PATIENT

Oden Kinch

SPECIES

Canine

BREED

Collie X

SEX

Intact Male

AGE

9 Years

WEIGHT

39 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Snelgrove VS

REFERRING VET

Dr. Somal

INVOICE

35894

DATE

2/20/26

PRESENTING CLINICAL SIGNS

- Presented for hematuria and frequent urination
- Smegma noted, Prostate markedly enlarged, not painful on palpation, no obvious nodular structure noted. Penile tip WNL
- Current Medications: Will be on gabapentin and trazodone for ultrasound
- Abnormal PE/Chem/CBC/UA Results: Values U/A - informed pyuria and mild hematuria, bacteria suspected; none on bacterial confirmation kit, recommended UCUL for confirming Radiographic Findings None taken Primary Question to Be Answered in This Exam Prostatic enlargement and any bladder disease on ultrasound.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The prostate is symmetrically enlarged with a roughly spherical shape, measuring approximately 4.6 cm x 4.7 cm. There are no visualized fluid accumulations or areas of mineralization.

Both testicles are subjectively normal in size and shape with homogenous parenchyma free of masses and normal median raphe visualized.

The left kidney has a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis. The left kidney measured 7.56 cm in length.

The right kidney has a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Resolution of right kidney was slightly limited by overlying gas filled GI tract. The right kidney measured 7.83 cm in length.

Adrenal Glands

Left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. The left adrenal gland measured 2.49 cm in length and 0.45 cm at the caudal pole and 0.49 cm at the cranial pole.

The right adrenal gland was visualized on still image only. It appears to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. The right adrenal gland measured 2.95 cm in length and 0.62 cm at the caudal pole and 1.86 cm at the cranial pole.

Spleen

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The spleen was normal with age-appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age-appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was not visualized. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Symmetric prostatomegaly
- Mild aging renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prostatic changes are most consistent with benign prostatic hyperplasia. Fine needle aspirate could be considered to confirm and rule out infectious or neoplastic prostatitis. Castration should be considered, as it appears to be causing a clinical problem. Alternatively, medical therapy with finasteride, Progestins (Megestrol acetate, Medroxyprogesterone), Deslorelin implant could be attempted.

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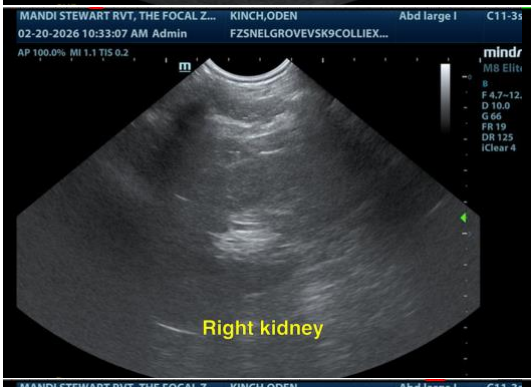

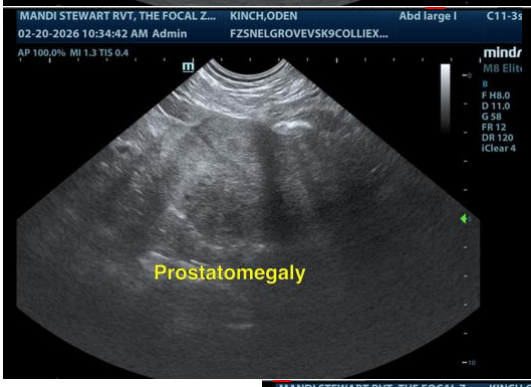

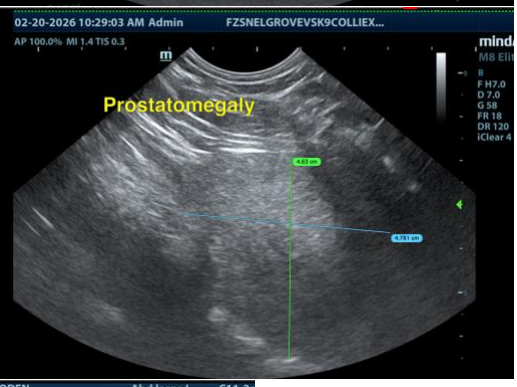

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com