

**PATIENT**

Tango Newman

**SPECIES**

Canine

**BREED**

American Bulldog X

**SEX**

Intact Male

**AGE**

8 yrs

**WEIGHT**

32 kg

**INTERPRETED BY**

Tam Mengine, DVM,  
DABVP (canine/feline  
practice)

**IMAGING  
PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Governors Road AH

**REFERRING VET**

Faroq

**INVOICE**

12391

**DATE**

3.10.23

**PRESENTING CLINICAL SIGNS**

History/Presenting Complaint: Heart issues, cries/howls often, Straining to have a bm at times, sometimes lethargic whining but other times normal activity levels when goes out. Has had multiple UTI - cephalexin and metronidazole - didn't fix the problem. Physical Exam: BAR, 115 HR, 25 RR, heart murmur grade 1? lungs ok, normal pink/moist mm, CRT<2sec, normal hydration/abdominal palpation normal - no obvious pain/organomegaly/abnormalities. No obvious hernia, normal LN/E/E/N/oral cavity, coat, gait, etc. Both testicles present/normal. Caudal abdomen - soft tissue mass or bladder/prostate? Rectal palpation: Limited palpation due to finger length but irritation on palpation of prostate area. Current Medications BAYTRIL 150 MG FLAVOUR TABS Give 3 tablets orally every 24 hours until finished.

Abnormal PE/Chem/CBC/UA Results: Urinalysis: - Urine Protein 2+, hematuria 4+, bilirubin 2+, Urobilirubin 1+, Leukocytes 3+, Cocci bacteria suspected, struvite crystal 1-5/hpf, ammonium biurate crystals 6-20/hpf, USG 1.024 Radiographic Findings Radiographs: some soft tissue swelling caudal to the bladder, no obvious uroliths, others, etc. Ultrasound: soft tissue appearance in the bladder as well. Concerns about neoplasia in bladder as well. Free flow urine sample collected instead of cysto to avoid neoplastic involvement

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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

The prostate is diffusely enlarged and hyperechoic, measuring 3.9 x 4.1 x 7.2 cm. There are multiple small cysts, as well as two larger fluid-filled structures, each of which measure 2.5 cm in diameter, and contain echogenic fluid consistent with an abscess. The prostatic urethra is not dilated.

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 6.9 cm in length. The right kidney is 7.4 cm in length.

**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 5.1 mm at the cranial pole and 4.0 mm at the caudal pole. The right adrenal gland height is 7.5 mm at the cranial pole and 6.0 mm at the caudal pole.

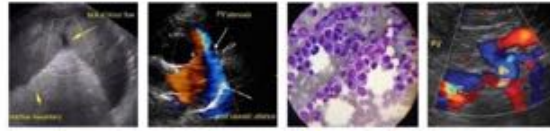
**Spleen**

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.

**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.

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.



**PATIENT**

Tango Newman

**Gastrointestinal**

The stomach is mildly distended with gas. The gastric wall is 5.6 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

**SPECIES**

Canine

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 3.8 mm. Intestinal motility appears normal.

**BREED**

American Bulldog X

The visible portions of the colon are of normal thickness, up to 1.7 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

**SEX**

Intact Male

**Pancreas**

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.

**AGE**

8 yrs

**Free Abdomen**

There is focal free fluid and hyperechoic omental fat in the region of the prostate and bladder. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis. Both testes are imaged and appear unremarkable, except for the presence of a 3.0 mm hypoechoic nodule in the cranial pole of the left teste.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

32 kg

**Findings**

- Enlarged, abscessed prostate, with regional peritonitis
- 3.0 mm nodule in the left teste

**INTERPRETED BY**

Tam Mengine, DVM,  
DABVP (canine/feline practice)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes in the prostate are most consistent with prostatitis and bacterial abscessation. Ideal recommendation would be neutering, along with abdominal surgery to drain the abscesses and either omentalize or marsupialize them. Alternatively, neutering could be performed, and the abscesses could be drained percutaneously with ultrasound guidance. However, this does contain the risk of creating a septic peritonitis. Given the tiny nodule present in the left teste, histopathology should be considered after neutering. Additional recommendations include culture of either a prostatic wash sample or contents of the prostatic abscess, if drainage is performed, accompanied by at least 4-6 weeks of appropriate antibiotic therapy.

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Governors Road AH

**REFERRING VET**

Faroq

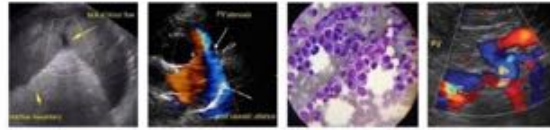


**INVOICE**

12391

**DATE**

3.10.23



**PATIENT**

Tango Newman

**SPECIES**

Canine

**BREED**

American Bulldog X

**SEX**

Intact Male

**AGE**

8 yrs

**WEIGHT**

32 kg

**INTERPRETED BY**

Tam Mengine, DVM,  
DABVP (canine/feline practice)

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Governors Road AH

**REFERRING VET**

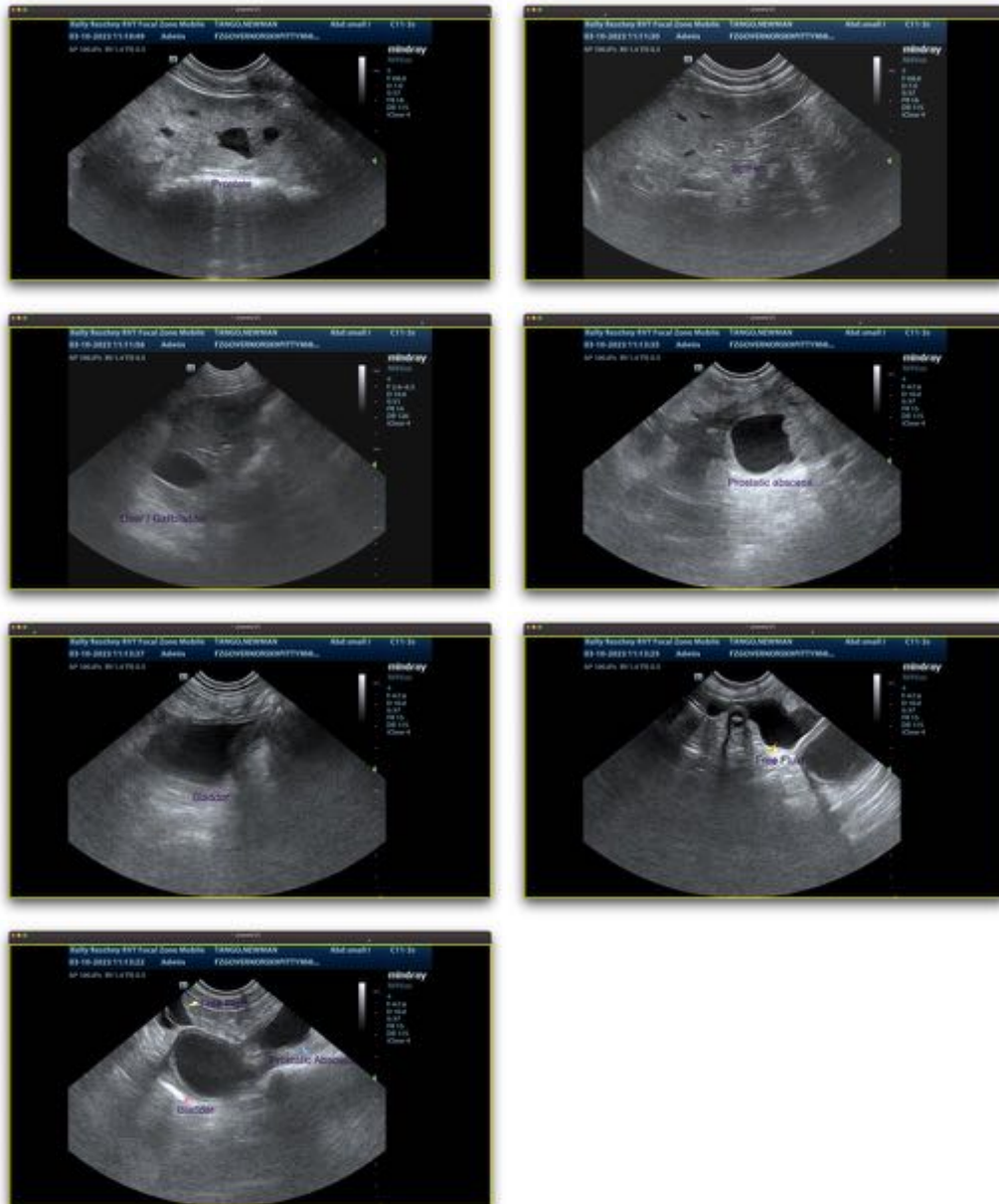
Faroq

**INVOICE**

12391

**DATE**

3.10.23



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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com