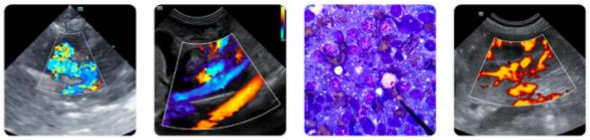


PATIENT

Ziggy Healy

SPECIES

Canine

BREED

Pitbull Mix

SEX

Neutered Male

AGE

10 Years 7 Months

WEIGHT

62 Pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Heather Cochran

HOSPITAL NAME

Millis AH

REFERRING VET

Dr. Heather Cochran

INVOICE

37263

DATE

5/28/26

PRESENTING CLINICAL SIGNS

History: episode of hematuria 2/2026, 3+ blood and epi cells, resolved with clavamox and flexprofen. recurrent episode 5/21/26- seen for stanguria with minimal output. owner feels trouble defecating as well, weak urine stream when collected sample, rectal prominent prostate but non-painful, no rectal or AG masses.

Abnormal PE/Chem/CBC/UA Results: UA- 3+ blood, protein, 4+ epi cells, sp grav 1.039

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No calculi or sonographic evidence of inflammatory or neoplastic disease are identified.

The left kidney is normal in shape and size, measuring 5.61×3.04 cm. The cortical thickness measures 0.59 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size, measuring 6.23×3.26 cm. The cortical thickness measures 0.58 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Prostate

The prostate gland is diffusely enlarged, measuring approximately 4.76×3.02 cm. The parenchyma is heterogeneous and contains numerous scattered hyperechoic foci throughout the gland. No discrete cavitary lesions or focal mass lesions are identified within the submitted images.

Adrenal Glands

The left adrenal gland is partially visualized and measures approximately 0.59 cm in dorsoventral dimension. The right adrenal gland is not adequately characterized in the submitted images.

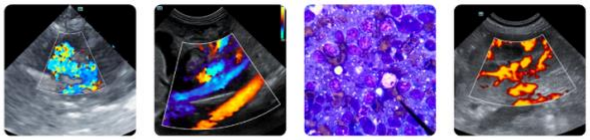
Spleen

Splenic thickness is 2.29 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

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 with a small amount of biliary sludge. No evident dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal tract

The stomach is empty and folded, with preserved wall layering (2.74 mm).

The pyloric wall measures 4.34 mm.

The duodenal wall measures 3.98 mm.

The jejunal wall measures 4.33 mm, with preserved wall layering.

No evidence of gastrointestinal inflammation, ileus, or foreign material is identified.

The colonic wall measures 1.21 mm. Abundant formed fecal material is present throughout the colon.

Pancreas

The evaluated pancreatic regions 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 is normal.

PRIMARY FINDINGS

- Diffuse prostatomegaly with heterogeneous parenchyma and multifocal hyperechoic intraparenchymal foci.

SECONDARY FINDINGS

- Mild biliary sludge.
- Moderate colonic fecal loading.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate gland is diffusely enlarged and heterogeneous, containing numerous multifocal hyperechoic intraparenchymal foci. Given the patient's age, neutered status, and history of recurrent hematuria and stranguria, these findings are most suspicious for chronic prostatic disease, including chronic prostatitis and/or prostatic neoplasia. Differentiation between these entities is not possible based on ultrasonography alone.

The urinary bladder, kidneys, and proximal urethra are otherwise unremarkable, and no alternative sonographic explanation for the reported lower urinary tract signs is identified.

Mild biliary sludge and moderate fecal retention are considered incidental findings.

Recommendations

- Correlation with urine culture results is recommended.
- CADET BRAF testing may be considered a non-invasive screening tool for prostatic carcinoma.
- Ultrasound-guided cytology and/or sampling of the prostate may be considered to further differentiate chronic prostatitis from prostatic neoplasia.
- If neoplasia is confirmed, staging diagnostics, including thoracic radiographs and assessment

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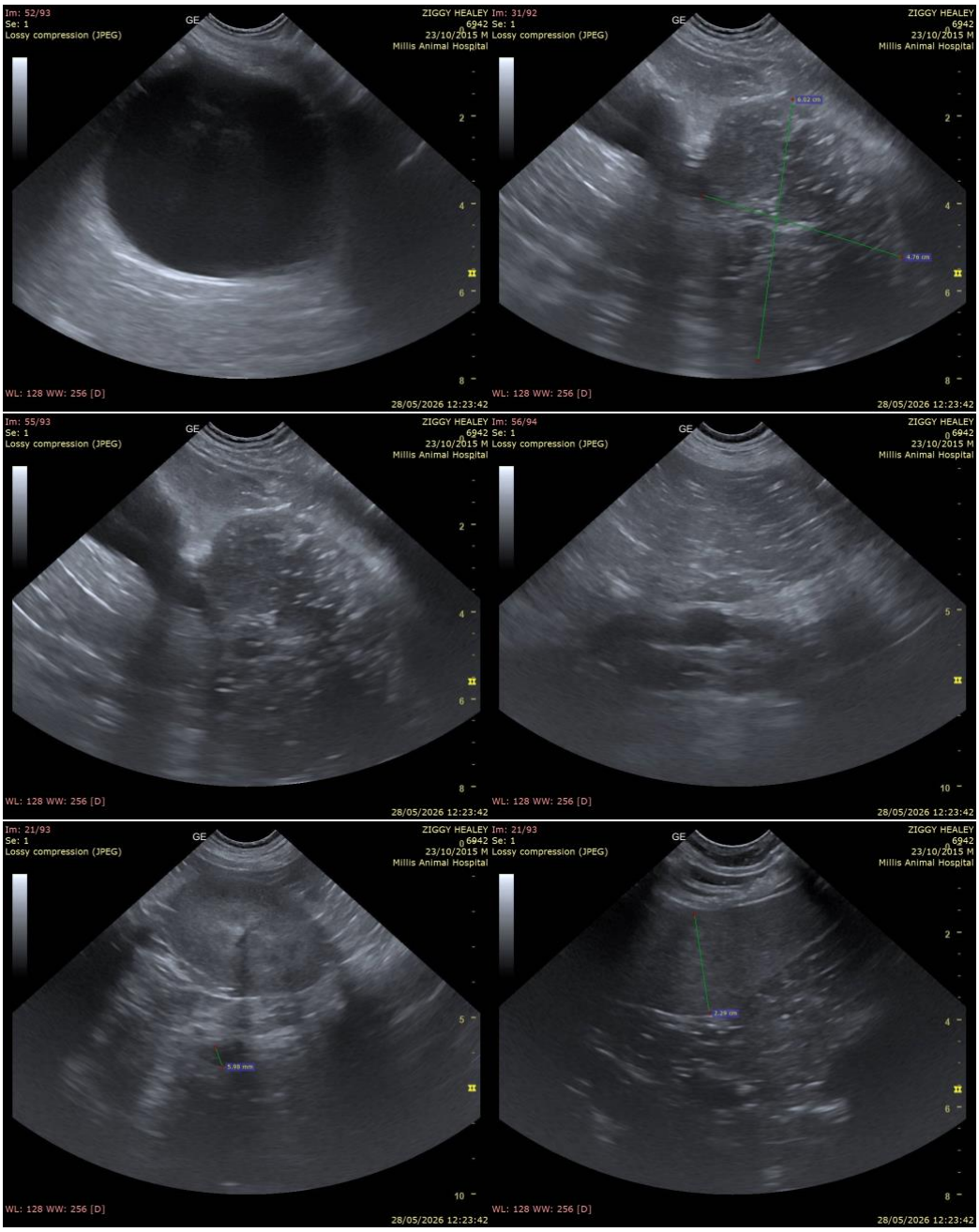
for potential osseous metastasis, may be warranted.

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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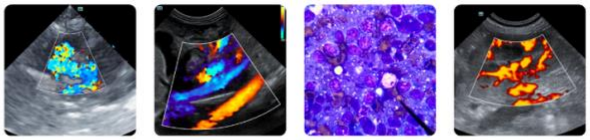

Clinical Sonography & Telecytology
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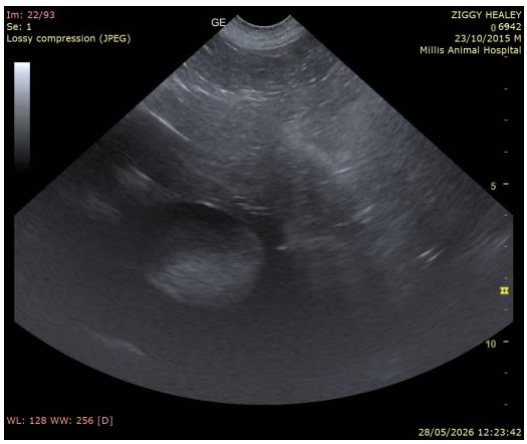

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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