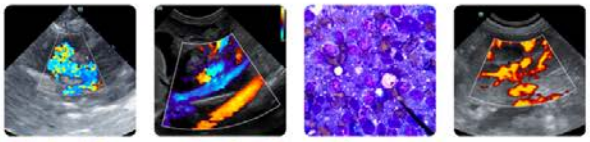


PATIENT

Kizzy Ritter

SPECIES

Canine

BREED

German Sheperd

SEX

Male

AGE

6.5 Years

WEIGHT

97 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Heather Platzer

HOSPITAL NAME

Hershire Animal Hospital

REFERRING VET

Companion Animal Hospital

INVOICE

75659

DATE

6/3/26

PRESENTING CLINICAL SIGNS

Finding spots of blood where he's laying. Occasionally dripping urine. IN TACT. ~6 weeks of increased bleeding from penis. Meds: Batyril 136mg - 2 tabs every 24 hours 4-6 weeks, started 5/11, skipped last nights dose. Metro 500mg 1 tab BID for 14 days zofran 8mg 1 tabl BID. Symptoms not improving on meds.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem WNL. Rads: inflamed prostate, no calcification, no bladder or penal stones 4dx: neg

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, mottled and cystic, measuring 6.39 cm x 8.98 cm. There is a large, thick-walled cystic region in the cranial aspect of the prostate measuring 4.63 cm x 3.68 cm.

The left kidney has a normal shape and size (6.42 cm) with a cystic structure visualized measuring 1.27 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 (7.96 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 0.52 cm at the cranial pole and 0.64 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.

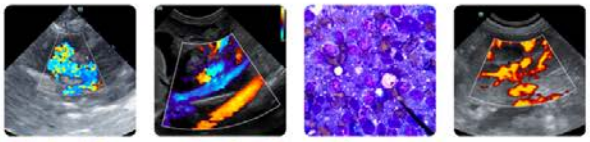
The right adrenal gland is normal in size measuring 0.69 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (3.27 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 homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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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. Jejunum wall measures 0.31 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

- Large, irregular, mottled prostate with large, thick-walled cystic lesion – Findings are most consistent with benign prostatic hypertrophy +/- prostatitis and a prostatic cyst. A prostatic abscess is possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate is very abnormal. The changes are most consistent with chronic prostatic disease/hypertrophy +/- prostatitis. An underlying neoplastic process is possible but thought less likely. Recommend a urine culture and potentially a fine needle aspirate of the prostate. Additionally, there is a thick-walled fluid filled structure visualized, possibly consistent with a prostatic cyst or abscess. If infection is present, consider percutaneous drainage of the abscess. Resolution of prostatic disease is very unlikely under the influence of testosterone. Strongly recommend neutering. If this is not an option, lifelong testosterone blocking with finasteride could be considered. Antibiotic therapy should based on culture and sensitivity results. If prostatitis is present, antibiotics should be continued 4-6 weeks post neutering, potentially longer if this is a prostatic abscess.

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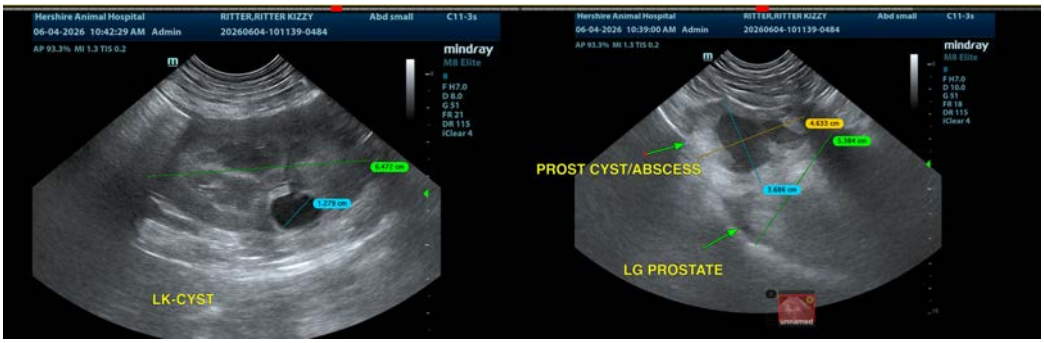

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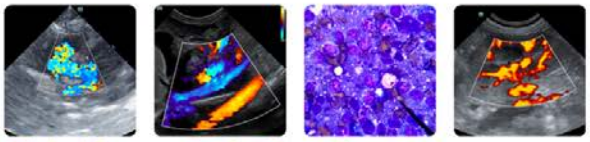

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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