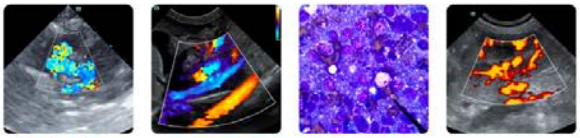


PATIENT

Woody Wooten

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

9 Years 10 Months

WEIGHT

43.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Stoney Creek Veterinary Hospital

REFERRING VET

Dr. Eldred

INVOICE

73085

DATE

2/19/26

PRESENTING CLINICAL SIGNS

P presented for US due to drips of blood coming from tip of penis. More noticeable when sitting down.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi. In the dependent portion of the urinary bladder there is a pile of hyperechoic debris.

The prostate is large and slightly irregular in shape with some irregular hyperechoic mottling. It measures 2.08 cm x 2.59 cm. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (5.75 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 (6.43 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 0.31 cm at the cranial pole and 0.50 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 1.16 cm at the cranial pole and 0.59 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.

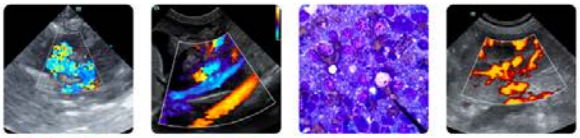
Spleen

The spleen is subjectively normal in size (2.25 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.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a hypoechoic nodule visualized measuring 1.32 cm, and a more cranial nodule visualized measuring 2.7 cm x 2.57 cm.

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.



SonoPath www.carolinavetmobile.com
info@carolinavetmobile.com 800.808.5948

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Gastrointestinal

The stomach contains mild/moderate fluid. 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. 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 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

- Dependent echogenic debris visualized in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Large, rounded, irregular prostate with hyperechoic mottling – Findings are concerning for prostatic neoplasia. Other differentials are possible.
- Mildly heterogeneous liver with a small hypoechoic nodule and a larger hypoechoic nodule – These lesions could represent benign or neoplastic lesions. Unfortunately, the cranial location makes sampling difficult/impossible. Recommend continued monitoring with ultrasound.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate is large, rounded, and irregular with hyperechoic mottling. The appearance is very atypical for a neutered male dog. Findings are concerning for possible underlying prostatic neoplasia. Recommend a fine needle aspirate of the prostate for cytologic evaluation. Additionally recommend urinalysis and urine culture to evaluate for concurrent prostatitis.

There is a large amount of dependent echogenic debris in the urinary bladder. Correlate with urinalysis and the aforementioned urine culture for further evaluation.

The liver is mildly heterogeneous. The significance of this is uncertain. Correlate with current lab work. There are two poorly defined hypoechoic nodules of uncertain significance. Recommend continued monitoring with ultrasound.

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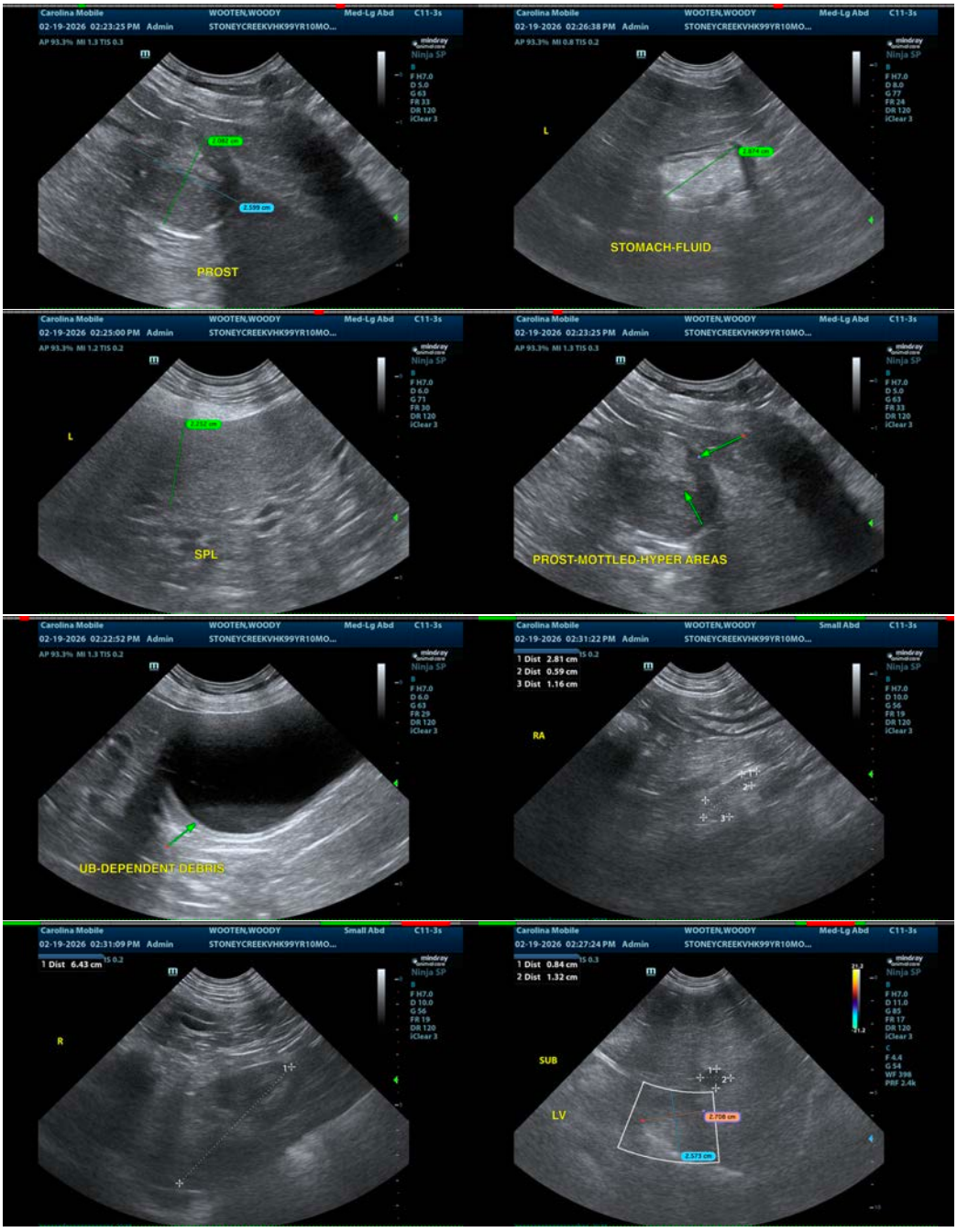
If a cytologic diagnosis can be obtained, recommend consultation with a veterinary oncologist regarding the best treatment options and prognosis.

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



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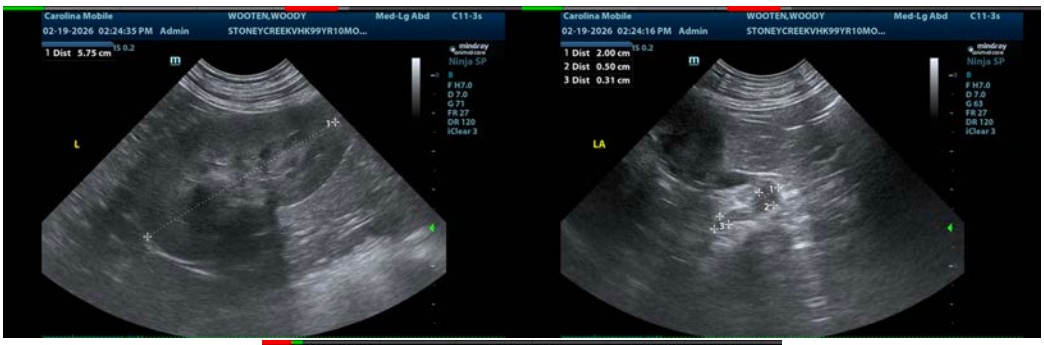

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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