

## What's Your Diagnosis?

**Signalment:** 7 year old male castrated Labrador Retriever

**Presenting Complaint:** Dripping urine from prepuce

**History:** Several months ago the dog presented for blood and urine dripping from his prepuce. After 3 days of antibiotic therapy there was no improvement. Castration was performed 1 month ago. Currently he is no longer dripping blood but is still dripping urine. He was treated with prednisone and his last dose was given 5 days ago. He is currently not taking any other medications.

**Physical Exam:**

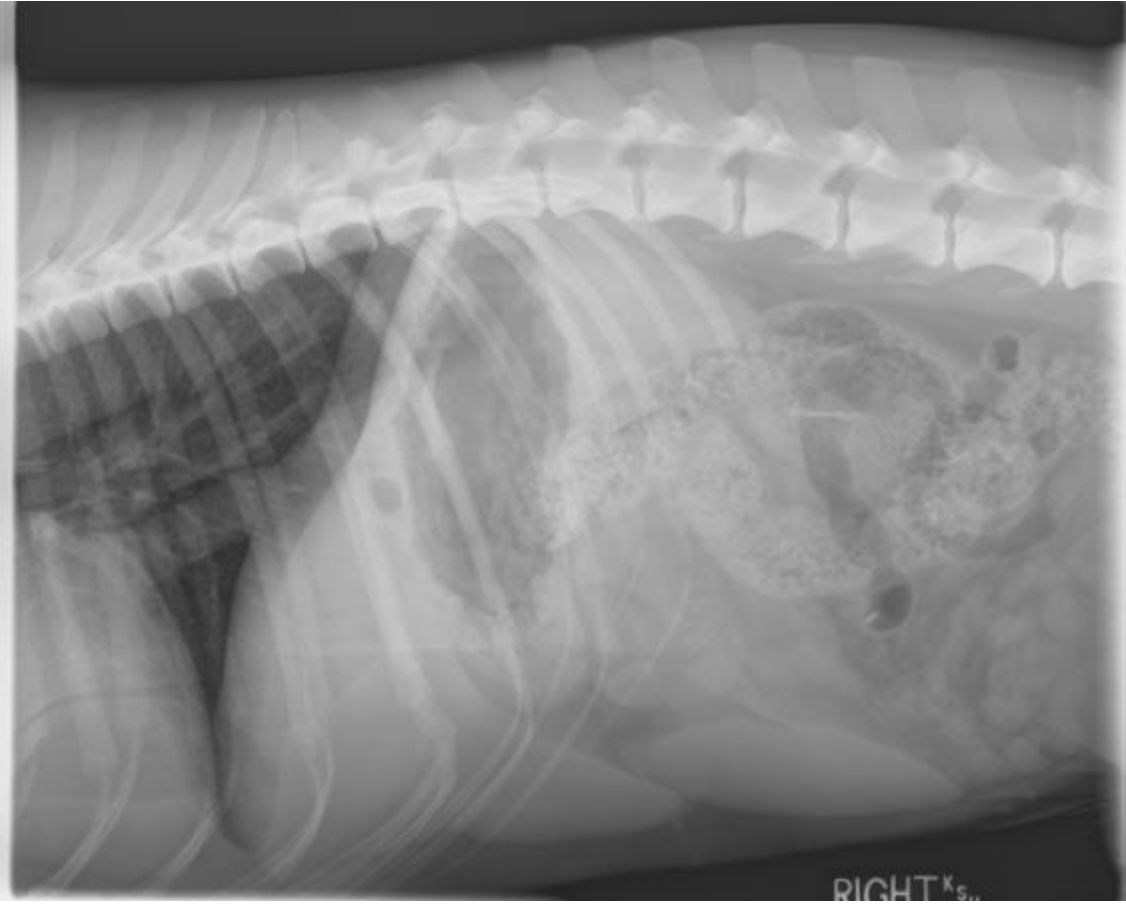
- Temperature: 100.2
- Pulse: 60
- Respiration: 24
- Caudal abdomen was painful upon palpation

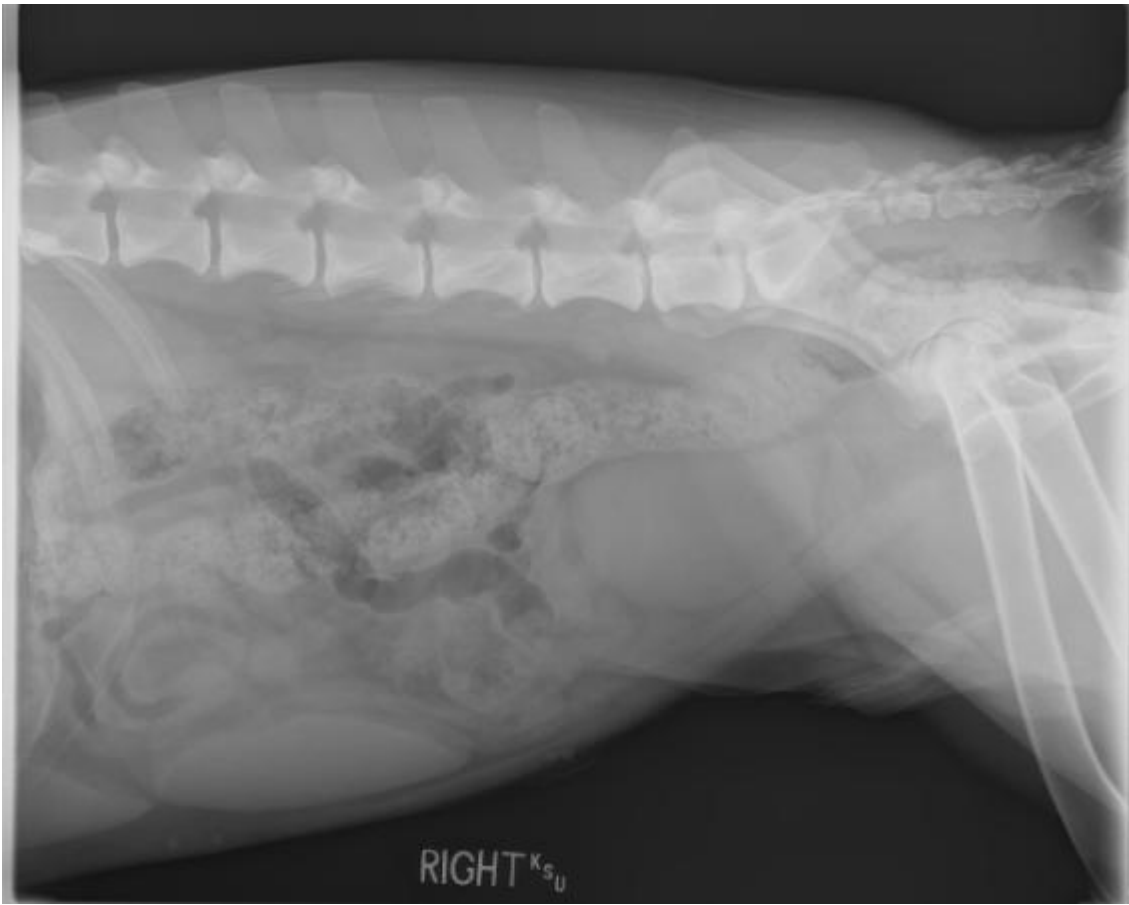
**Significant Laboratory Abnormalities**

- Elevated alanine transaminase P5P – 240 U/L (ref 28-171)
- Elevated alkaline phosphatase 466 U/L (ref 1-142)

**Diagnostic Plan:** Abdominal radiographs and abdominal ultrasound

**Radiographs:**



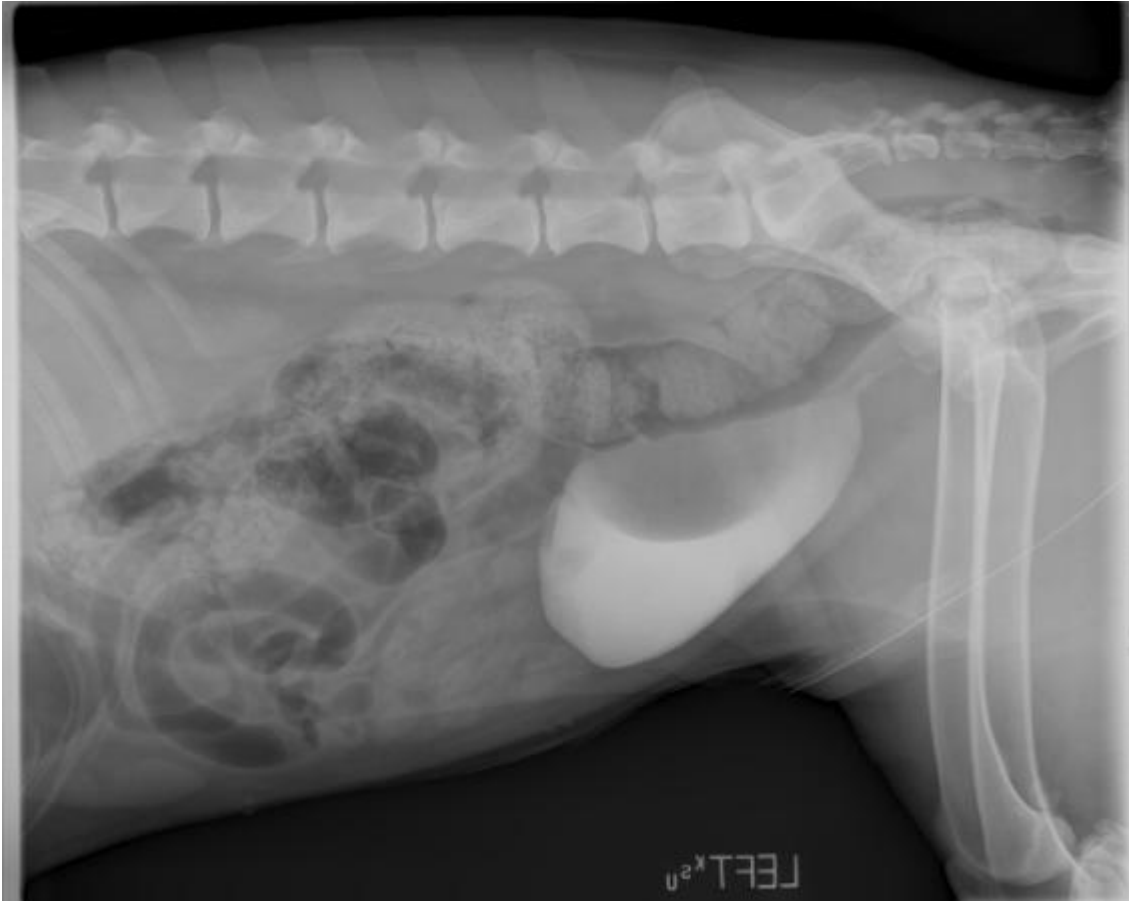






**Radiographic Findings:** A homogenous soft tissue opaque structure measuring 8 cm in diameter is present dorsal to and superimposed over the urinary bladder. Its caudal margin is in the region of the trigone. On the ventrodorsal projection, the soft tissue opaque structures are present right centrally. Multiple small mineral opaque structures are present superimposed over the gastrointestinal tract on multiple views.

After introduction of a urinary catheter and administration of 20 mL hypaque:



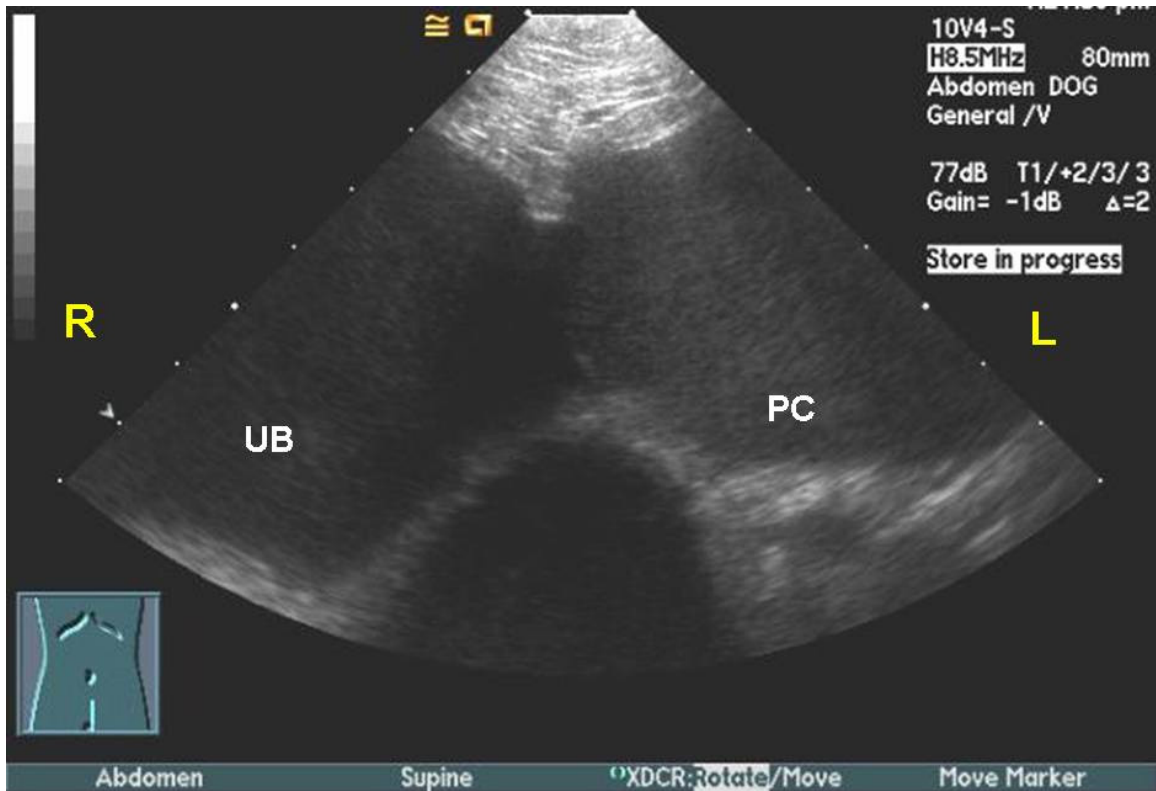




**Radiographic Findings:** After introduction of 20 mL of hypaque, contrast is present in the right ventral oblong soft tissue structure. The left dorsal circular soft tissue structure does not contain contrast and causes flattening and displacement of the urinary bladder.

**Radiographic Impressions:** Soft tissue mass in the left dorsal aspect of the caudal abdomen is most consistent with paraprostatic cyst or uterus masculinus.





**Ultrasonographic Findings:** There is a thin walled well-defined cystic structure (PC) with echogenic contents in the caudal left (L) abdomen adjacent to the urinary bladder (UB). When the patient moves the echogenic fluid swirls. There are focal irregular marginated and shaped hyperechoic shadowing structures within the ventral portion of the cyst. An echogenic tubular, stalk-like structure extends from the ventral margins of the cyst towards the left lobe of the prostate. The prostate is irregularly marginated, increased in size and hypoechoic with a heterogenous echotexture.

**Ultrasonographic Impressions:** Paraprostatic cyst with echogenic contents probably arising from the left prostatic lobe.

**Case Follow Up:** The cyst was surgically removed. It was filled with red fluid and was 6 cm in diameter. A sample was taken from the cyst and normal prostate and submitted for histopathology. Swabs of cyst fluid were submitted for aerobic and anaerobic culture.

**Histopathology results:**

Perparostatic cyst – The wall of the cyst was composed of dense, fibrous, well-organized connective tissue. The inner surface had a discontinuous epithelial lining. The outer wall had normal adipose tissue with scattered accumulations of lymphocytes. There was abundant dark red/brown fluid within the lumen of the cyst. Prostate biopsies were normal.

**Bacteriology results:**

No growth from both aerobic and anaerobic culture.