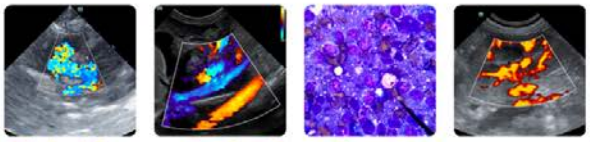


PATIENT

Vince Kraut

SPECIES

Canine

BREED

German Shepherd

SEX

Intact Male

AGE

7 Years

WEIGHT

50.1 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. Bongiorno

INVOICE

72674

DATE

12/17/25

PRESENTING CLINICAL SIGNS

On walks after he urinates dribbles come out, and when he defecates does not eliminate all at once, will defecate a few pieces here and there. I am wondering about prostate issue or sphincter issue. Ultimately owner will want him neutered. Meds: Metacam prn for elbow dysplasia

Abnormal PE/Chem/CBC/UA Results: Prostate palpates normal CBC/Chem/UA-all wnl Spinal/pelvis rads pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is large and hyperechoic, measuring 4.95 cm x 3.86 cm.

The left kidney has a normal shape and size (7.9 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 (8.65 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 “plump” measuring 0.72 cm at the cranial pole and 0.92 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 area of the right adrenal is within normal limits. There is a suspected partial view of the right adrenal measuring 0.52 cm at the cranial pole.

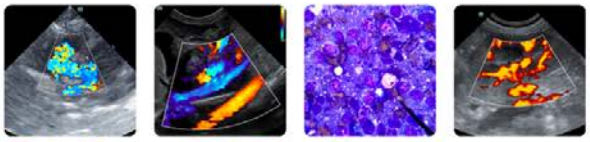
Spleen

The spleen is subjectively large in size. 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. There is a poorly defined hypoechoic nodule visualized measuring 1.04 cm x 1.29 cm near the hilus.

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. There is a small amount dependent mineralized debris noted. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

The stomach contains moderate gas. 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. Gas artifact interferes with full evaluation of the stomach and some areas of the cranial abdomen.

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 0.42 cm. Jejunum wall measures 0.42 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. Descending colon measures 0.16 cm.

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, 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 prostate – Findings are most consistent with benign prostatic hypertrophy +/- prostatitis.
- Large, mottled spleen with an ill-defined hypoechoic nodule – 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. The size could be normal for this large individual. The appearance of the hypoechoic nodule trends toward a benign lesion.
- Small dependent mineralized debris visualized in the gallbladder – This is likely an incidental finding. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate is large and hyperechoic, as would be expected for a mature intact male dog. These changes are most consistent with benign prostatic hypertrophy. Correlate with a urine culture to look for any evidence of prostatitis. This very well could be causing dysuria and straining to defecate. Consider neutering. If symptoms are persistent, further investigation may be warranted.

The spleen is large and mottled in this individual. This can be a common finding for the breed. Additionally, there is a poorly defined hypoechoic nodule. Options moving forward would include a fine needle aspirate or continued monitoring with ultrasound.

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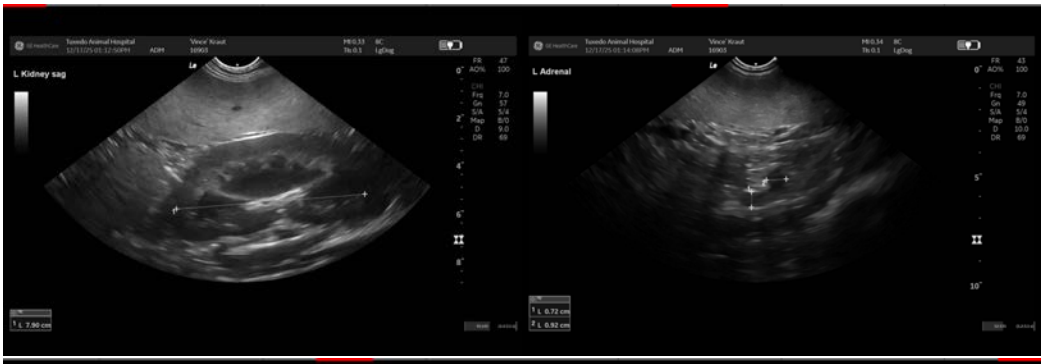

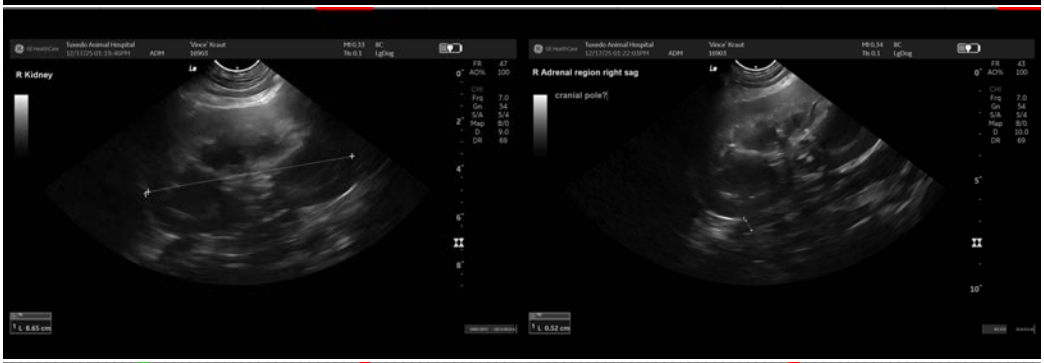

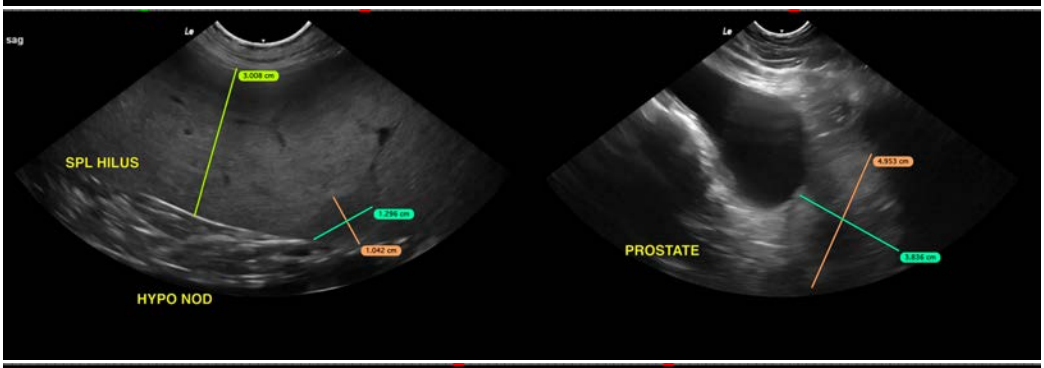

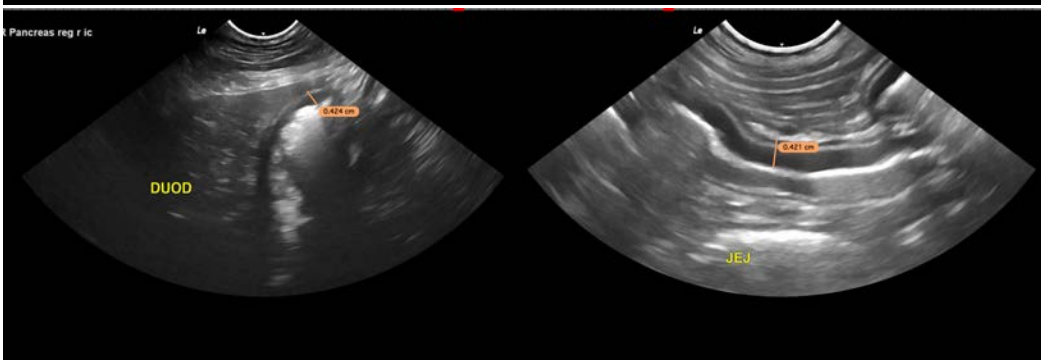

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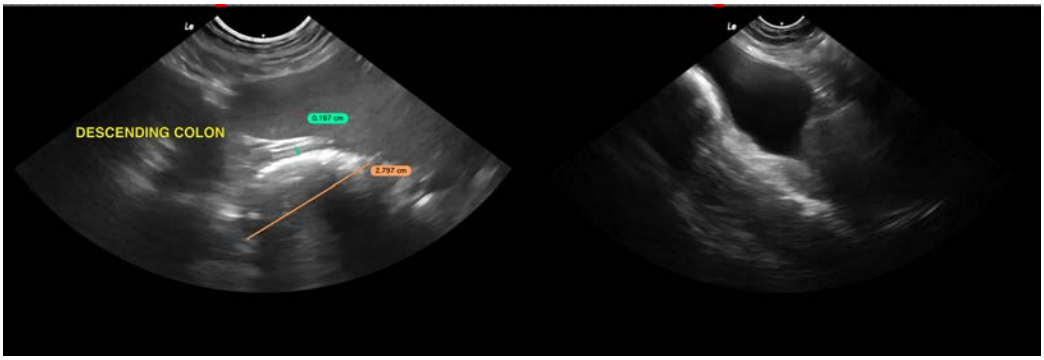

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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