

**PATIENT PRESENTING CLINICAL SIGNS**

Theodor Jose History: bloody urine, enlarged prostate on rads meds: Clavaseptin  
Abnormal PE/Chem/CBC/UA Results: U C & S-no growth

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Intact Male

**AGE**

11 years

**WEIGHT**

9.1 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Parkside AH

**REFERRING VET**

Zak

**INVOICE**

13965

**DATE**

8.4.23

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic urine, and luminal sediment is not present. The bladder wall is diffusely 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.

The prostate is diffusely enlarged (4.5 x 2.9 x 2.5 cm) with a hyperechoic parenchyma and smooth capsule. Cysts are present within the prostatic parenchyma. 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 5.2 cm in length. The right kidney is 4.7 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 4.9 mm at the cranial pole and 6.3 mm at the caudal pole. The right adrenal gland height is 5.5 mm at the cranial pole and 3.9 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 and a large amount of freely-moveable 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 subjectively normal in thickness, and exhibits appropriate wall layering, but cannot be accurately measured due to normal deviations of the rugal folds. 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 4.6 mm. The jejunal wall measures up to 2.9 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.4 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.



**PATIENT** *Pancreas*

Theodor Jose  
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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.

**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.

**Testes**

Both testes are visualized and have a normal appearance.

**ULTRASONOGRAPHIC FINDINGS**

**Findings**

- Enlarged cystic prostate, consistent with prostatitis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

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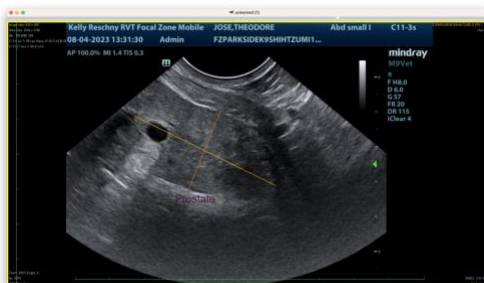
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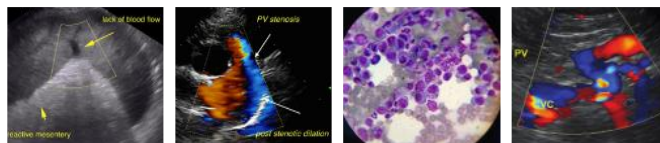
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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