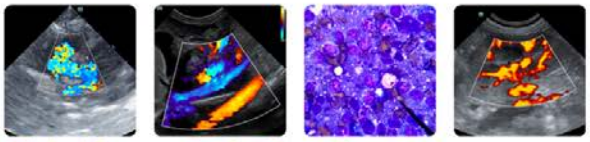


PATIENT

Bellami Assin

SPECIES

Canine

BREED

Pit Bull

SEX

Male

AGE

6 Years

WEIGHT

55 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Keshava Eega, DVM

INVOICE

72616

DATE

12/16/25

PRESENTING CLINICAL SIGNS

Presented for straining to urinate, the Pet is on oral antibiotics and has been empirically treated for a urinary tract infection. The pet owner's radiographs were done at a previous clinic and did not show any bladder stones.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is over distended with anechoic urine. In the region of the trigone there is some irregular thickening and polypoid-like tissue measuring approximately 1.82 cm x 0.83 cm. This thickening appears to extend into the proximal urethra and to the prostate. The remainder of the bladder wall appears relatively normal with an occasional mild irregularity.

The prostate is large and abnormal in appearance. As previously described, there is irregular tissue visualized at the trigone. This thickening and irregular tissue extends into the prostate, which appears to be enveloped in a large, thick-walled cystic structure. This could represent a paraprostatic cyst in a prostate or a thick-walled, severely enlarged, cystic prostate. The cystic structure visualized measures approximately 5.52 cm x 4.9 cm and contains irregular tissue and echogenic fluid.

The left kidney has a normal shape and size (6.86 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 no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.92 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 no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

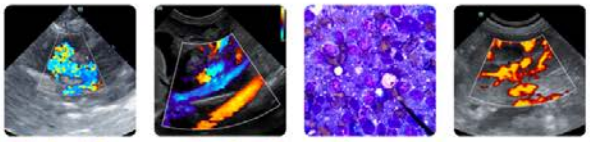
Adrenal Glands

The left adrenal gland is normal in size measuring 0.51 cm at the cranial pole and 0.47 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 right adrenal gland is normal in size measuring 1.0 cm at the cranial pole and 0.46 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.58 cm), echotexture is homogenous, and 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.



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Liver

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 0.49 cm. Jejunum wall measures 0.36 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 area of the pancreas is normal and isoechoic to surrounding mesentery. 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. There are prominent sublumbar lymph nodes that are isoechoic. An example measures 1.51 cm x 4.58 cm. The omentum is normal in echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Abnormal tissue visualized in the trigone region of the urinary bladder – Findings are most consistent with either inflammatory polypoid change or neoplastic change.
- Severely enlarged, abnormal prostate largely comprised of a large, thick-walled, echogenic cystic structure – Findings could be consistent with a paraprostatic cyst or prostatic cyst. Abscessation/infection is a concern based on the echogenic appearance of the fluid.
- Suspect reactive sublumbar lymphadenopathy – Early neoplastic change cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is abnormal tissue visualized in the trigone region of the urinary bladder. This could represent inflammatory/polypoid-type change or early neoplastic change.

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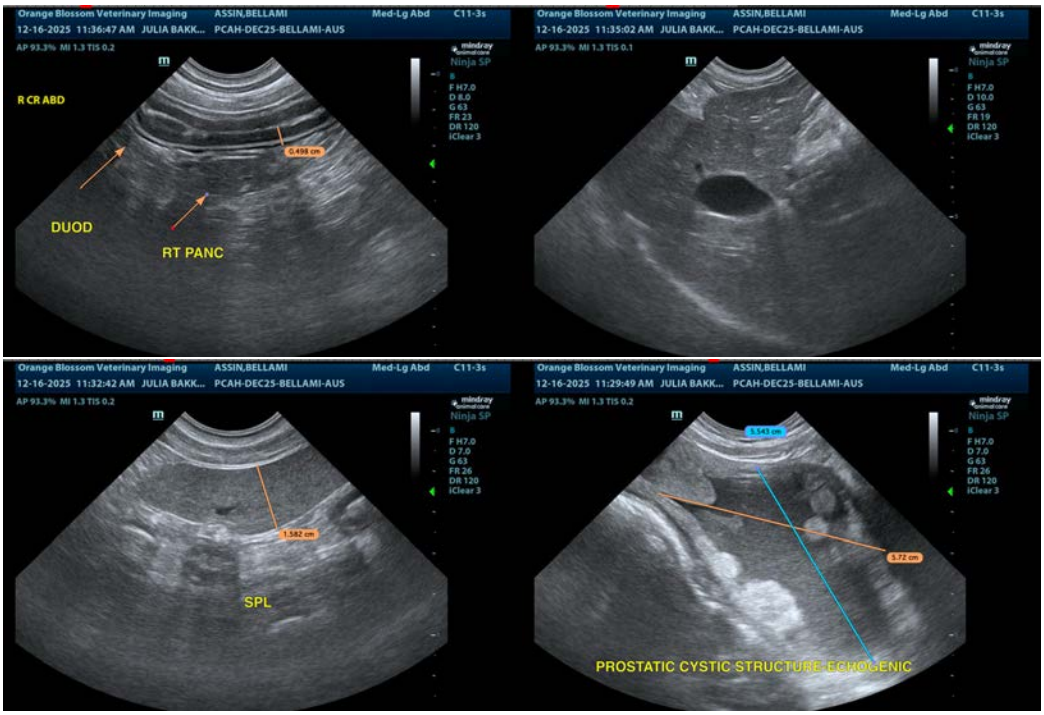
The region of the prostate is very abnormal. There is a large, thick-walled, echogenic cystic structure which is either adjacent to/enveloping the prostate or this structure is a very large, cystic prostate with some more solid parenchymal tissue. Findings are suggestive of severe chronic prostatic disease and likely prostatitis. Recommend sedation and percutaneous drainage of the fluid from the cystic structure with samples for fluid analysis, cytology and culture (aerobic and anaerobic), as well as culture of the urine and broad-spectrum IV antibiotic therapy for prostatitis. Hopefully drainage of the fluid will help somewhat with urine flow. As soon as the patient is stable enough, neutering should be considered. If the patient is not stable enough, recommend Finasteride or similar to block testosterone production to help shrink the prostate until neutering can be accomplished.

It is uncertain if there is an underlying neoplastic etiology here. This could be completely benign in nature. If a small needle aspirate can be performed of the more solid tissue in the prostate, this may be helpful, although it may be difficult to determine what is going on until the suspected inflammation/infection has improved. If there is no response to drainage, castration, and antibiotic therapy, surgical evaluation with biopsies may be warranted. If the inflammation/infection has improved, consider repeat imaging to determine if the bladder changes have improved. At this point a traumatic catheterization or similar could be considered.

Recommend full lab work to assess for evidence of sepsis, etc. If there is an infectious component to this process, long-term antibiotic therapy based on culture and sensitivity results will be necessary while the prostate is shrinking post neutering and abnormal tissue resolves. Reevaluation with ultrasound prior to discontinuation of antibiotics is recommended to reassess and determine if antibiotic therapy can be discontinued.



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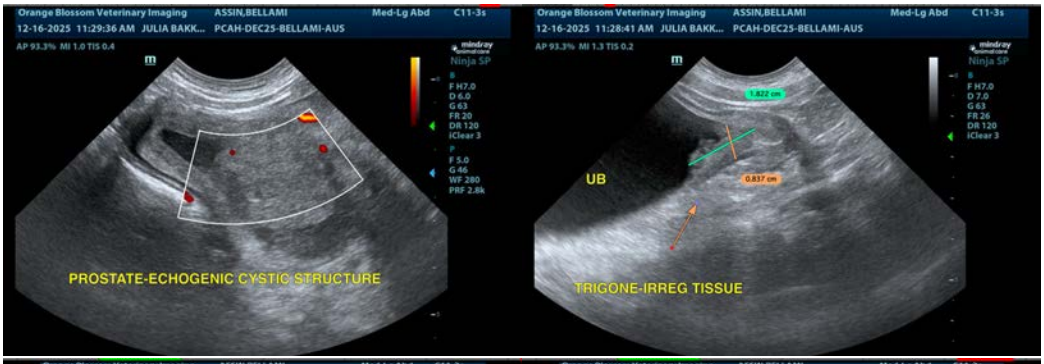

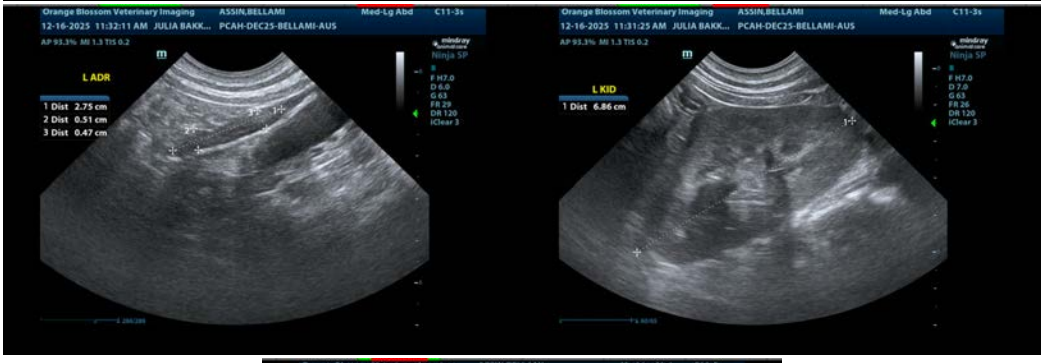

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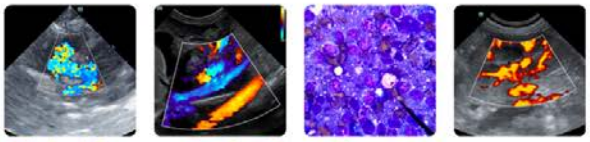

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com