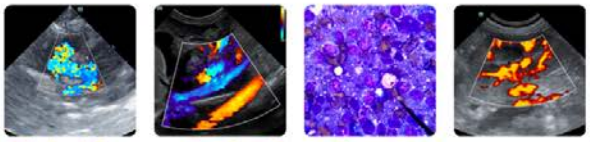


PATIENT

Sir Fleisher

SPECIES

Canine

BREED

Shetland Sheepdog

SEX

Male

AGE

9 Years

WEIGHT

11.6 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Iacovides

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

Dr. Chhabra (Corydon Animal Hospital)

INVOICE

72393

DATE

1/22/26

PRESENTING CLINICAL SIGNS

Dripping blood or bloody fluid from the penis. Urination appears normal. Eating, drinking, urination, and defecation are normal. No coughing, sneezing, vomiting, or diarrhea noted.

Abnormal PE/Chem/CBC/UA Results: CBC, Chem 17 + lytes 4, UAS. Blood, protein and glucose in urine Blood results- nsf.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is large, with mild primarily suspended echogenic debris present. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, or masses. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris. In the dependent portion of the urinary bladder there is a small amount of dependent shadowing sandy debris.

The prostate is large, hyperechoic and mottled with too numerous to count poorly defined, small cystic lesions. Examples measure 0.84, 0.55, and 0.48 cm. The prostate measures 2.49 cm x 4.55 cm.

The left kidney has a normal shape and size (5.49 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is mild shadowing mineralization in the medulla and rare pinpoint mineralizationsmost consistent with dystrophic mineralization. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.6 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. On some views (particularly the transverse view of the kidney) there is the impression of a hypoechoic nodule in the caudal pole measuring 1.58 cm in diameter. This is not repeatable in all views, so the significance of this finding is uncertain. There is no evidence of focal perinephric inflammation or effusion. There are rare small pinpoint cortical mineralizations consistent with dstrophic mineralization. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

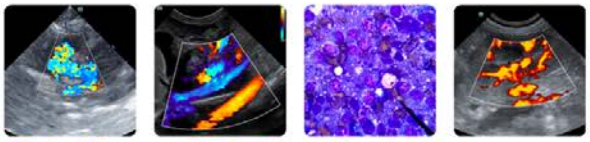
The left adrenal gland is normal in size measuring 0.45 cm at the cranial pole and 0.46 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size (2.22 cm in width at the level of the hilus). The spleen echotexture is mildly mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver



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The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. 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. Duodenum wall measures 0.50 cm. Jejunum wall measures 0.29 cm. Visualized peristalsis appears appropriate. 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 pancreas is visible/mildly mottled in the right limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Large, hyperechoic, mottled, cystic prostate – Findings are most consistent with cystic benign prostatic hypertrophy +/- prostatitis. A neoplastic process is thought much less likely but cannot be ruled out.
- Mildly mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Pancreatic changes in the right limb, most consistent with chronic pancreatic remodeling.
- Questionable hypoechoic nodule in the caudal pole of the right kidney – Findings could be consistent with imaging artifact, or a benign or neoplastic lesion.
- Dependent shadowing mineralized debris in the bladder-findings are most consistent with sandy debris-correlate with radiographs, urinalysis and culture results.

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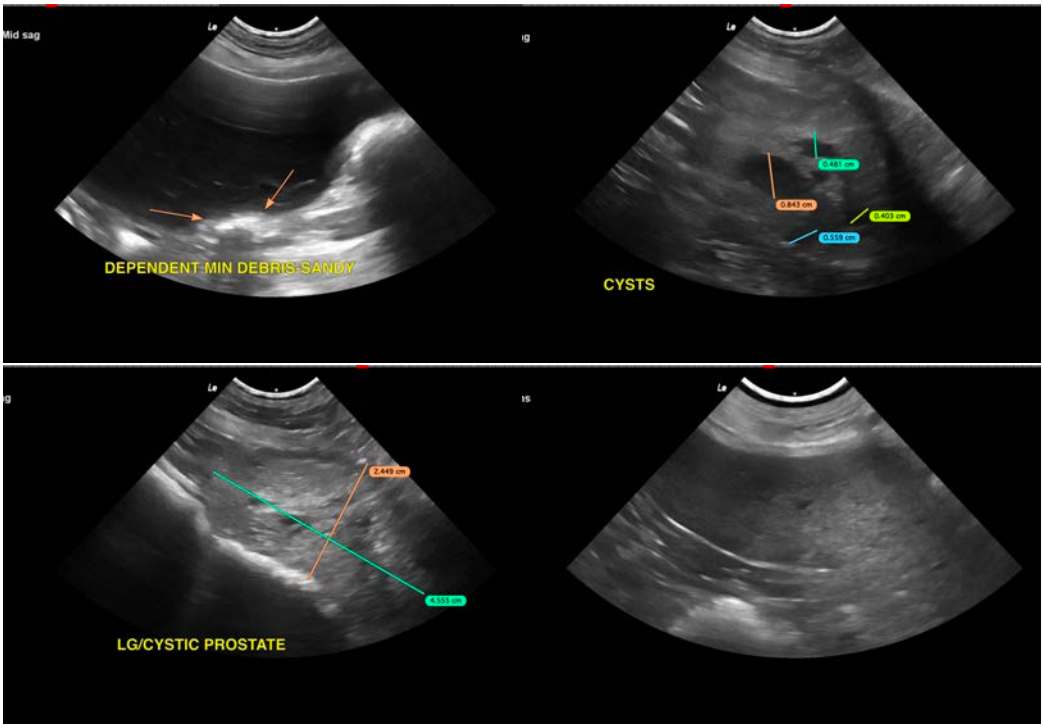
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate is large, hyperechoic and mottled, with too numerous to count small cystic lesions. Findings are most consistent with cystic prostatic hypertrophy +/- concurrent prostatitis. Recommend a urinalysis/culture and neutering. If desired, a fine needle aspirate of the prostate could also be considered.

If there is concern for a more distal urethral lesion radiographs of the region could be evaluated as well as gentle catheterization to look for any partial obstruction etc..

The spleen is mildly mottled. This is of questionable significance. Options would include continued monitoring or a fine needle aspirate.

There is the impression of a hypoechoic nodule in the caudal pole of the kidney on the transverse view. This is not repeatable on all views but is suggested in one of the sagittal views as well. Possibly consider repeat imaging when the patient is anesthetized for surgery(?), as this may be allow for more compliant abdomen to scan. Alternatively, you could consider sedation and imaging in multiple positions, standing, etc., with multiple probes to see if the lesion is definitively repeatable. If you can confirm the presence of the lesion, a fine needle aspirate could be considered while under anesthesia(?), provided blood pressure is normal.



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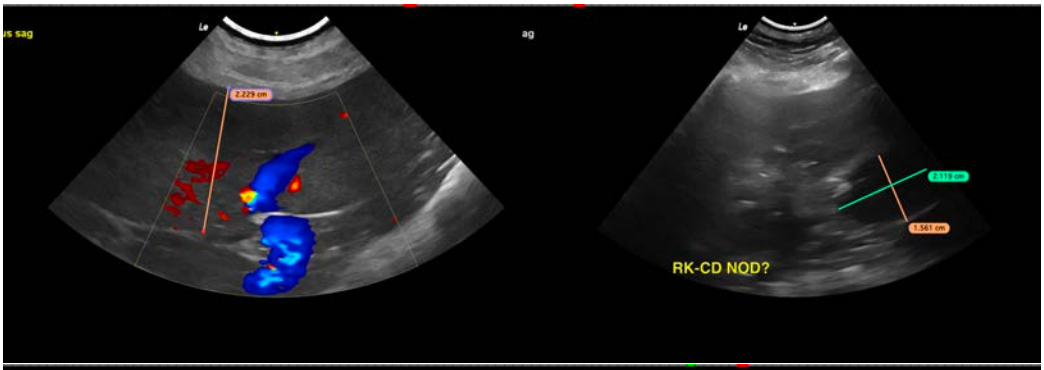

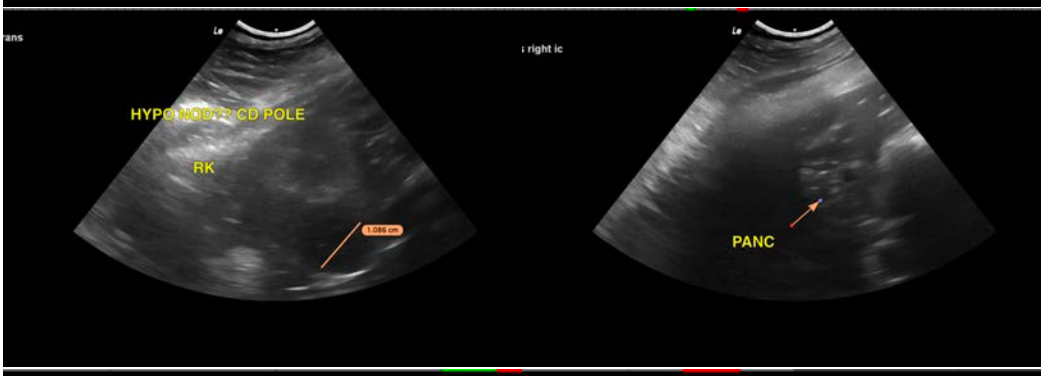

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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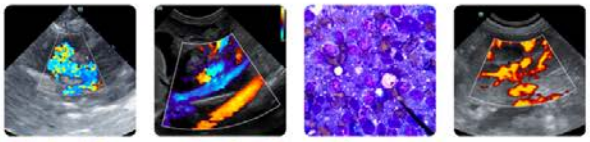

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com