PATIENT DATA

OWNER NAME	K----	**ANIMAL NAME**	T--
BREED	BERNESE MOUNTAIN DOG	**NEUTERED**	---
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 remarks

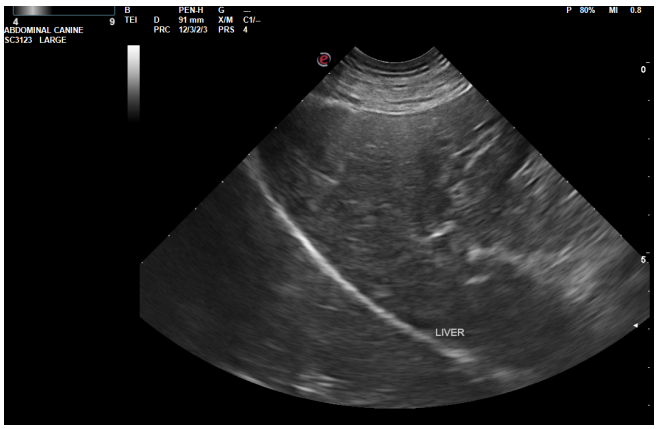
The liver was a normal size and echogenicity with areas of mildly heterogenous echotexture, the gallbladder was normal.
The spleen was a normal size and echogenicity with two intraparenchymal hypoechoic nodules, one in head, one in tail, the capsule was not distorted.
The gastrointestinal tract including 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.

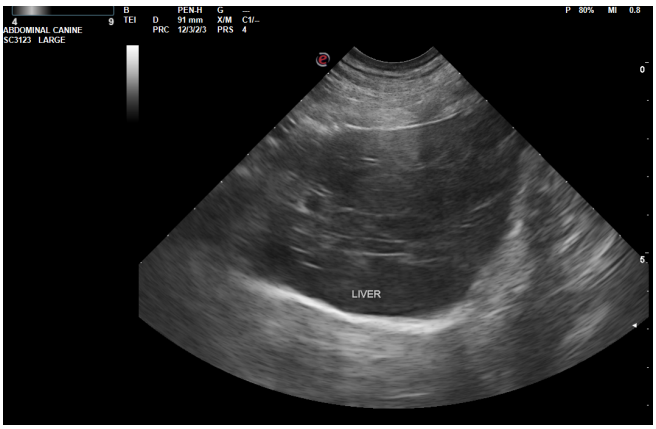
Conclusions

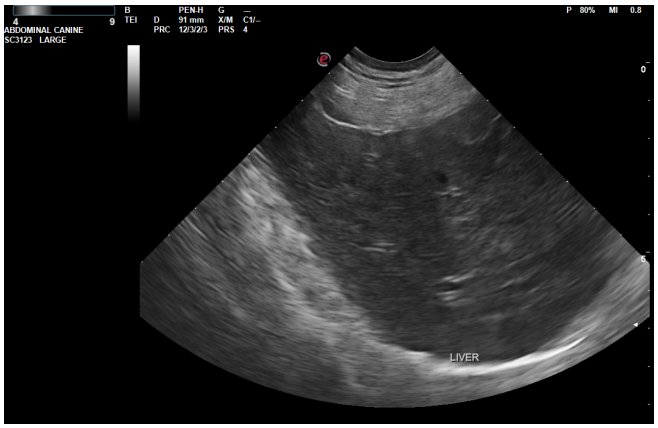
Splenic nodules may represent nodular hyperplasia, extramedullary haematopoiesis, haematomas or neoplasia. Fine needle aspirates of nodule in tail of spleen were obtained.
Prostatic changes most consistent with benign prostatic hyperplasia with intraparenchymal cysts, prostatitis with abscessation and 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.

SIGNATURE Gemma O'Donoghue PgC ESPVS Cert DI.

ATTACHED IMAGES


ABDOMINAL CANINE
SC3123 LARGE
LIVER


ABDOMINAL CANINE
SC3123 LARGE
LIVER


ABDOMINAL CANINE
SC3123 LARGE
LIVER