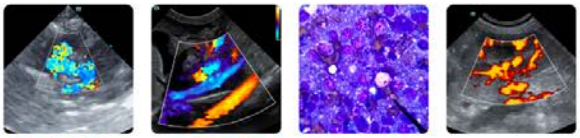


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Cyrus Vijayarajah

SPECIES

Canine

BREED

Shepherd x Rottweiler

SEX

Intact Male

AGE

6 Years

WEIGHT

115.6 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Creditview-Eglinton Animal Hospital

REFERRING VET

Dr. Ghobrial

INVOICE

73297

DATE

2/26/26

PRESENTING CLINICAL SIGNS

Hematuria. Dripping blood from tip of penis. No straining during urination. Physical exam unremarkable.

Current Medications: Simplicef 200mg tab - 1.5 tabs every 24 hours

Primary Question to Be Answered in This Exam rule out urinary tract diseases vs prostatic diseases

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder has a small volume of urine. The wall is diffusely thickened with a slightly irregular mucosal surface. There are no focal areas of thickening, no masses seen, and no cystoliths visualized.

The prostate is symmetrically enlarged and hyperechoic, measuring approximately 3.7 cm x 5.5 cm, consistent with intact status. There are no specific fluid accumulations concerning for abscess, no masses, and no signs of mineralization. There are fine anechoic structures throughout the parenchyma, consistent with small cysts.

The left kidney presents normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Left kidney measures 8.39 cm.

Visualization and resolution of the right kidney is severely limited. Measurement cannot be confirmed. Right kidney measures approximately 8.63 cm.

Adrenal Glands

The left adrenal gland is visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 2.68 cm in length x 0.78 cm at the caudal pole and 0.51 cm at the cranial pole.

The right adrenal gland is visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Right measures 2.91 cm in length x 0.85 cm in thickness.

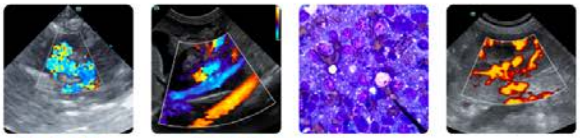
Spleen

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.



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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.

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.

Free Abdomen

No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

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

ULTRASONOGRAPHIC FINDINGS

- Prostatomegaly with fine cysts – consistent with intact status, cannot rule out prostatitis.
- Urinary bladder wall thickening with irregular mucosa – consistent with cystitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder wall changes are consistent with cystitis. Urinary bladder volume was relatively low, and the appearance of cystitis may be at least partially due to pseudohypertrophy from low urine volume. Still, given the patient's clinical signs, urinalysis and culture via cystocentesis is recommended.

Prostatic changes are common in an intact male dog. There were no significant surrounding signs of inflammation. However, again, given clinical signs, prostatitis remains a differential. Prostatic aspirate could be considered to fully rule out neoplasia, though this is not strongly suspected. Prostatic wash with plan for culture should be considered, especially if urinalysis is not showing signs of inflammation, hematuria, and/or infection.

Ultimately, castration should be considered if there continues to be a clinical issue.

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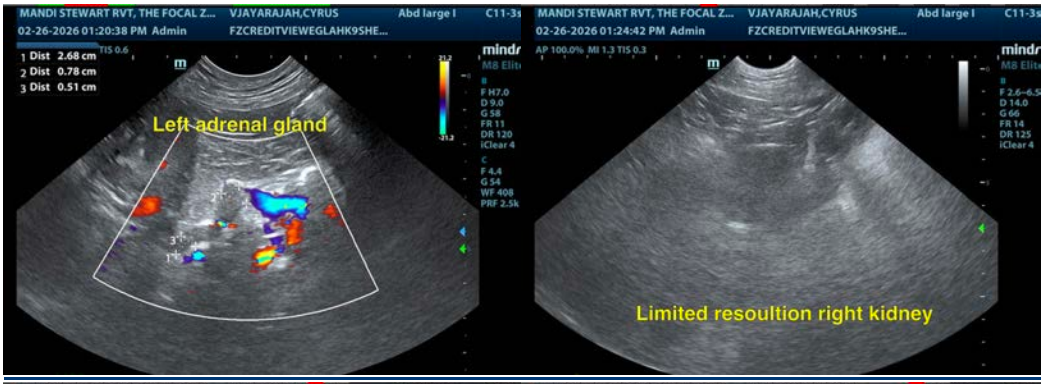

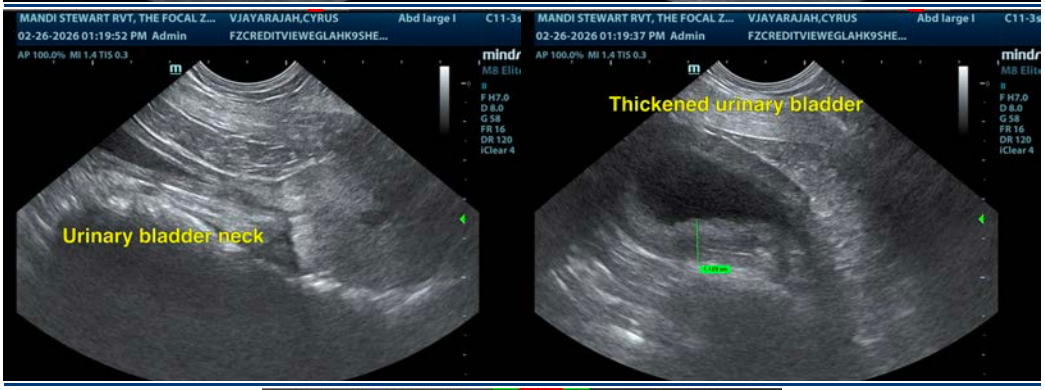

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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