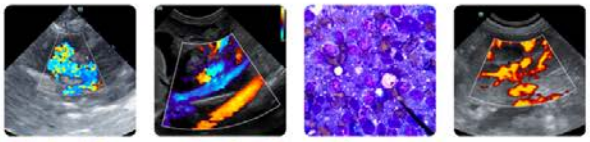




**PATIENT**

Rosco Alpizar

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Intact Male

**AGE**

11 Years 2 Weeks

**WEIGHT**

6.4 kg

**INTERPRETED BY**

Beth Johnson, DVM DACVIM

**IMAGING PERFORMED BY**

Dr. Jill Rankin

**HOSPITAL NAME**

Fen Vet Beltline

**REFERRING VET**

Dr. Brock

**INVOICE**

72309

**DATE**

12/3/25

## PRESENTING CLINICAL SIGNS

Recurrent Hematuria and Prostatic Abnormality – DDx: Bacterial prostatitis with abscess formation, prostatic cyst, benign prostatic hyperplasia, prostatic neoplasia. The recurrence of clinical signs despite recent antibiotic therapy, coupled with the change in the sonographic appearance of the prostate from hyperechoic to hypoechoic/cystic, is concerning. The patient's intact status is a significant risk factor for prostatic disease. Point of care ultrasound revealed the prostate was visualized and measured approximately 1 cm. A hypoechoic, potentially fluid-filled or cystic, structure was identified within the prostate. This is a change from a previous examination in November where a hyperechoic nodule was noted. The bladder wall appears mildly thickened, suggestive of inflammation. Historical Conditions: - Well-controlled seizure disorder. - History of intervertebral disc disease with no current deficits. - History of excised sebaceous adenomas with no recurrence. - Treated for a urinary tract infection on November 10th. A urine culture at that time was positive for E. coli, and he was treated with marbofloxacin. A previous ultrasound noted a potentially enlarged prostate and suspected bacterial prostatitis.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include anechoic fluid as well as a large amount “wispy” mobile echogenic non-shadowing debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The prostate is symmetrically enlarged, measuring 2.3 cm wide in the sagittal view, with largely smooth margins that are well differentiated from surrounding tissue. A largely normal bilobed shape is maintained, but parenchyma is diffusely mildly heterogeneous and hyperechoic with several small anechoic cysts and a large (approximately 1.5 cm in diameter) anechoic density. No mineral is noted.

The right kidney is normal is size (3.9 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.

The left kidney is normal is size (4.5 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.

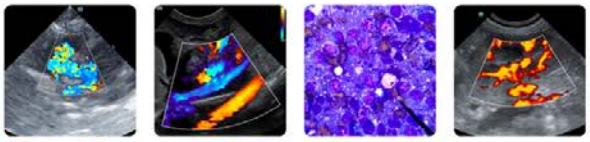
### *Adrenal Glands*

The right adrenal gland is normal in size (0.55 cm at cranial pole and 0.54 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.68 cm at cranial pole and 0.50 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

### *Spleen*

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.





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### *Liver*

The 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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

### *Gastrointestinal*

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material, or infiltrative disease; however, visualization is partially inhibited by gas.

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 empty with 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.

## PRIMARY FINDINGS

- The appearance of the prostate is consistent with most likely benign prostatic hyperplasia with large cysts, although an abscess or hematoma, especially for the larger anechoic density, a concurrent chronic low-grade smoldering bacterial prostatitis is also possible. Infiltrative neoplasia can't be ruled out without additional information.

- Large amount of echogenic urinary bladder debris.

## SECONDARY FINDINGS

- Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

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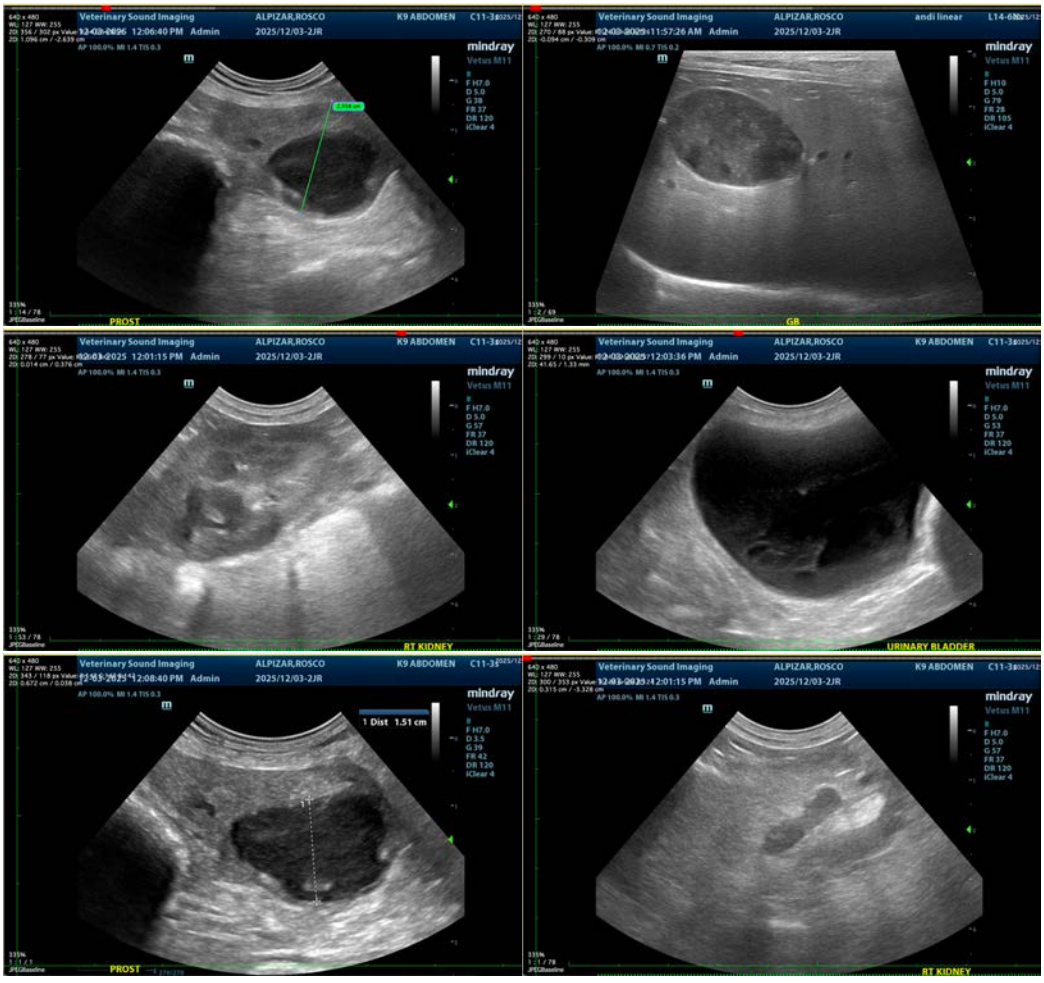
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck 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 ratio is recommended.

Additionally, submission of urine to look for BRAF gene mutation could be considered.

Ultimately, if urinalysis, urine culture, etc. results are not considered to be diagnostic, direct sampling of the prostate, especially the cystic area for cytology, culture and sensitivity, etc. via fine needle aspirates could be considered if patient's coagulation status is appropriate.

Ultimately, however, if bacterial prostatitis has been ruled out and/or treated and BRAF is negative, etc., patient neutering may be necessary to prevent ongoing flare ups and progression of benign prostatic hyperplasia.



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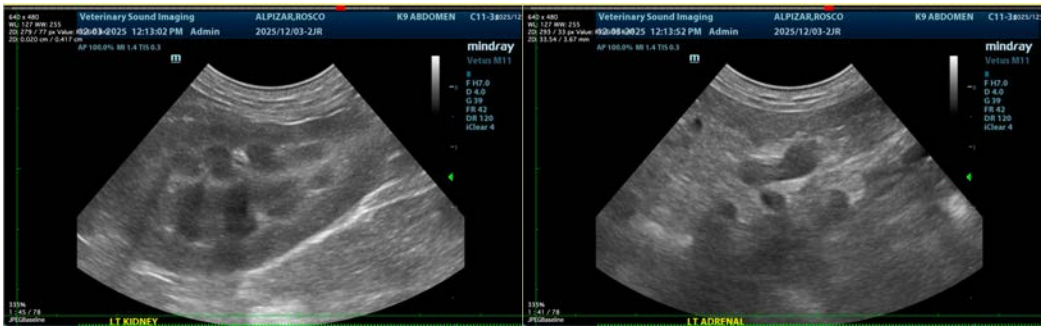


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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