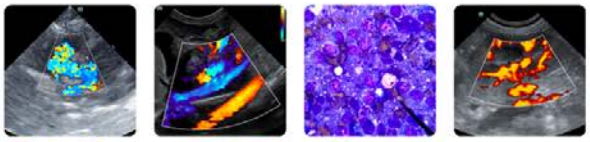


PATIENT

Gibbs Frayne

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

8 Years

WEIGHT

16.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Southwood Veterinary Hospital

REFERRING VET

Dr. Ballantyne

INVOICE

72884

DATE

12/30/25

PRESENTING CLINICAL SIGNS

Pertinent History Recurrent Hematuria, Stranguria, and Tenesmus: The clinical signs are suggestive of a lower urinary tract or prostatic issue. The lack of a sustained response to a standard course of antibiotics for a presumed simple UTI makes a more complicated issue, such as prostatitis, more likely. The enlarged prostate palpated on rectal exam.

Abnormal PE/Chem/CBC/UA Results: Attached

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, irregular, and heterogeneous, measuring 1.98 cm x 3.43 cm in the sagittal view. There are numerous small, irregular cystic areas and focal areas of mineraliztion. The parenchyma is heterogeneous.

The left kidney has a normal shape and size (6.33 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 (5.59 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 0.56 cm at the cranial pole and 0.44 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.

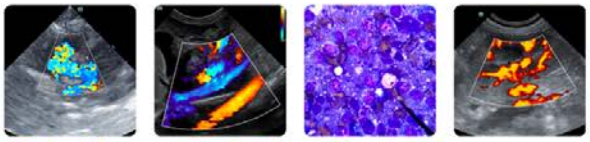
The right adrenal gland is normal in size measuring 0.49 cm at the cranial pole and 0.56 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, 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.

Liver

The liver is borderline large in size and normal in echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The vasculature appears normal. There is some shadowing



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hyperechoic mineralization visualized within the intrahepatic bile duct on the left side of the liver. There is a hyperechoic nodule visualized in the right side of the liver near the gallbladder measuring 1.53 cm x 2.05 cm. Additionally, there is a poorly defined hypoechoic nodule in the caudate lobe of the liver measuring 1.74 cm x 1.65 cm.

The gall bladder contains a moderate/large amount of mixed echogenicity, non-organized, partially mineralized debris. The wall of the gall bladder is not thickened and has a smooth mucosal surface. 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 0.47 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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. There is no significant lymphadenopathy noted. There is a prominent lymph node near the ileocecal junction measuring 0.41 cm, and a sublumbar lymph node measuring 0.64 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Large, heterogeneous, partially mineralized prostate with some small cystic areas – findings are concerning for prostatic neoplasia.
- Small intrahepatic biliary mineralization in addition to a hyperechoic nodule on the right side of the liver and a poorly defined hypoechoic nodule in the caudate lobe of the right liver. The hyperechoic nodule has the appearance most consistent with a benign lesion. Recommend continued monitoring. The caudate lobe lesion could represent a benign or early neoplastic lesion.
- Moderately distended gallbladder with non-organized, partially mineralized debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

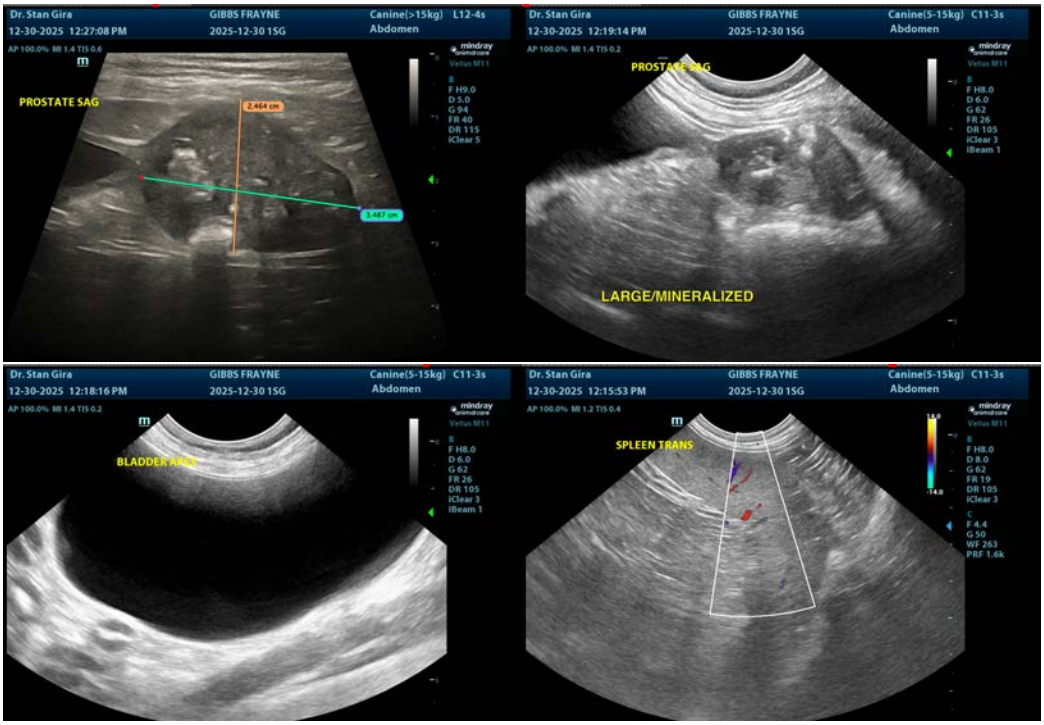
The prostate is abnormal. It appears enlarged (for a neutered pet). The parenchyma is heterogeneous and partially mineralized with some irregular cystic regions. These changes would be most consistent with prostatic neoplasia, although severe prostatic disease in a recently neutered patient could have this appearance. Correlate with history and recommend a fine needle aspirate of the prostate for cytologic evaluation.

There is a hyperechoic and hypoechoic nodule visualized in the liver. These generally have a somewhat benign appearance. The nodule in the caudate lobe could be sampled. Recommend continued monitoring with ultrasound +/- a fine needle aspirate.

There is a moderate amount of debris visualized within the gallbladder. Some of this appears consistent with sandy/mineralized debris, and there is some intrahepatic mineralization evident. Recommend continued monitoring of the gallbladder +/- chronic Ursodiol therapy.

If a cytologic diagnosis of prostatic neoplasia is confirmed, recommend consultation with a veterinary oncologist regarding the best treatment options and prognosis.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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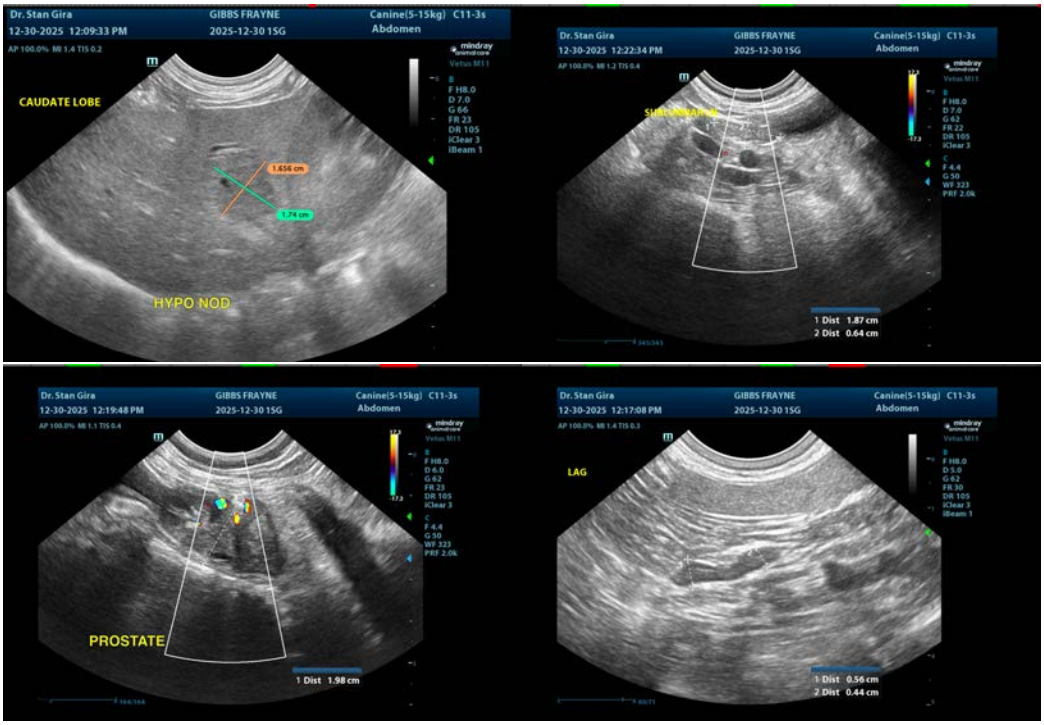

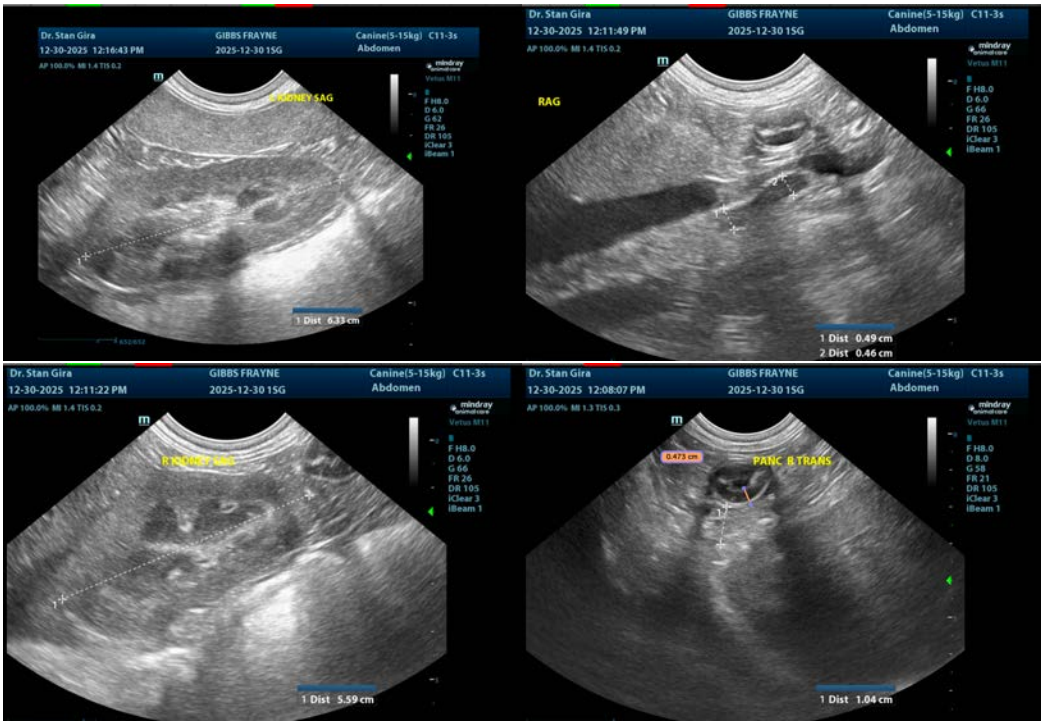

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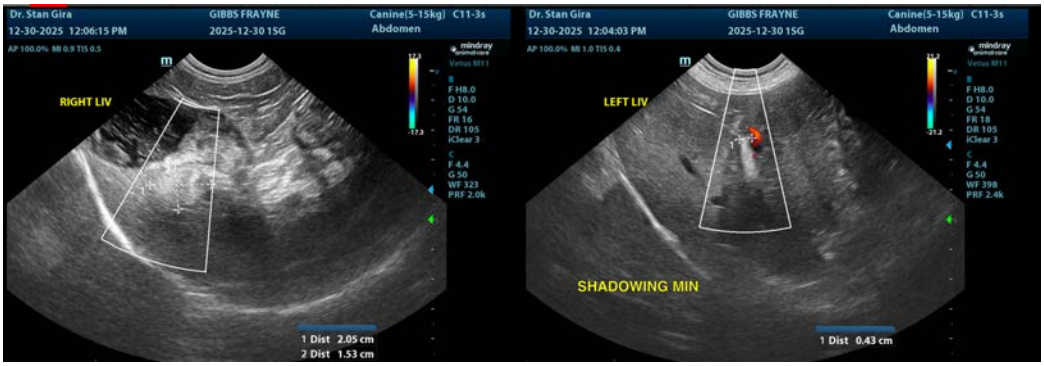

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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