



PATIENT PRESENTING CLINICAL SIGNS

Dante Beattie

vomiting, unable to keep food down, trembling at night, urinating blood

SPECIES

Canine

BREED

American Bulldog X

SEX

Intact Male

AGE

3 Years

WEIGHT

35 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

Dr. Salib

INVOICE

41577

DATE

9/23/22

Abnormal PE/Chem/CBC/UA Results: NEU 15.2, PHOS 0.73, ALKP 283, AMYL 393, UA: PROT 500mg/dL, BIL 3mg/dL, Brown colour with blood clots, WBC ?50, RBC >50 rads: CONCLUSIONS: 1. There is moderate peritoneal effusion, possibly representing uroabdomen, sepsis or hemorrhage (e.g. from a neoplastic mass). 2. There is a caudoventral abdominal soft tissue mass of uncertain origin. This could actually represent a large paraprostatic cyst with secondary infection/prostatitis given the history of hematuria and stranguria. Neoplasia or an abscess arising from the urinary bladder, spleen, intestine or the peritoneal space is also possible. 3. The impression of left renal enlargement could be secondary to pyelonephritis or other cause of acute kidney injury. As mentioned, the rounded mineral opacity seen just medial to the kidney on the VD view is suspected to be a superimposed nipple. However, a urolith within the proximal ureter cannot be excluded. 4. The absence of formed fecal material from the colon suggests diarrhea. Gastric gas distention is likely due to aerophagia and/or functional ileus. There is no evidence of gastrointestinal obstructive pathology or radiopaque foreign material.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and luminal sediment is 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. There are large regions of non-shadowing echogenic material within the bladder lumen, consistent with blood clots.

The prostate is markedly enlarged, measuring 11.7 cm x 5.2 cm with irregular margins and focal cysts. The surrounding omental fat is hyperechoic and there is scant free fluid in the region. The prostatic urethra is non-dilated with normal margins.

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 measures 7.5 cm. The right kidney measures 7.8 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 left adrenal gland measures 5.3 mm at the cranial pole and 6.0 mm at the caudal pole. The right adrenal gland measures 1.0 mm at the cranial pole and 6.2 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 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 *Gastrointestinal*

Dante Beattie The stomach is empty. The gastric wall is normal in thickness (4.8 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. Duodenum wall measures 3.7 mm. Jejunum wall measures 3.2 mm. Intestinal motility appears normal.

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American Bulldog X

The visible portions of the colon are of normal thickness (1.7 mm) with intact wall layering. The ileocecal junction is visualized and is normal.

Pancreas
SEX

Intact Male

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
AGE

3 Years

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

WEIGHT

35 kg

PRIMARY FINDINGS

- Markedly enlarged and inflamed prostate

SECONDARY FINDINGS

- Cystitis
- Regional peritonitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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- ❖ 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 than treatment with finasteride could be considered.

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REFERRING VET

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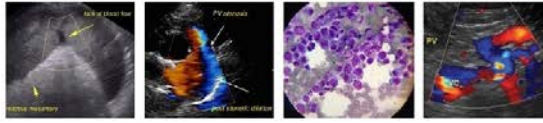
Given the systemic signs, supportive care with antiemetics, fluid therapy, and analgesia will likely be necessary until the patient is stabilized. Severe acute prostatitis can progress to sepsis, so close ongoing monitoring is warranted.

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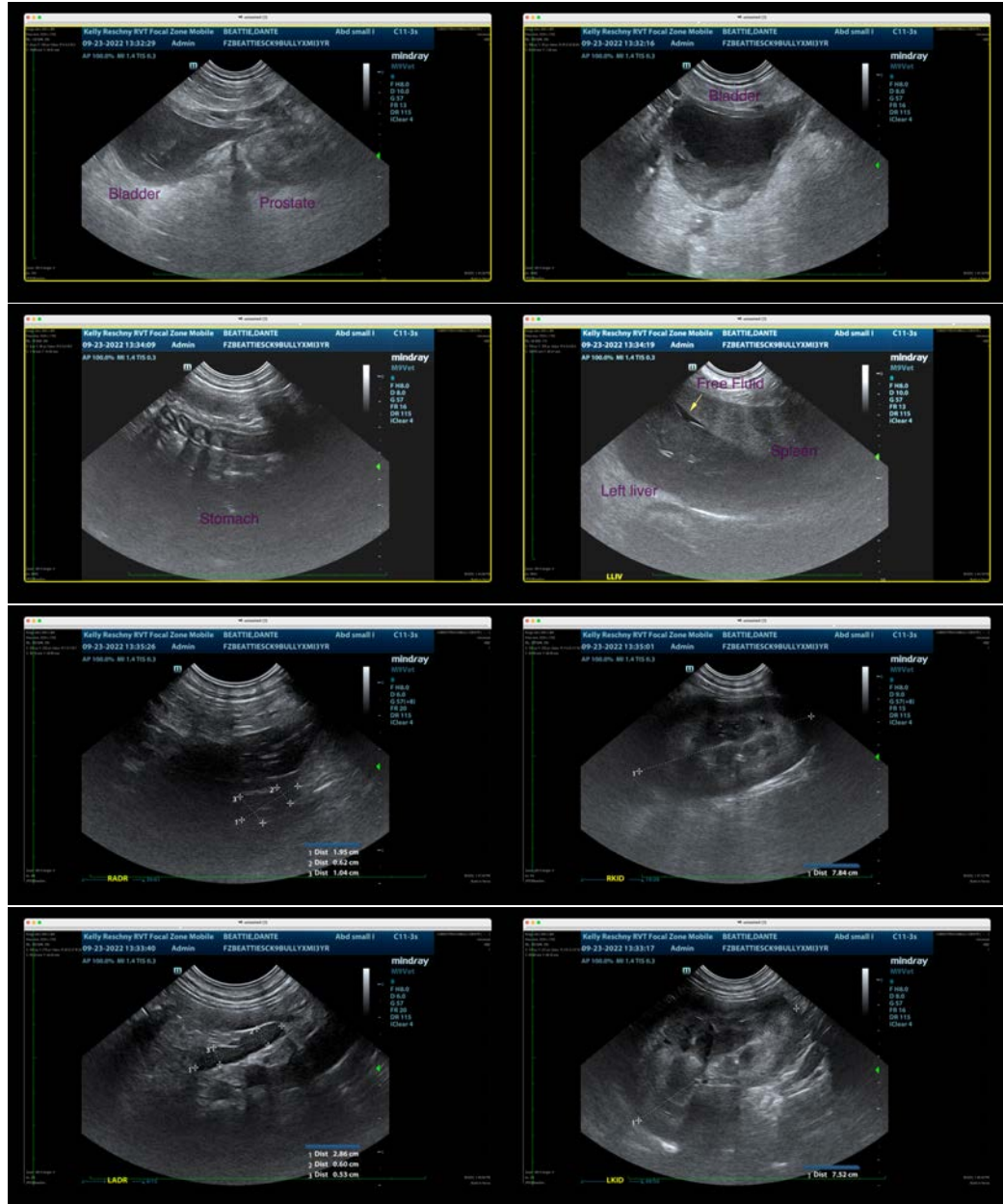
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com