



## PATIENT

Polo Samuel

## SPECIES

Canine

## BREED

American Bully

## SEX

Male

## AGE

9 Years

## WEIGHT

63 pounds

## INTERPRETED BY

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

## IMAGING PERFORMED BY

Arielle Roldan CVT

## HOSPITAL NAME

Milford Animal  
Hospital

## REFERRING VET

Dr. JoAnna Morales  
DVM

## INVOICE

15012

## DATE

04/10/26

## PRESENTING CLINICAL SIGNS

Pt presented for enlarged testicle that owner stated just noticed today. No medical history, new patient to us here from out of town. History of allergies. Samples were taken for FNA from testicle and purulent d/c was noted afterward.

Abnormal PE/Chem/CBC/UA Results: pending FNA

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is adequately distended with anechoic urine. The bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The prostate is moderately enlarged with a diffusely heterogeneous mixed echogenic parenchyma. There are multiple cystic structures with a moderately sized ventral cyst that distorts the prostatic capsule. There's a concern for prostatic mass effect extending into the inguinal region. The testicles are moderately enlarged with the right testicle containing a mixed echogenic mass effect which may represent a highly cellular or echogenic fluid contents.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. The left kidney measures 7.03 cm. The right kidney measures 7.92 cm.

### Adrenal Glands

Both adrenal glands are not visualized.

### Spleen

The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen measures 2.0 cm at the hilus.

### Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

### Gastrointestinal



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The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

### **Pancreas**

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

### **Free Abdomen**

The medial iliac lymph nodes are prominent with normal length: width ratios and isoechoic parenchyma.

## ULTRASONOGRAPHIC FINDINGS

- The irregular echogenic prostate is concerning for infiltrative disease, inflammatory or infectious conditions such as prostatitis or infiltrative neoplastic disease is a primary concern.
- The enlarged and irregular testicular echotexture with lack of normal testicular architecture is concerning for infiltrative, inflammatory or neoplastic processes. These are likely related to the prostatic changes.
- The slightly prominent medial iliac lymph nodes display no loss of parenchymal detail or change in echogenicity. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirates of the prostate with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.

A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection. Consider surgical castration with histopathology and culture/sensitivity to further evaluate the changes within the testicles.



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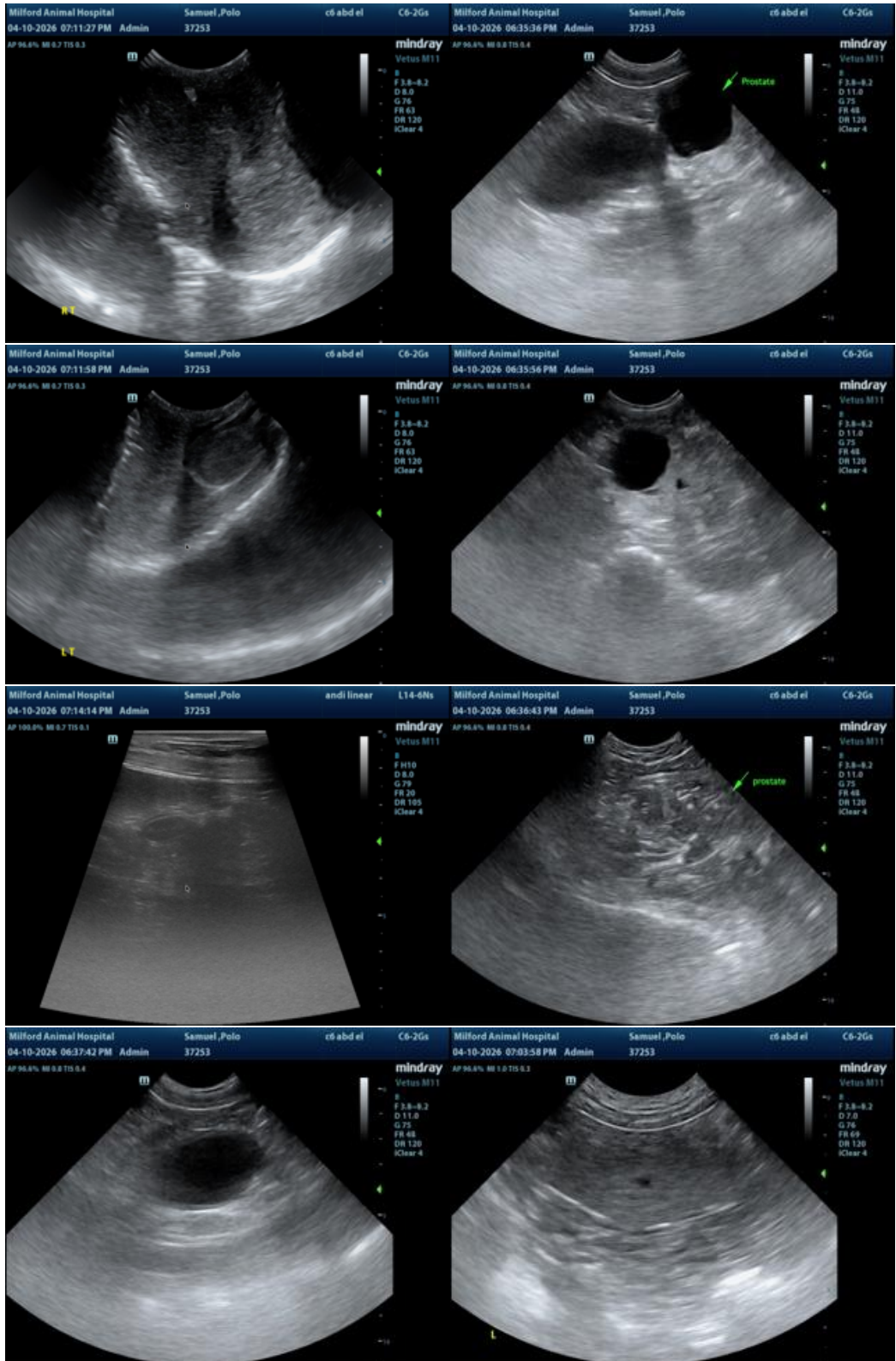
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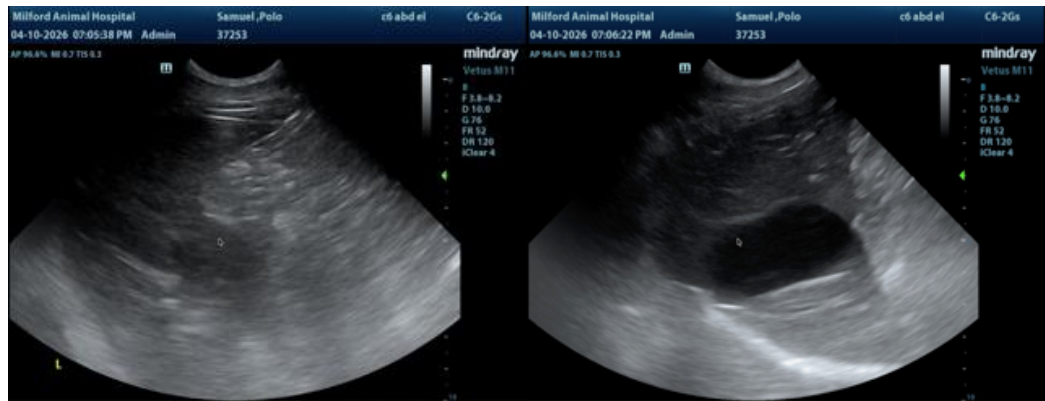
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Bradley Harris, DVM, DACVECC, DACVIM (cardiology)**

[info@SonoPath.com](mailto:info@SonoPath.com)