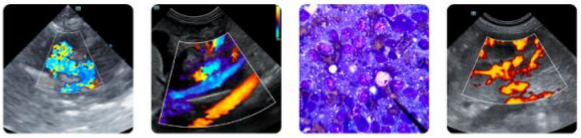

PATIENT

Slinky Colon

SPECIES

Canine

BREED

Pitbull Terrier

SEX

Neutered Male

AGE

4 Years

WEIGHT

56 pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA Northside AH

REFERRING VET

Dr. Russell

INVOICE

12356

DATE

11/20/25

PRESENTING CLINICAL SIGNS

BCS 4/9. Hematuria (recurrent). Initially blood clots in urine. Lethargic. Treated w/Clavamox. He was better, then 2 days after abx finished, started dripping blood again. PE-rectal, bilateral enlarged prostate. Penis/prepuce wnl.

Abnormal PE/Chem/CBC/UA Results: UA: 3+ blood; urine culture (neg); USG 1.039. (O declined BW).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

Intra-abdominal left cryptorchid was noted in the left side of the bladder cranial to the iliac trifurcation and body wall measuring 2.86 cm x 1.6 cm. Minor cysts/nodules were noted in the mid caudal aspect of the right lobe measuring 5.0 mm.

The **prostate** was uniformly mildly enlarged with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign cystic pathology or both. Underlying neoplasia cannot be completely ruled out but is lower on the differential list. This presentation is most consistent with benign prostatic hyperplasia with possible active prostatitis. Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture. The prostate measured 4.5 cm. Some edema striations were noted on the prostate, consistent with prostatitis.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.3 cm in length. The right kidney measured 6.58 cm in length.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.21 cm x 0.56 cm width at the cranial pole and 0.51 cm width at the caudal pole. The right adrenal gland measured 1.9 cm x 1.5 cm width at the cranial pole and 0.78 cm width at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of

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congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Minor amount of hyperperistaltic upper **gastrointestinal tract** was noted with fluid filled lumen. No overt obstructive pattern noted, however, GI irritability pattern is evident. The small intestine and colon were unremarkable.

Pancreas

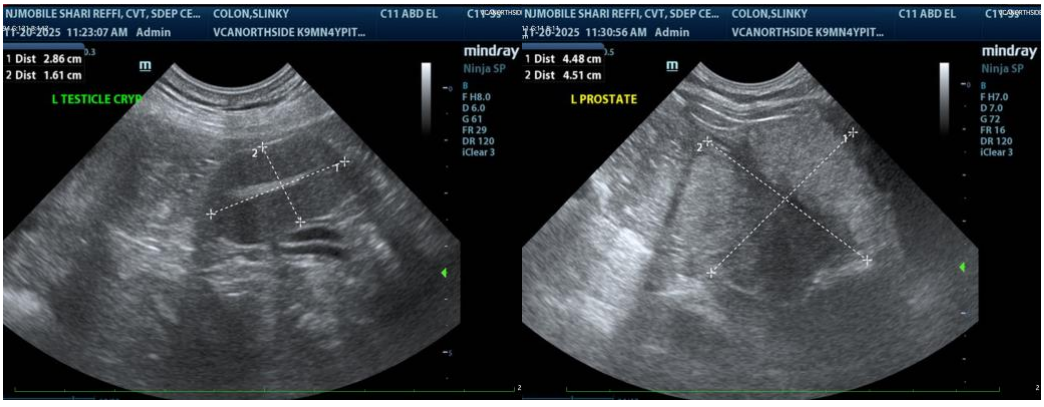
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Benign prostatic hyperplasia/prostatitis pattern.
- Left intra-abdominal cryptorchid.
- Fluid-filled GI tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hematuria is likely deriving from the prostate and prostatitis. Recommend intra-abdominal removal of the cryptorchid. Parapreputial approach is likely the best option. Prostatic wash and culture would be ideal at that time or ultrasound guided FNA and cyst drainage of the prostate could be considered with appropriate culture.



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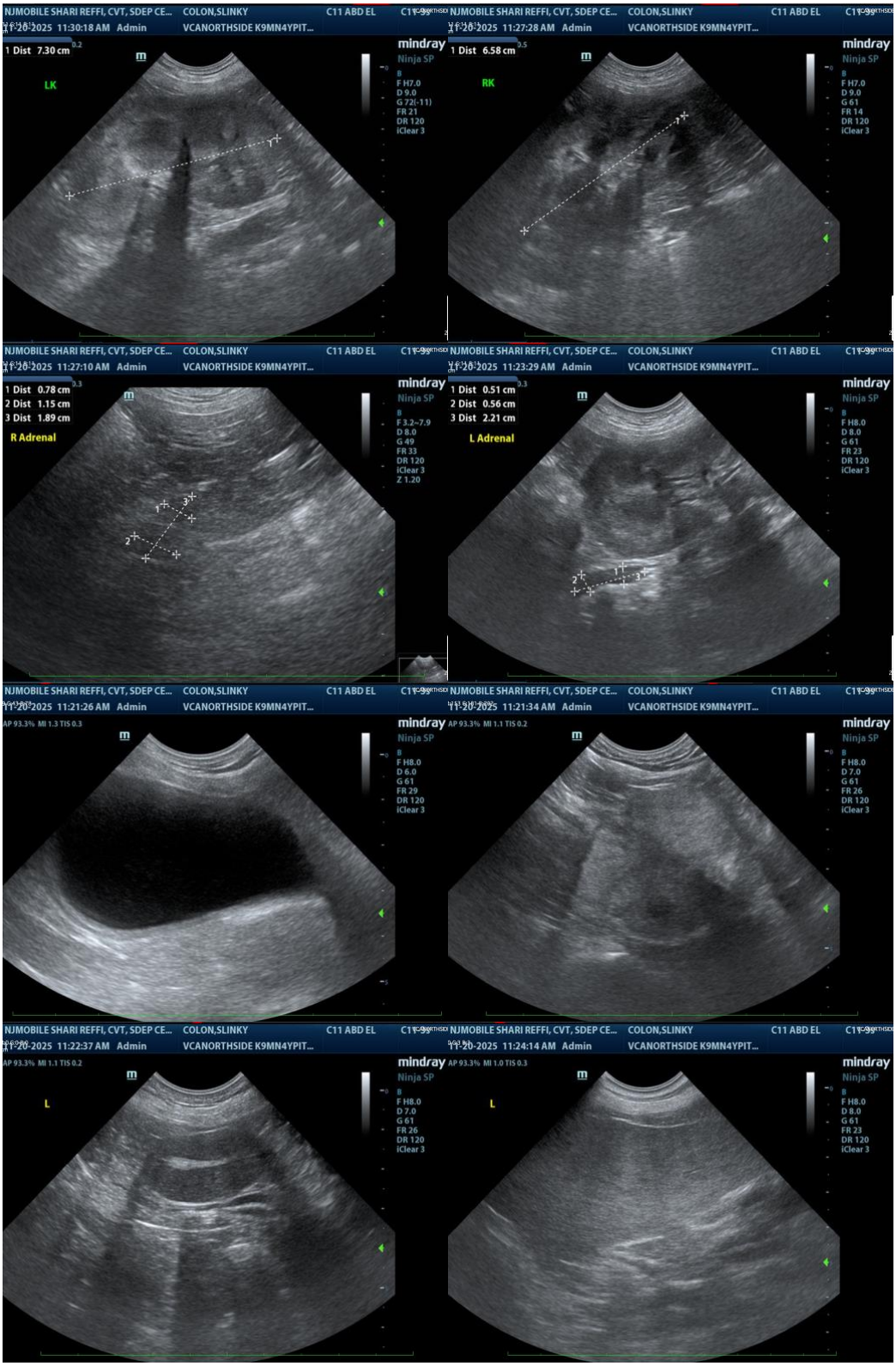

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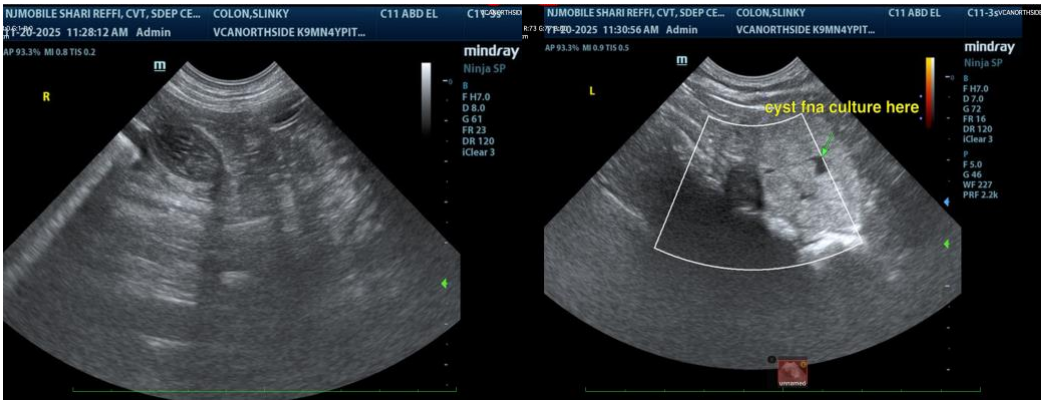

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

Info@SonoPath.com