PATIENT DATA

OWNER NAME K---- ANIMAL NAME T--BREED BERNESE MOUNTAIN NEUTERED ---

DOG

BIRTH DATE AGE 6 y

GENDER M

IDENTIFICATION EXAM DATE 03 FEB 2018

ACCESSION NUMBER

OPERATOR

EXAM DESCRIPTION ABDOMINAL

PERFORMING PHYSICIAN GEMMA O DONOGHUE REPORT DATE 03 FEB 2018

ABDOMINAL CANINE OBSERVATIONS

Abdominal remarksThe liver was a normal size and echogenicity with areas of mildly heterogenous echotexture, the gallbladder was normal.

The spleen was a normal size and echogenicity with two intraparenchymal hypoechoic nodules, one in head, one in tail, the capsule was not distorted.

The gastrointestinal tract including pancreas was normal.

Both kidneys were normal, no pelvic dilation.

Left adrenal gland was normal. Right adrenal gland had a small nodule on caudal pole slightly distorting shape but still measured within normal limits.

The bladder presented normal wall thickness with anechoic urine and normal tone.

The trigone and proximal urethra were normal.

The prostate was enlarged with heterogenous parenchymal changes, areas of capsular expansion, intraparenchymal cysts of varying sizes and large fluid filled cavity with flocculent content consistent with abscessation. A large fluid filled structure, adjacent to the urinary bladder in the pelvic inlet, consistent with a paraprostatic cyst, extended from the cranial aspect of the prostate. No mineralisation was present. Sublumbar lymph nodes were mildly enlarged and heterogenous echogeicity with the normal length: width ratio. No other lymphadenopathy was present.

No free fluid present.

Conclusions Splenic nodules may represent nodular hyperplasia, extramedullary

haematopoiesis, haematomas or neoplasia. Fine needle aspirates of nodule in tail of

spleen were obtained.

Prostatic changes most consistent with benign prostatic hyperplasia with intraparenchymal cysts, prostatitis with abscessation and paraprostatic cyst with local reactive lymph node. Neoplasia although less likely cannot be excluded. Sampling of prostate would be needed to specifically diagnose with cytology and culture and sensitivity. Surgical treatment is indicated. Medical management with analgesia (nsaid), appropriate antibiotics (TMPS, doxycycline, fluoroquinolone, ideally based on c+s) and an anti-androgen/testosterone agent (tardak, ypozane) can be started pending surgery.

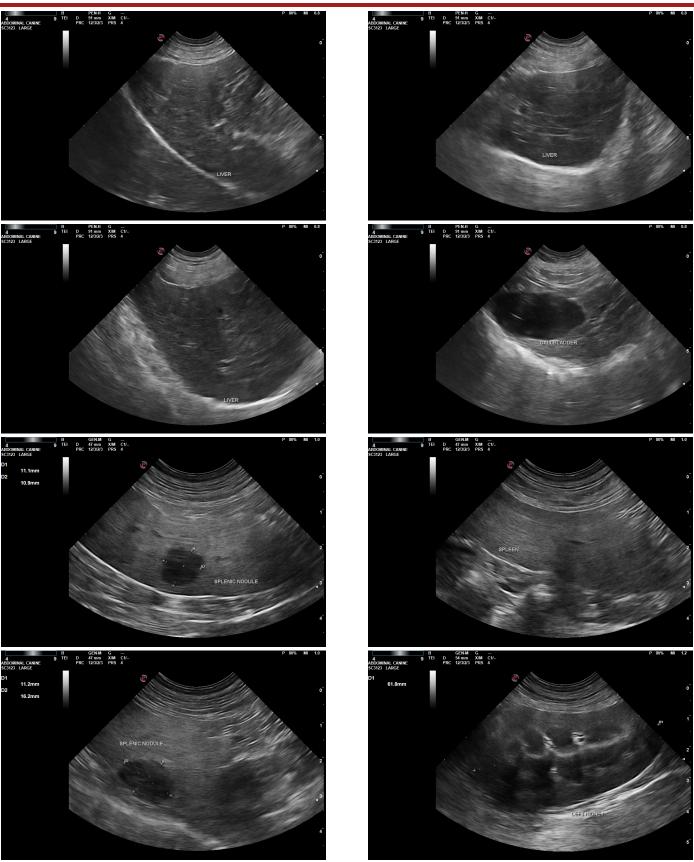
Mild liver and adrenal changes thought to be incidental findings currently.

Gemma O'Donoghue PgC ESPVS Cert DI.

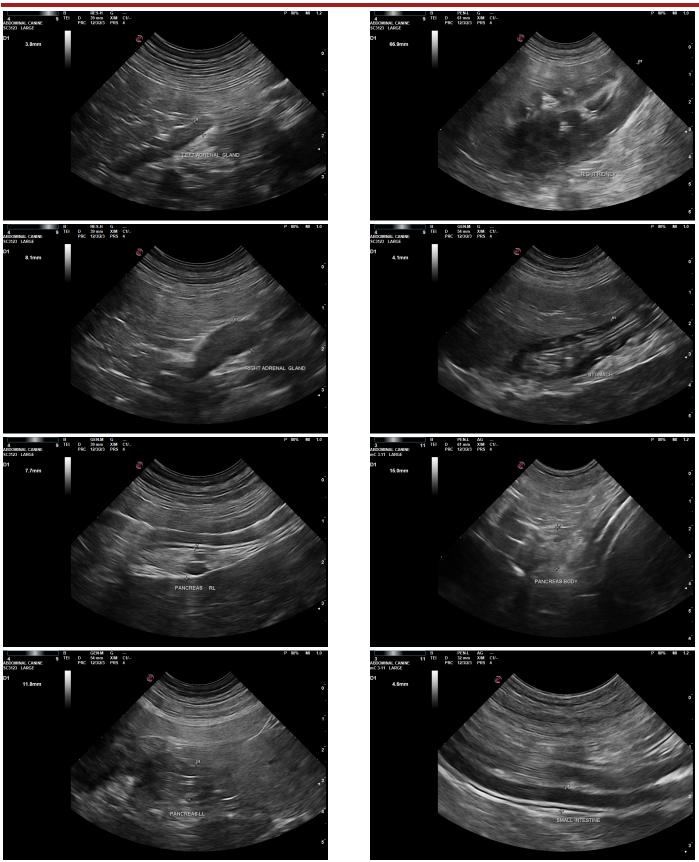
ATTACHED IMAGES

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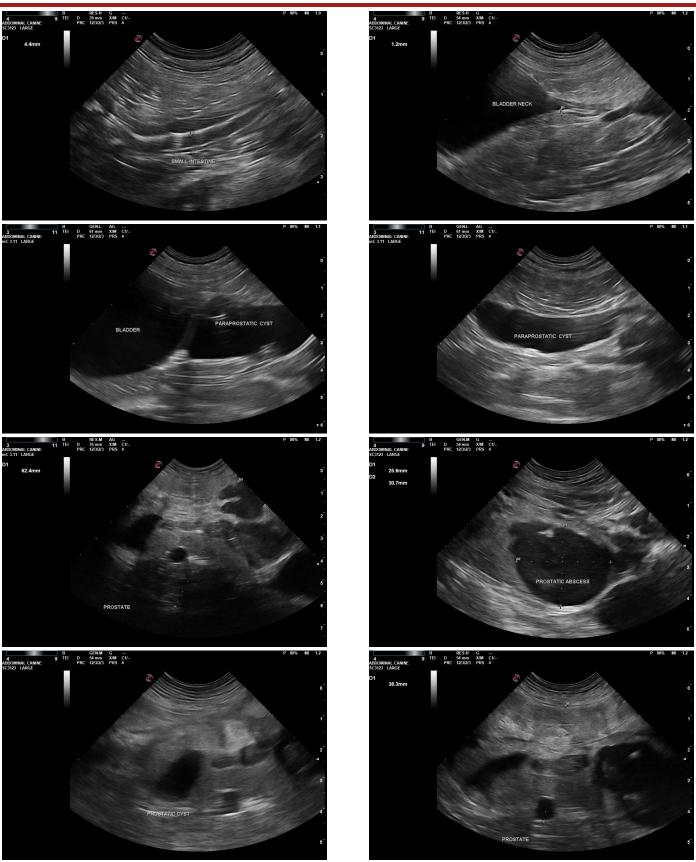
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