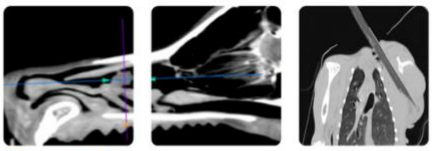


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Kyro Teeple

SPECIES

Canine

BREED

German Shepherd

SEX

Intact Male

AGE

5 Years

WEIGHT

46 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Beattie Pet Hospital Ancaster

REFERRING VET

Dr. Davis

INVOICE

16464

DATE

06/08/26

PRESENTING CLINICAL SIGNS

Hematuria, vomiting, and inappetence - DDx: Bacterial urinary tract infection (cystitis), prostatitis, urolithiasis, kidney disease. The history of intermittent discolored preputial discharge for 3 months suggests a chronic underlying issue that has now acutely worsened. The vomiting and inappetence may be secondary to the urogenital disease and associated pain or systemic illness. A concurrent but separate issue, such as pancreatitis or gastroenteritis, is also possible. An intestinal foreign body is considered less likely given the clinical signs but cannot be fully ruled out at this time.

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Labwork Values blood work was largely unremarkable. Red and white blood cell counts were normal. The mean platelet volume was slightly elevated, which I clarified is not clinically significant as the total platelet count was normal. Kidney function, electrolytes, and glucose were all within normal limits, making conditions like diabetes or significant kidney disease unlikely. The ALP (a liver value) was low, which I explained is not a concern. Pancreas values were also normal Urinalysis: The urine sample showed a good concentration (1.048). However, there was an elevated pH, protein, a large number of red blood cells, a few white blood cells, sperm, and suspected bacteria. I explained that the protein was likely secondary to the inflam

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 significantly enlarged and hyperechoic, measuring approximately 6.8 cm x 6.1 cm. There are no focal fluid accumulations concerning for abscess. No distinct cysts were seen. Both testicles are subjectively normal in size and shape with homogenous parenchyma free of masses and normal median raphe visualized.

The kidneys were both 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. The left kidney measured 7.82 cm in length. The right kidney measured 7.84 cm in length.

Adrenal Glands

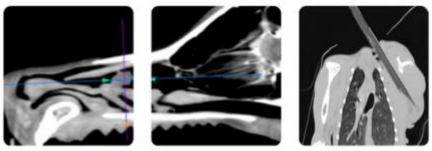
Left adrenal gland was visualized on still image only. It appears to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. The left adrenal gland measured 3.63 cm in length and 0.62 cm at the caudal pole and 0.57 cm at the cranial pole.

The right adrenal gland is not distinctly visualized.

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



PATIENT

Kyro Teeple

SPECIES

Canine

BREED

German Shepherd

SEX

Intact Male

AGE

5 Years

WEIGHT

46 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Beattie Pet Hospital Ancaster

REFERRING VET

Dr. Davis

INVOICE

16464

DATE

06/08/26

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

- Prostatomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Most significant finding is prostatitis which is commonly bacterial but may also be sterile inflammatory, related to hormonal stimulation, or neoplastic in origin. Prostatic aspirate for cytology and culture is recommended to assess for neoplasia and infection. Urine culture and/or prostatic wash with cytology and culture could be considered. CADET BRAF testing can pick up prostatic neoplasia if transitional cell in origin. Empiric therapy with antibiotics with good prostatic penetration (enrofloxacin, TMS, clindamycin, etc.) for a minimum of 4 weeks and recheck imaging to monitor for resolution could also be considered. Castration should be considered if causing a clinical problem such as hematuria, stranguria, urinary incontinence or tenesmus.

The Focal Zone
FUELED BY SONOPATH VETERINARY ULTRASOUND

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

Teleradiology
Educational Teleconsultation Services™

PATIENT

Kyro Teeple

SPECIES

Canine

BREED

German Shepherd

SEX

Intact Male

AGE

5 Years

WEIGHT

46 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Beattie Pet Hospital Ancaster

REFERRING VET

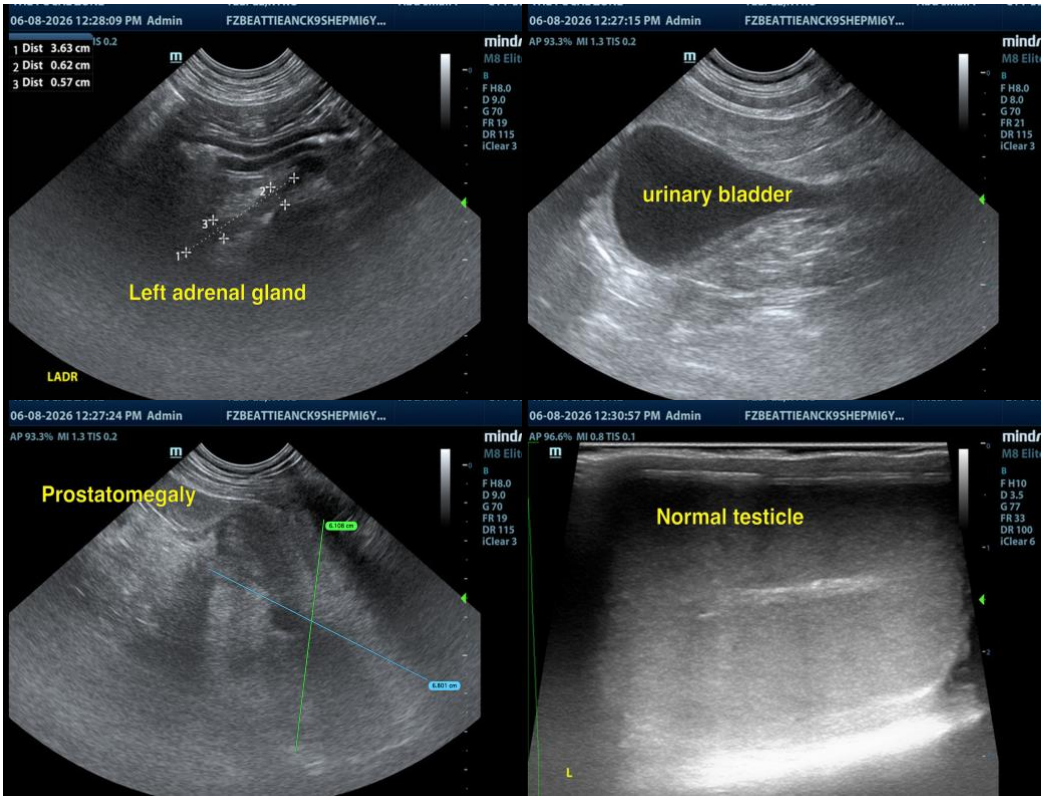
Dr. Davis

INVOICE

16464

DATE

06/08/26



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