

**PATIENT**

Tino Cabrero

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

Male Neuter

**AGE**

9 Years

**WEIGHT**

15 lbs

**INTERPRETED BY**

Sebastian Jawinski,  
German Board Certified  
Vet Specialist in  
Diagnostic Imaging

**IMAGING PERFORMED BY**

Dr. Ferrer DVM

**HOSPITAL NAME**

Paseos Veterinary  
Center

**REFERRING VET**

Dra. Yolanda Sierra  
Archilla

**INVOICE**

49329

**DATE**

1-5-22

**PRESENTING CLINICAL SIGNS**

Presented as a referral for an abdominal ultrasound. Tino presented to the referring veterinarian as he could not defecate. The referring veterinarian took abdominal rads and showed that the prostate seems enlarged. This study is to determine what's causing the defecation problem and to evaluate the prostate.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary system**

The urinary bladder presents some corpuscular and slowly sedimenting content. The cysto-urethral junction shows normal wall layering as far as can be assessed but protruding tissue in the transition to the cranial prostate. The prostate is highly enlarged, has an amorphous shape and a highly irregular echotexture with a large central and irregular cystic area of approximately 2.9 x 2.0 cm. There are multiple spot-like calcifications noted at the inner outline of the latter. The cystic content is corpuscular.

The correspondent medial iliac lymph nodes are bilaterally enlarged, rounded in shape and show mild calcification.

Ureters are not visualized and considered to be normal. No evidence of an inflammatory or neoplastic process is noted.

Left kidney measures 4.29 cm length, right kidney 5.02 cm. The renal cortex appears heterogenous and coarse. There are multiple hyperechoic, wedge-shaped striations without withdrawals of the renal surface recognized on both sides. Both show a marked fuzzy corticomedullary transition. Renal pelvises and exits to the ureters are unremarkable.

**Adrenal glands**

Both adrenals present normal size, shape and echogenic texture and are considered as normal.

**Spleen**

The spleen is inconspicuous in terms of size, surface and echotexture and shows diameters of 1.13 cm. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins. There are no signs of nodular/focal changes noted.

**Liver/Gallbladder**

Liver echogenic texture appears diffusely inhomogeneous with multiple small hypoechoic areas showing diameters up to 0.23 cm.

The gallbladder wall is irregular and focally thickened. The gallbladder is moderately filled without signs of relevant sludge, a florid process or cholestasis.

**Gastrointestinal**

The stomach, the small intestine and colon present intact wall layers being normal in width and echogenicity. Adjacent mesentery and fat tissue are of normal appearance.

The mesenteric, epigastric and portal lymph nodes are considered to be normal.

**Pancreas**

All pancreatic parts displayed show isoechoic echogenicity to the surrounding omental fat. Signs of inflammatory changes or focal lesions are missing.



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**Free Abdomen**

There is no evidence of peritoneal or retroperitoneal effusion noted.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Severe, enlargement of the irregular prostate with a large central and amorphous cyst and multiple spot-like calcifications
- Significant enlargement and calcifications of the medial iliac lymph nodes
- Questionable mass formation in the CUJ

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**Secondary**

- Signs of a severe and chronic, bilateral nephropathy
- Suspected polyps of the gallbladder wall and mild hepatopathy

**SEX**

Male Neuter

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasonographic findings of the prostate fully explain the reported history. The enlargement, irregular texture and the multiple calcifications are highly suspicious for a neoplastic process (for example transitional cell carcinoma, prostate carcinoma) which includes the cysto-urethral junction. The changes of the medial iliac lymph nodes would go along with that assumption indicating regional metastatic spread. The amorphous cyst likely represents an abscess/central necrosis. Secondary infection and cystitis are possible and likely. Findings of the prostate need to be correlated with the time of castration. Residuals of a severe prostatitis with metaplastic calcifications are a differential diagnosis. Ultrasound guided flushing/lavage of the cyst and FNA/biopsy of the prostate and the medial iliac lymph nodes could be performed next (cytology and culture). In case of neoplasia consider that metastases could be implanted by the FNA procedure.

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Changes of the kidneys are bilateral and significant and represent chronic kidney disease with severe structural nephrosis, multiple cortical infarcts and calcifications.

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Ultrasonographic findings of the liver are mild and in this case are incidental.

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Changes of the gallbladder represent mild and chronic cholecystitis without signs of cholestasis. Polyps are suspected, neoplasia is currently unlikely.

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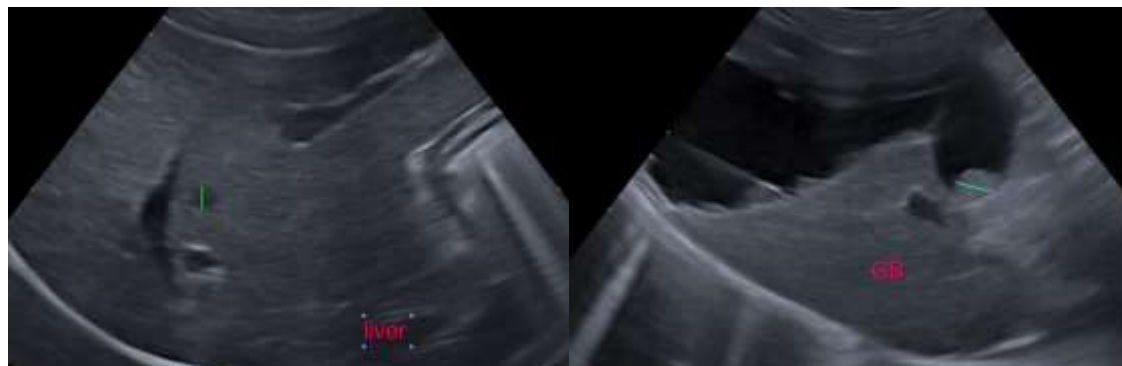
Dra. Yolanda Sierra  
Archilla

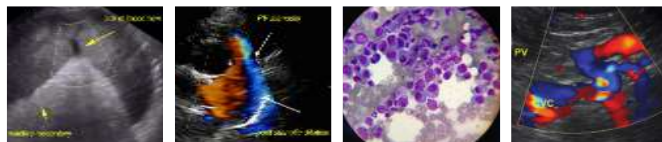
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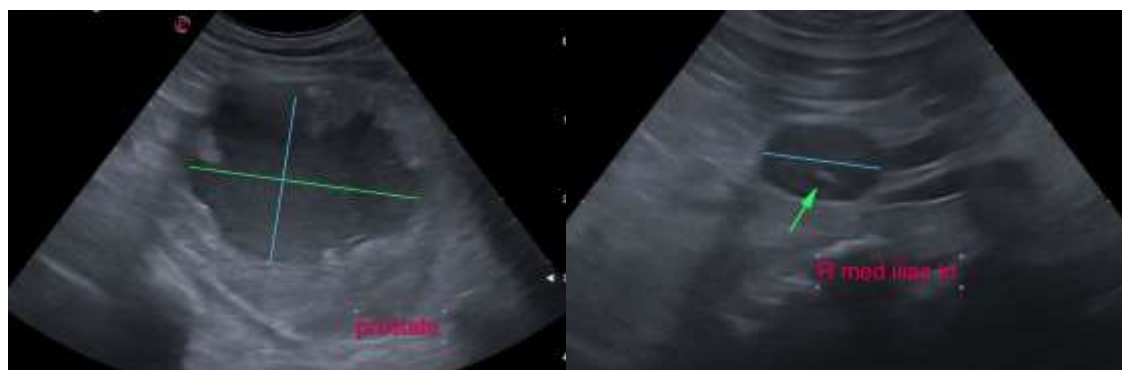
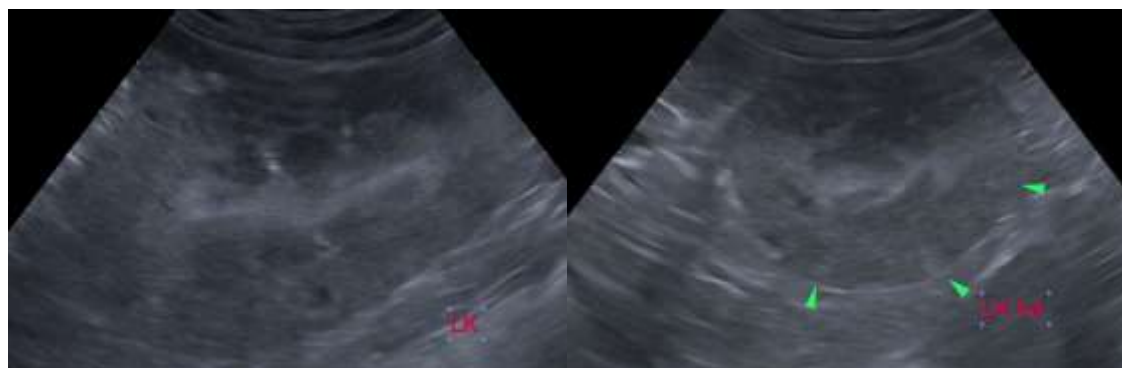
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Sebastian Jawinski**, German Board Certified Vet Specialist in Diagnostic Imaging  
info@sonopath.com