



**PATIENT PRESENTING CLINICAL SIGNS**

Nico Raiburn History: Acute frequent vomiting, straining for BM. Fever. CBC / Chem unremarkable except ALP 1855 and K+ 2.8.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Canine Urinary System**

The urinary bladder is minimally distended with anechoic urine, and luminal sediment is not present. The bladder wall is diffusely thickened (up to 6.1 mm) 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.

**BREED**

Mixed

**SEX**

Intact Male

**AGE**

11 years

**WEIGHT**

89 lbs

The prostate is diffusely enlarged (6.8 x 5.5 x 5.4 cm) with a hyperechoic parenchyma and smooth capsule. There are multiple hypoechoic cysts present throughout the prostatic tissue. The prostate is surrounded by hyperechoic free fluid and scant amounts of free fluid. The prostatic urethra is non-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 9.5 cm in length. The right kidney is 9.3 cm in length.

**Adrenal Glands**

Both adrenal glands are diffusely enlarged and hyperechoic. They have normal phrenic vasculature and are found in the normal location. The left adrenal gland height is 1.5 cm at the cranial pole and 1.1 cm at the caudal pole. The right adrenal gland height is 1.2 cm at the cranial pole and 8.2 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 a diffusely hypoechoic parenchyma and increased portal markings. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Tam Mengine

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.

**HOSPITAL NAME**

Stoney Creek VH

**Gastrointestinal**

The stomach is mildly distended with hypoechoic fluid. The gastric wall is 5.0 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

**REFERRING VET**

Dr. James Peters

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 4.4 mm. The jejunal wall measures up to 3.0 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.

**DATE**

6.13.23



**PATIENT** *Pancreas*

Nico Raiburn 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** *Free Abdomen*

Canine There is focal free fluid present with the abdomen in the region of the prostate. The associated omentum and intra-abdominal fat are hyperechoic. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

**BREED** **ULTRASONOGRAPHIC FINDINGS**

Mixed **Primary Findings**

- Enlarged, cystic prostate, surrounded by hyperechoic fat and free fluid, consistent with prostatitis.

**SEX**

Intact Male **Secondary Findings**

- Bilaterally enlarged adrenal glands
- Subjectively hypoechoic liver

**AGE**

11 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

89 lbs

The changes in the prostate are consistent with prostatitis. Given the history of fever and acute illness, an acute prostatitis is deemed likely. Recommendations include:

- 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.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Tam Mengine

The changes in the adrenal glands are consistent with either pituitary-dependent hyperadrenocorticism, or benign hyperplasia.

- If signs of Cushing's disease are present, then adrenal function testing (either a low-dose dexamethasone suppression test or ACTH stimulation test) is recommended.
- Monitoring the nodule for changes in size or appearance, via serial ultrasounds at 6–8-week intervals

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The appearance of the liver may be incidental, given the lack of elevation in liver values or other evidence of hepatic disease. Should liver values begin to increase, then possible differentials for this would include infectious hepatitis, or less likely, infiltrative neoplasia.

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Nico Raiburn

**SPECIES**

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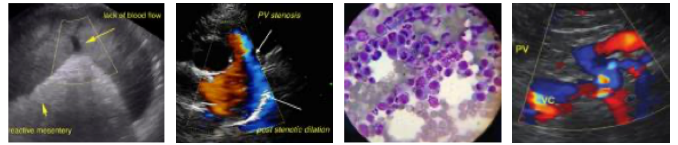
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**PATIENT**

Nico Raiburn

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.

**SPECIES**

Canine

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

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