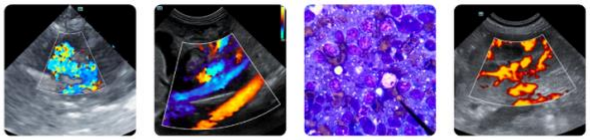


PATIENT

Potato Kauffman

SPECIES

Canine

BREED

English Bulldog

SEX

Male

AGE

4 Years 8 Months

WEIGHT

82.0

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Jessican Green

HOSPITAL NAME

Stanglein Veterinary Clinic

REFERRING VET

Dr. Erin Rothrock

INVOICE

13270

DATE

01/20/26

PRESENTING CLINICAL SIGNS

- Patient has about a 10 day history of hematuria with Frank blood. No stranguria noted. He has been tremoring slightly when urinating (or immediately after) but otherwise has been acting fairly normal at home

Abnormal PE/Chem/CBC/UA Results: comprehensive panel with 4dx pending; urinalysis 1/14/26 - 2+ urine protein (UPC 0.7), 3+ blood, 2+ bilirubin, 75-100 RBCs, occasional granular casts RADS: no obvious urolithiasis or renolithiasis noted, colon appears to be dorsally deviated and there is a soft tissue opacity caudal to the bladder trigone (concerning for prostatomegaly)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is symmetrically enlarged with smooth margins that are well differentiated from surrounding tissue. Normal bilobed shape is maintained. Parenchyma is diffusely hyperechoic. Several small anechoic cysts are noted. No mineral is noted. The prostate measured 6.7 cm x 4.8 cm in size.

Left kidney is normal in size (7.12 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal in size (7.87 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Left adrenal gland is normal in size (0.69 cm at cranial pole and 0.68 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

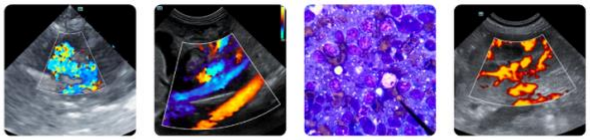
Right adrenal gland is normal in size (0.61 cm at cranial pole and 0.59 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen contains an approximately 3.4 cm x 2.6 cm non-capsular disrupting mixed mass in the mid-spleen as well as a second similar appearing but slightly more homogenous hyperechoic non-capsule disrupting nodule measuring 1.5 cm x 1.6 centimeters in size near the cranial aspect of the spleen.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



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Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out. If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Benign Prostatic Hyperplasia with cysts – Prostatic findings are most consistent with Benign Prostatic Hyperplasia (BPH) and concurrent benign prostatic cysts. Active prostatitis cannot be ruled out. Infiltrative neoplasia cannot be ruled out but is considered less likely.
- The splenic lesions trend in appearance toward benign as is seen with cysts or hematomas, potentially myelolipomas or other mineralized or fibrose inflammatory densities or granulomatous disease etc. Having said that, infiltrative neoplasia including metastatic nodules, while thought less likely, can't be ruled out without tissue sampling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.
- While the appearance of the prostate trends toward benign, additionally, submission of urine to look for BRAF gene mutation which has been associated with uroepithelial neoplasia could be considered.

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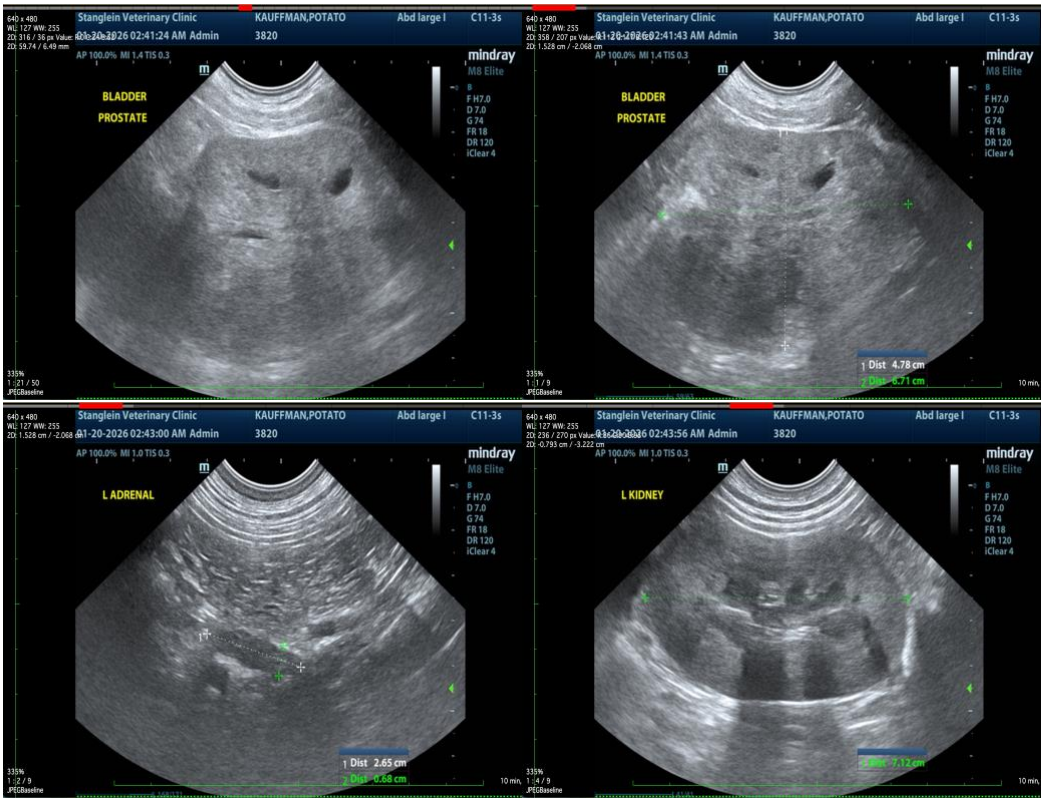
- Pending results of above, direct sampling of the prostate via final aspirates for cytology, culture and sensitivity etc. could be considered if patient's coagulation status is appropriate.
- Additionally, fine needle aspirates of the spleen could be considered if patient's coagulation status is appropriate.

- Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

- Ultimately however, based on patient's history, the appearance of the prostate, etc. I suspect clinical signs are largely due to benign prostatic hyperplasia and warrant neutering to prevent future flare-ups, progression of clinical signs etc.



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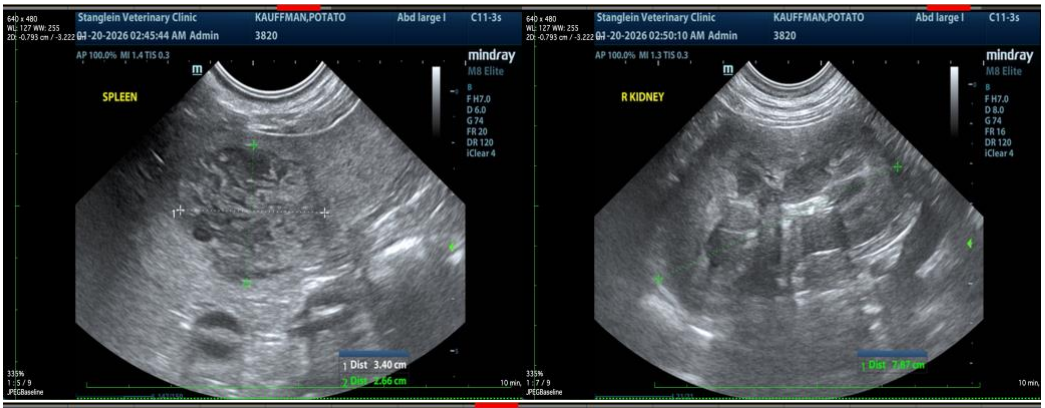

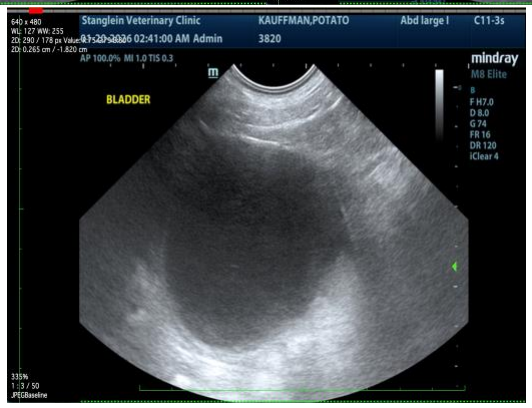

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

info@sonopath.com