- Age-related renal changes.
- Left renal cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the thickened bladder wall would be cystitis, secondary to cystitis, and hypertrophy secondary to the prostamegaly.

The appearance of the prostate is typical for benign prostatic hyperplasia with chronic prostatitis a differential diagnosis.

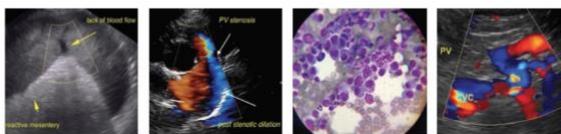
Etiologies for the left testicle would be orchitis, trauma, and emerging neoplasia.

Etiologies for the hepatopathy would be reactive, vacuolar, metabolic, acute hepatitis (viral, bacterial, toxins), with infiltrative neoplasia a far less likely differential diagnosis.

The most likely etiology for the lymph nodes would be reactive.

Further assessment would be urine analysis, urine culture, and FNA cytology of the liver and prostate.

Specific therapy would be castration with histopathology of the left testicle. Symptomatic therapy of the liver would be ursodiol.



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IMAGES

Urinary bladder



Prostate





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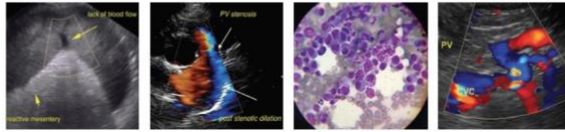
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Left testicle



Left kidney





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Liver



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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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
 rlobetti@mweb.co.za