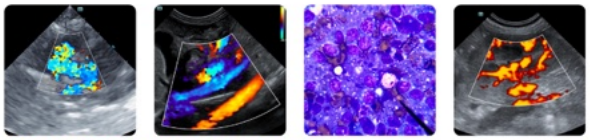


PATIENT

Jax Howe

SPECIES

Canine

BREED

Doberman

SEX

Intact male

AGE

6 years

WEIGHT

32.7 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Maria Lara

HOSPITAL NAME

Allure Veterinary Hospital and Urgent Care

REFERRING VET

Dr. Rivera

INVOICE

74244

DATE

4/7/26

PRESENTING CLINICAL SIGNS

- Patient presented on 3/27 with a history of straining to urinate and hematuria, rDVM reports painful palpation of the prostatic area with noticeable enlargement/inflammation, straining while exam was being performed. Initial POCUS showed enlarged, cavitated prostate.
- Patient was discharged at the time with enrofloxacin, carprofen and gabapentin.
- 3/27 CBC - Unremarkable Chem - Unremarkable UA - Urine Protein 2+ , Hemoglobin 4+

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended. The bladder wall is thin, smooth, and regular. The luminal contents are anechoic, with mild turbidity. The bladder neck and proximal urethra have a normal appearance. No evidence of urolithiasis or focal inflammatory or proliferative changes is identified.

The left kidney is normal in shape and size, measuring 6.65×3.85 cm in the sagittal plane. Cortical thickness is 0.62 cm. The cortex is isoechoic compared to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 7.06×4.13 cm in the sagittal plane. Cortical thickness is 0.70 cm. The cortex is isoechoic compared to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Prostate

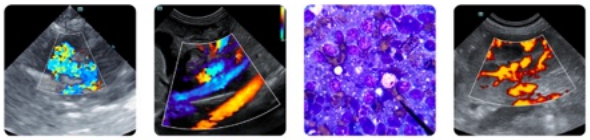
The prostate is enlarged, measuring 5.75×4.65 cm, with mildly irregular margins and overall preserved parenchymal echogenicity. Multiple small cystic structures (2–3 mm) are present, along with a larger thin-walled fluid-filled cavity measuring 0.7×1.7 cm and a smaller 0.7x0.8 cm in the caudal region. No complex cavitary lesions, internal echogenic debris, or features suggestive of abscess formation are identified.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.52 cm at the cranial pole and 0.56 cm at the caudal pole. The right adrenal gland measures 0.59 cm at the cranial pole and 0.55 cm at the caudal pole.

Spleen

Splenic thickness is 2.10 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.



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Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with a wall thickness of 2.68 mm and preserved layering. The pylorus measures 5.32 mm. Duodenum: 3.54 mm. Jejunum: 3.97–4.08 mm, with mucosa 2.77 mm, submucosa 1.02 mm, and muscularis propria 0.43 mm. Wall layering is preserved. No evidence of ileus, obstruction, or intraluminal foreign material is identified. Colon measures 1.10 mm, containing formed fecal material.

Pancreas

The evaluated pancreatic areas do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Moderate prostatomegaly with mildly irregular prostatic margins.
- Few small prostatic cysts.
- Two larger thin-walled cystic cavities in the caudal region.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate is moderately enlarged with several small intraparenchymal cysts and two larger thin-walled cavitary structures. In an intact male dog, this appearance is most consistent with benign prostatic hyperplasia with associated cystic change, which is a common age-related and hormonally driven condition.

Importantly, although the clinical presentation raised concern for prostatic abscessation, no ultrasonographic evidence of abscess formation is identified. Specifically, there are no thick-walled cavitary lesions, internal echogenic debris, gas, or marked surrounding inflammatory changes. However, given the history of pain, hematuria, and dysuria, a component of prostatitis cannot be excluded, particularly in early or less severe stages, as inflammatory changes may not always be

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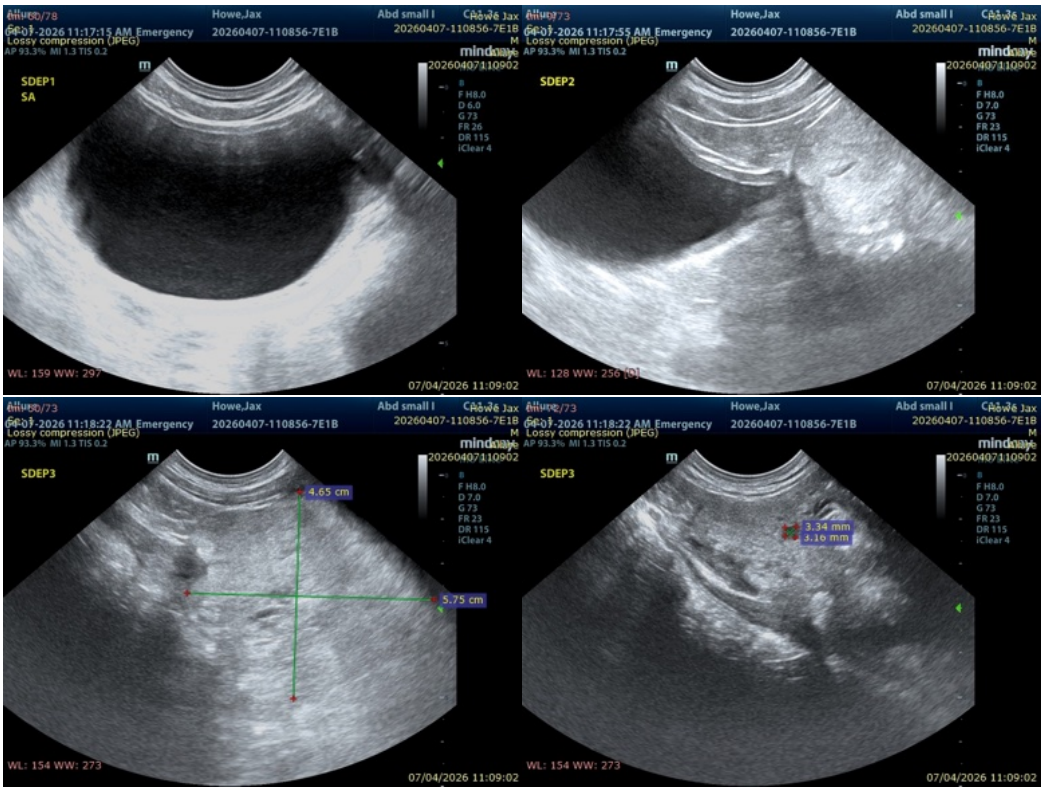
conspicuous on ultrasound.

Overall, the findings are most consistent with benign prostatic hyperplasia with cystic change, with a possible concurrent inflammatory component.

Recommendations

- Continue or consider antibiotic therapy with good prostatic penetration, particularly if prostatitis remains clinically suspected.
- Urine culture and sensitivity is recommended if not already performed.
- Castration is strongly recommended, as this is the treatment of choice for benign prostatic hyperplasia and will result in significant reduction in prostatic size and associated clinical signs

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



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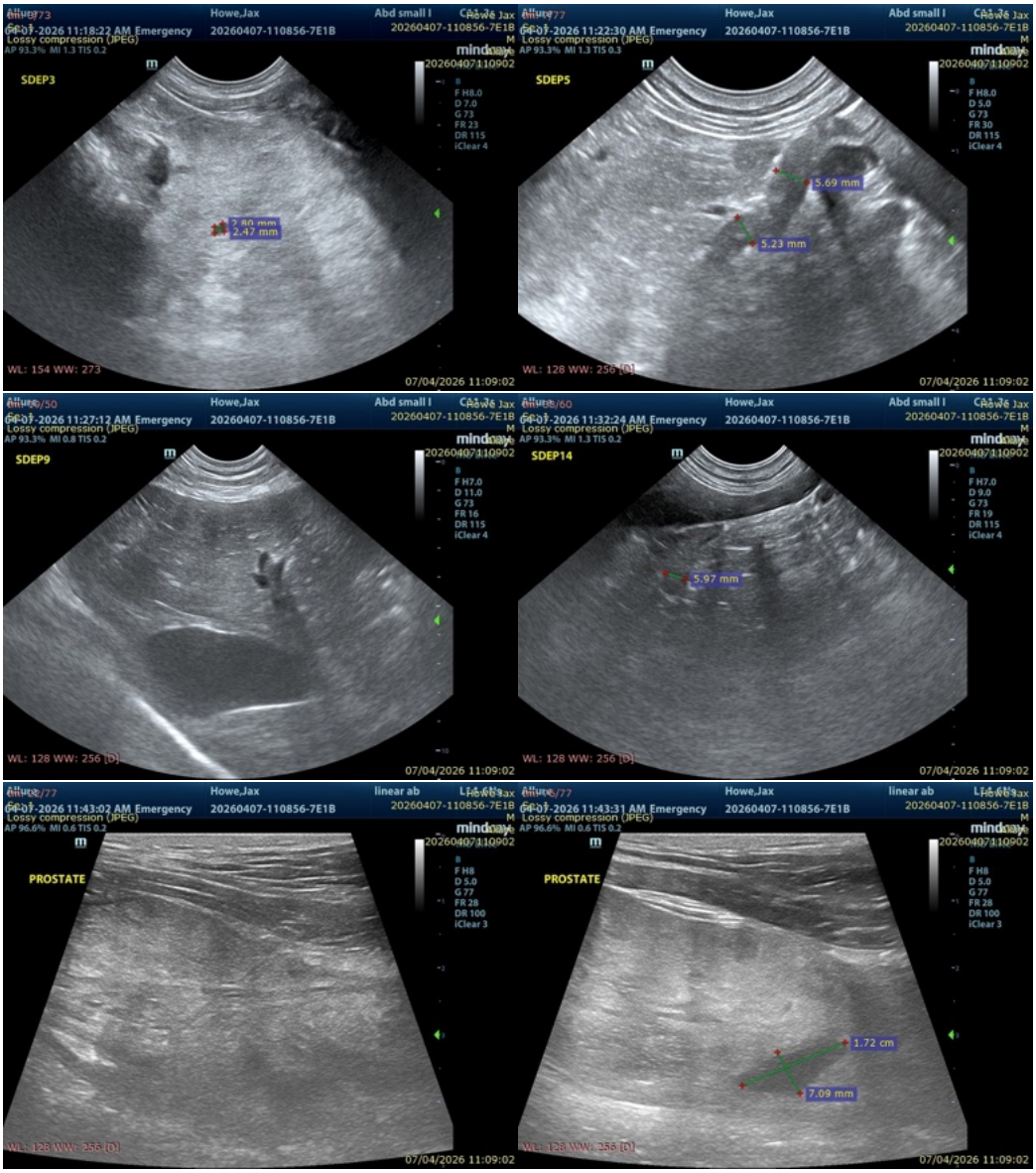

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com