



**PATIENT**

Tanka Rende

**SPECIES**

Canine

**BREED**

Pit Bull

**SEX**

Neutered Male

**AGE**

9.5 Years

**WEIGHT**

37 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Wendy Turner

**HOSPITAL NAME**

Pennsauken AH

**REFERRING VET**

Dr. Wendy Turner

**INVOICE**

39640

**DATE**

7/18/22

**PRESENTING CLINICAL SIGNS**

Straining to urinate with persistent hematuria x 1 month. No CSVD/PU/PD noted at home  
Abnormal PE/Chem/CBC/UA Results: PE reveals BCS 8/9, normal rectal exam. BW (attached) NSF.  
Latest urine yields 3+ RBC's, 2+ protein

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is markedly distended with turbid urine. The ureteral papillae and trigone are of normal appearance. The ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The prostate is enlarged for patient age and neutered status, measuring 3.6 cm x 4.0 cm. The parenchyma is heterogeneous with mineralization, and the capsule is irregular. The prostatic urethra is not visualized.

The kidneys are hyperechoic, and exhibit mildly decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 6.4 cm. The right kidney measures 6.6 cm.

**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 right adrenal gland measures 7.6 mm at the caudal pole and 6.2 mm at the cranial pole. The left adrenal gland measured 7.1 mm at the cranial pole and 7.1 mm at the caudal pole.

**Spleen**

The spleen is subjectively enlarged, but a normal homogeneous parenchyma with a smooth continuous capsular surface, consistent with sedation. The splenic vasculature is normal with no evidence of congestion or thrombosis. 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 and a small amount of echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

**Gastrointestinal**

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



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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. Intestinal motility appears normal.

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

***Pancreas***

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Pit Bull

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.

**SEX**

Neutered Male

***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.

**AGE**

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**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

37 kg

**PRIMARY FINDINGS:**

- Enlarged, mineralized prostate – consistent with prostatic neoplasia.

**SECONDARY FINDINGS:**

- Chronic renal changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations for the prostate include emptying the bladder via urine catheterization until more definitive treatment can be completed. FNA of the prostate with ultrasound guidance is recommended. 3-view chest radiographs are recommended. Depending on the type of neoplasia identified, radiation therapy or chemotherapy may be an option.

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The changes in the kidneys are consistent with chronic renal disease. Recommendations include:

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- ❖ a CBC, chemistry panel, urinalysis, urine protein creatinine ratio and blood pressure measurement are recommended
- ❖ urine culture should also be considered, particularly if urine sediment is active
- ❖ dietary and supportive care recommendations can be made, based on the staging of the disease as outlined in the IRIS guidelines

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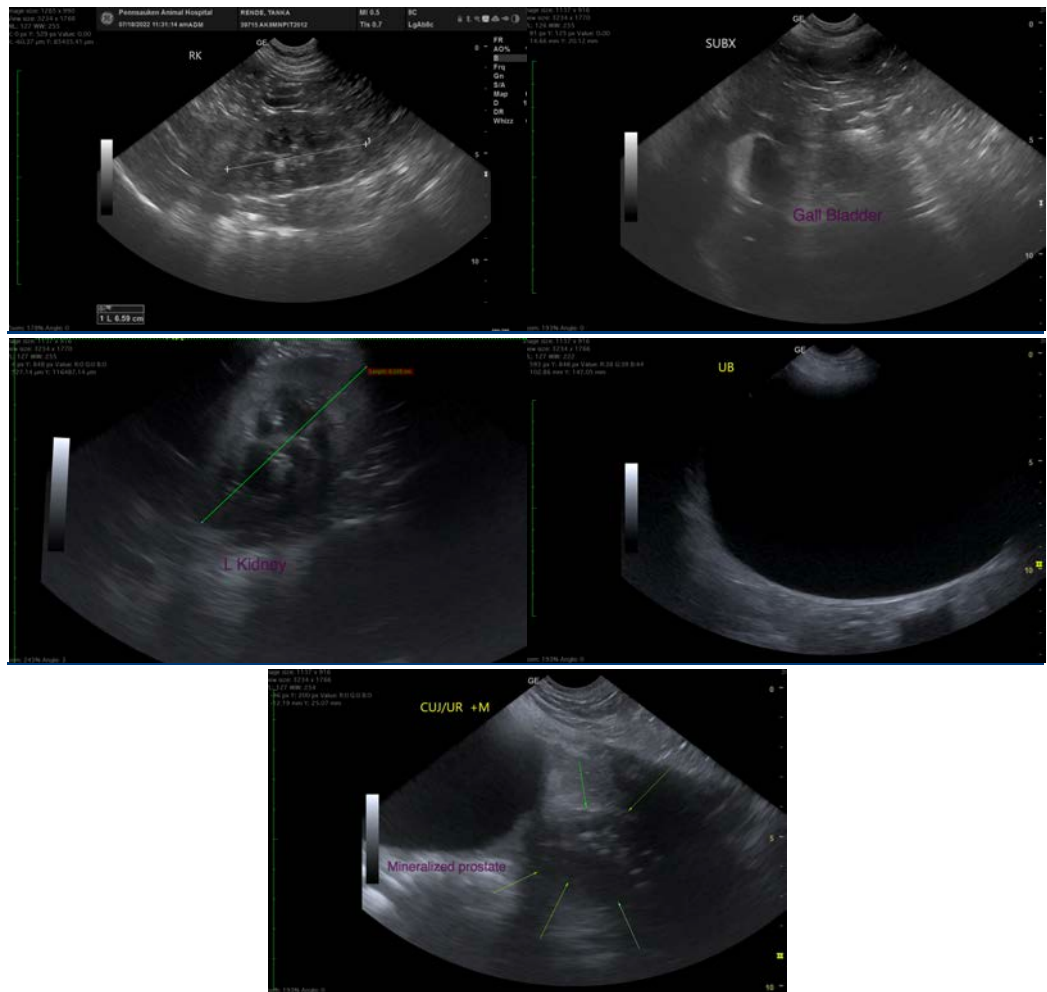
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**

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