



**DATE PRESENTING CLINICAL SIGNS**

5/8/2026

**Patient History:** P presented on 4/2/26 for blood dripping from penis. P prostate palpated enlarged but no swelling, masses or lesions noted in prepuce. Rest of PE WNL. Urinalysis showed elevation of RBC and suspected presence of rods. P was started on clavamox. At recheck, no major improvement was seen by O and urine C/S performed and p started on Marbofloxacin. Informed O of prostatitis concerns and neutering. MiDog culture came back as Mycoplasma canis. O notes no improvement with Marbofloxacin. Rec abd u/s to check prostate and discussed neutering. Discussed with O starting Methenamine which sterilizes the urine but ultrasound recommend to check urinary tract and prostate.

**PATIENT**

Axel Hunter

**SPECIES**

Canine

**Current Medications:** Clavamox (375mg) - 1 1/4 tab PO BID x 14 days (course finished), Marbofloxacin (100mg) - 1 tab PO SID x 30 days (still on medication.)

**BREED**

American Pitbull

**Labwork Results:** Labwork not attached, reported as: 4/2/26: Urinalysis: Collection - free catch; color - amber, sl cloudy; USG > 1.050, pH 6, Protein 30mg/dL, glucose - neg, ketone - neg; WBC 7/hpf; RBC >50/hpf; Bacteria - suspect rods; crystal - none. 4/16/26: Urinalysis - collection - free catch; color - brown, opaque; USG 1.028, pH 7, protein 500mg/dL, glucose - neg; ketone - neg; WBC 39/hpf, RBC >50/hpf, bacteria- suspect rods; crystals: 1-5 unclassified, CaOx Di. 4/20/26: MiDog Urine Culture - Mycoplasma canis.

**SEX**

Intact Male

**AGE**

5 years

**Date of Previous IntraPet Ultrasound:** No previous.

**Sedation:** IV 0.7cc Ketamine and 0.7cc Valium. Deeper sedation required for further imaging.

**WEIGHT**

79.5 lbs

**Stat Report:** Not approved.

**Imaging Performed by:** Rachel Brillhart, RDMS.

**INTERPRETED BY**

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

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears mildly thickened measuring at 0.45 cm with a smooth mucosal surface. The 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.

**HOSPITAL NAME**

Chadwell Animal  
Hospital

The prostate is large, hyperechoic and heterogenous measuring 6.75 cm x 3.86 cm. There is a cystic/dilated region toward the center of the prostate measuring 1.06 cm x 3.04 cm.

**REFERRING VET**

Dr. Heydt

The left kidney has a normal shape and size (7.64 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.

**INVOICE**

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The right kidney has a normal shape and size (6.46 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 0.78 cm at the cranial pole and 0.73 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 0.92 cm at the cranial pole and 0.83 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 (2.28 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible 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 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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (0.33 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 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 revealed a moderate amount of free fluid visualized in the pelvic region and around the spleen. There is no significant lymphadenopathy. The omentum is hyperechoic in some areas of the abdomen.

### Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

Both testicles are visualized and appear within normal limits.

### ULTRASONOGRAPHIC FINDINGS

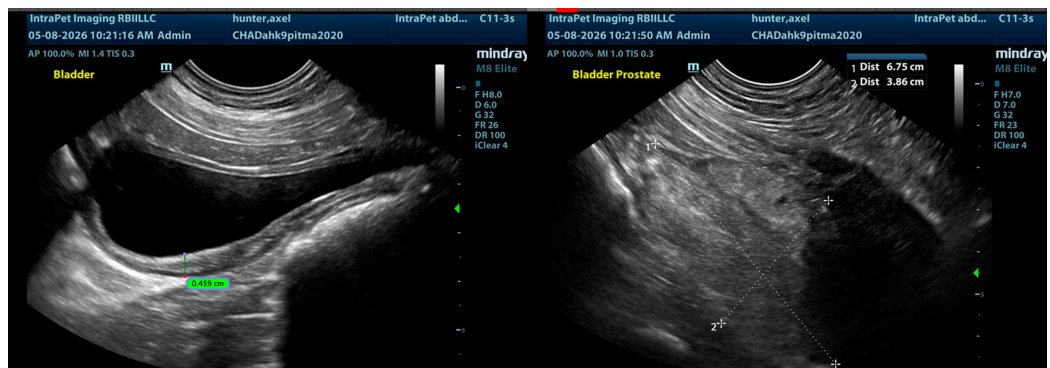
- Large, mottled, irregular prostate with a cystic fluid filled structure. Findings are most consistent with benign prostatic hypertrophy and prostatitis. The cystic region could represent a cyst, an abscess, etc.
- Moderate caudal abdominal effusion. Recommend fluid analysis, cytology, and possible culture.

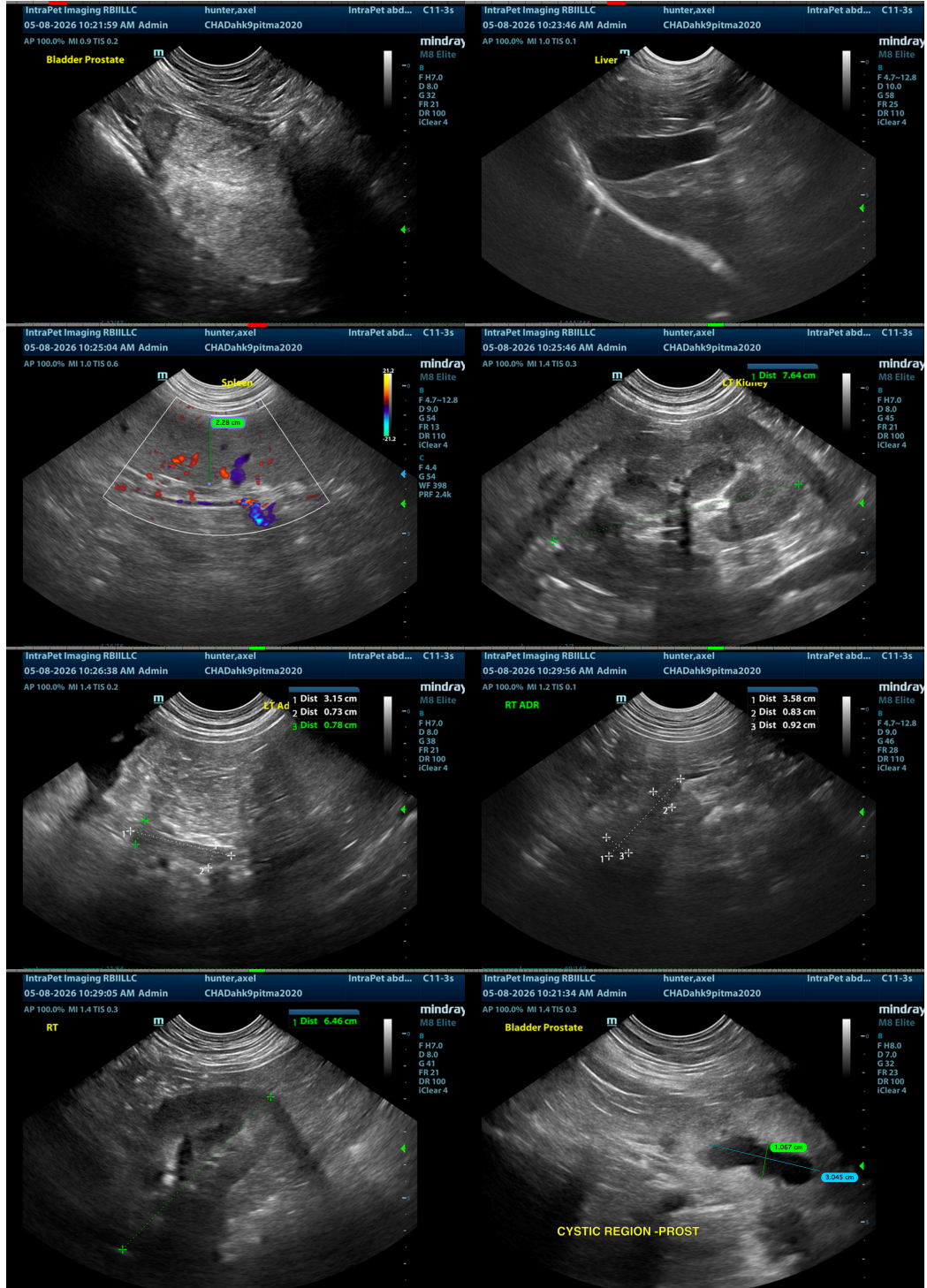
### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

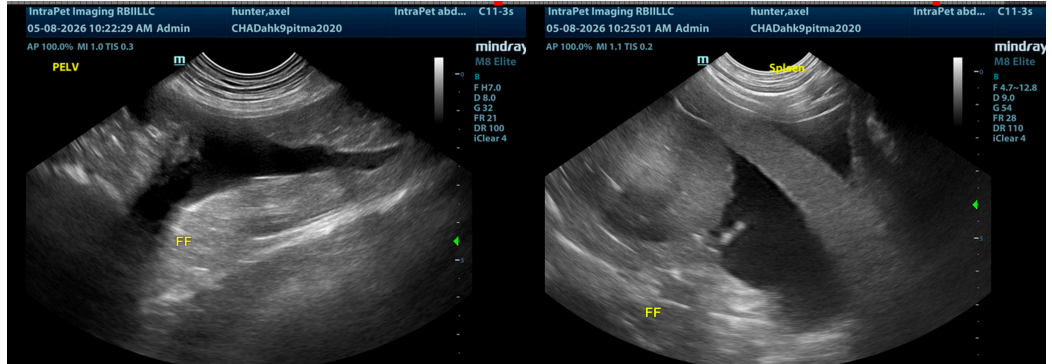
The prostate is large, hyperechoic and heterogenous. The appearance is abnormal for a younger dog. Additionally, there is a cystic region, which could be concerning for an infected cyst, abscess, etc. Prostatic neoplasia is less likely but cannot be definitively ruled out. Recommend repeat urine culture off of antibiotics as well as drainage/sampling of the cystic region in the prostate for fluid analysis, cytology +/- culture.

There is free fluid visualized in the abdomen, which is unusual in this scenario. There could be a small amount of fluid around an inflamed prostate but there are pockets near the spleen which would not be expected. Recommend sampling of this fluid and recommend full biochemical evaluation looking for hypoalbuminemia or any other evidence of systemic disease.

Mycoplasma is an atypical primary infection in the urinary tract which can sometimes be difficult to treat. The infection is unlikely to clear without neutering and resolution of the fluid pocket in the prostate, which may be harboring bacteria, etc. It often will require long term therapy and follow up cultures.







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