Prostatic Retention Cyst in an Intact Male Golden Retriever

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Materials and methods: A 9-year-old intact male Golden Retriever admitted to our hospital with intermittent vomiting, signs of depression, lethargy, transient hematuria, tenesmus, dyschezia and abdominal pain.

Results: On palpation, a hard-distended mass in the retrovesical space was observed. In a survey celiography, cranial deviation of abdominal viscera in a lateral view was found due to the mechanical compression of an extremely large caudal-abdominal mass. A transrectal ultrasonography showed an anechoic structure in the retrovesical space. The mass was difficult to differentiate from the urinary bladder unless exploratory celiotomy was performed. The dog was treated by resection and drainage of the cyst in addition to castration. The majority of the cyst wall was resected and residual cyst cavities were packed with omentum. Partial cyst resection combined with omentalization and castration was a simple and effective means of managing prostatic retention cysts.

Clinical relevance: Amazingly, the cyst was filled with 2,300 ml of clear yellowish sanguineous fluid. Long-term resolution of clinical signs was achieved in the patient dog, with follow-up period for 5 months.