



**PATIENT PRESENTING CLINICAL SIGNS**

Little Foot Rochard

History: P had a UTI 2 weeks ago, had his first UTI a couple months ago. P has been on and off antibiotics for the last couple of months. Did urine sample last week and came back this it was UTI once again and not kidney stones

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Bull Mastiff

**Urinary System**

The urinary bladder is moderately distended with anechoic urine, and luminal sediment is not present. The bladder wall is focally thickened and there are irregularities to the mucosal surface. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses or calculi are noted. Urethra visualized to 3.0 cm.

**SEX**

Intact Male

The prostate is diffusely enlarged, measuring 5.8 cm x 6.3 cm, with a hyperechoic parenchyma and smooth capsule. The prostatic urethra is not dilated.

**AGE**

4 Years

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 9.3 cm in length. The right kidney is 9.1 cm in length.

**WEIGHT**

69 Pounds

**Adrenal Glands**

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 4.3 mm at the cranial pole and 4.6 mm at the caudal pole. The right adrenal gland height is 1.1 mm at the cranial pole and 6.1 mm at the caudal pole.

**INTERPRETED BY**

Tam Mengine, DVM,  
DABVP (canine/feline)

**Spleen**

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

**IMAGING PERFORMED BY**

Kelly Reschny

**Liver**

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

**HOSPITAL NAME**

Beatties PH Ancaster

**REFERRING VET**

Dr. Pandya

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

**Gastrointestinal**

**INVOICE**

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The stomach is empty. The gastric wall is 4.7 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures 4.5 mm. The jejunal wall measures up to 4.2 mm. Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness, up to 1.5 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.



**PATIENT**

**Pancreas**

Little Foot Rochard

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

**SPECIES**

Canine

**Free Abdomen**

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

**BREED**

Bull Mastiff

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- A diffusely enlarged prostate

Intact Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes in the prostate are suggestive of prostatitis, with neoplasia being deemed less likely. Recommendations include:

**AGE**

4 Years

- A prostatic wash for culture and sensitivity
- Empiric antibiotic therapy with either a fluoroquinolone, sulfonamide such as Primor or TMS, or chloramphenicol may be initiated while awaiting culture results. A minimum of 4 weeks of antibiotic therapy is recommended.
- Neutering will be necessary to prevent recurrence. If neutering is not an option then treatment with finasteride could be considered.

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69 Pounds

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DABVP (canine/feline)

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**HOSPITAL NAME**

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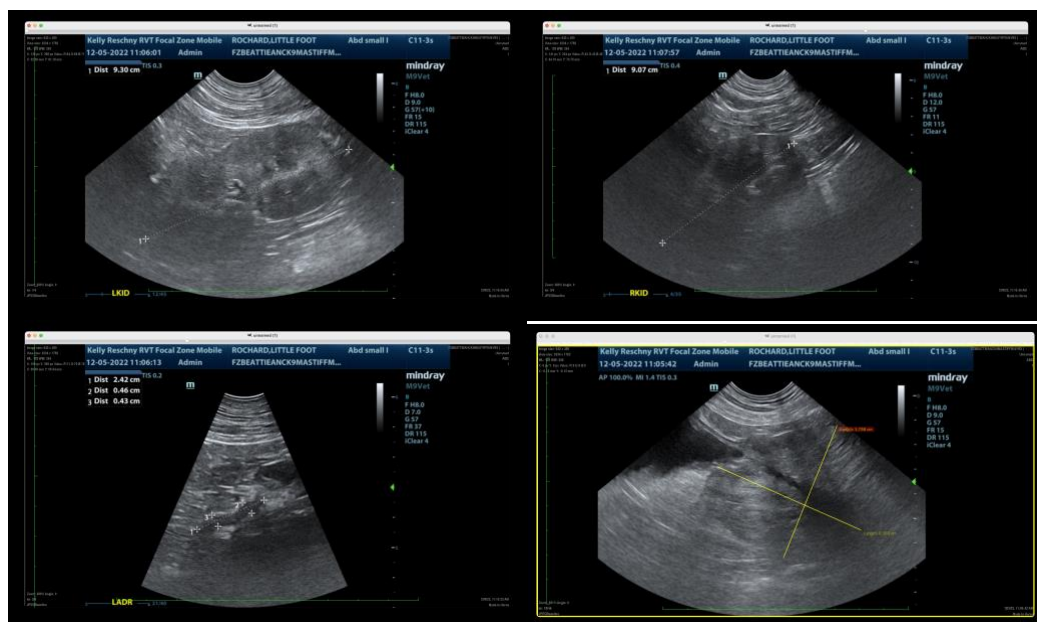
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**PATIENT**

Little Foot Rochard

**SPECIES**

Canine

**BREED**

Bull Mastiff

**SEX**

Intact Male

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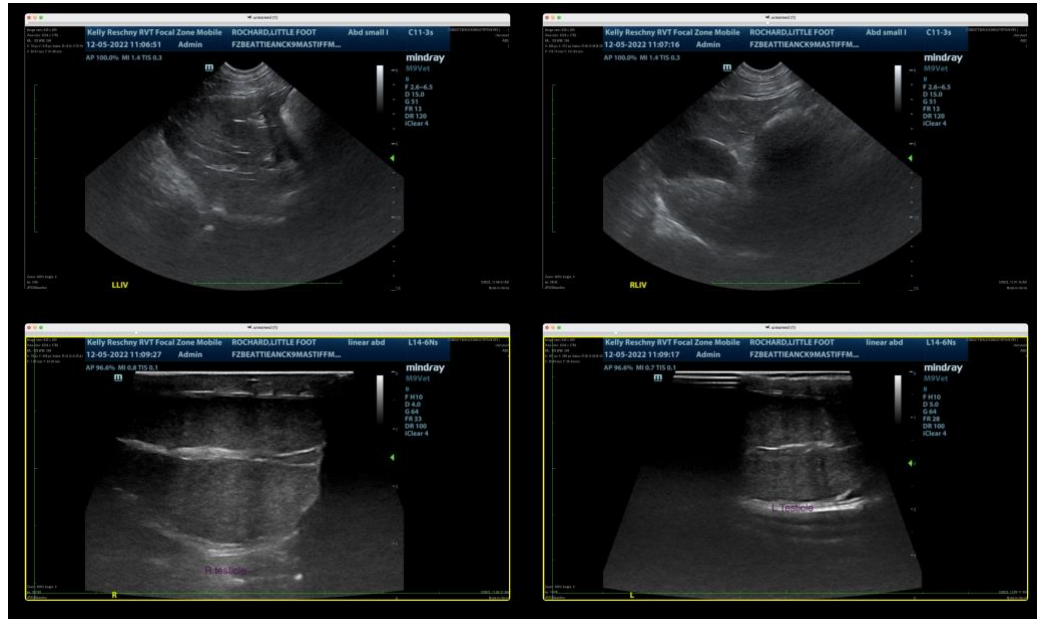
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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