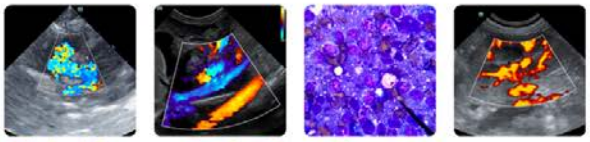


PATIENT

Remmy Saluta

SPECIES

Feline

BREED

Doberman

SEX

Intact Male

AGE

6 Years

WEIGHT

50.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Justin Freeby

HOSPITAL NAME

Abby Road Veterinary Hospital

REFERRING VET

Dr. Justin Freeby

INVOICE

75672

DATE

6/4/26

PRESENTING CLINICAL SIGNS

P presented for approximately 1 week long duration of dripping blood from prepuce. P is otherwise doing well and no signs of pollakiuria/stranguria. Only utd on rabies, no hw/f/t prevention or regular medications given. P sedated for u/s using dexmed/bup

Abnormal PE/Chem/CBC/UA Results: Urogenital: Normal external genitals with frank blood present dripping from prepuce. Testes appeared symmetric in size (right subjectively larger - minimal if true). Prostate enlarged symmetrically. Penis appeared normal with no polyps/ulcers and no evidence of etiology on interal prepuce lining. Remainder of PE NSF. Labwork is 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, hyperechoic and mildly mottled, measuring 5.54 cm in height in the sagittal view. There are some small poorly defined cystic lesions.

The left kidney has a normal shape and size (7.3 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 (8.55 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.

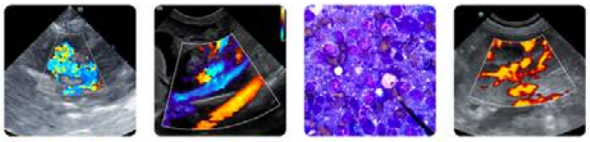
Adrenal Glands

The left adrenal gland is normal in size measuring 0.60 cm at the cranial pole and 0.69 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size (3.22 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.



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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 <0.36cm 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 0.37 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.

Other

Both testicles are visualized. The left testicle has a normal appearance measuring 4.08 cm. The right testicle is slightly larger at 4.27 cm with three small hypoechoic but slightly echogenic rounded structures measuring 1.35, 0.81, and 0.51 cm, most consistent with hypoechoic nodules or slightly echogenic cysts.

ULTRASONOGRAPHIC FINDINGS

- Large, hyperechoic, mildly mottled, mildly cystic prostate – Findings are most consistent with mild cystic hyperplasia +/- prostatitis.
- Mildly echogenic, hypoechoic rounded structures visualized in the right testicle. Findings could be consistent with hypoechoic nodules (benign versus neoplastic – Leydig cell tumor, Sertoli cell tumor, seminoma, granuloma, etc.). The cystic lesion could represent a simple benign cyst, a small abscess, etc. Recommend power doppler to help differentiate.

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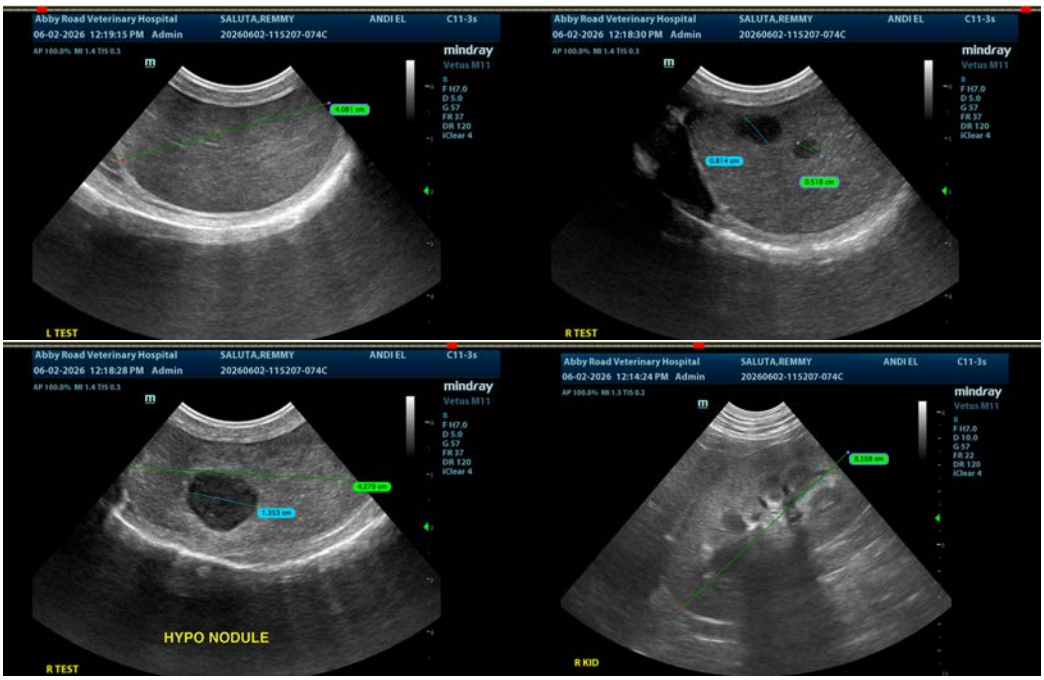
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate is large, hyperechoic and mildly mottled with some poorly defined small cystic lesions. Findings are suggestive of benign prostatic hypertrophy. Recommend urinalysis and culture to further evaluate for concurrent prostatitis. BPH could be the cause of the resultant hemorrhage. Also consider screening for coagulopathies (Vonn Willebrand disease, etc.).

Additionally, there are some echogenic hypoechoic rounded structures visualized in the right testicle. These could represent echogenic cystic structures (often benign, an abscess is possible) or a benign or neoplastic solid hypoechoic lesion. If neutering would be considered, you could consider this option with submission of both testicles for histopathology and continued monitoring of the prostate. If neutering is not desired or is a last resort, you could consider testosterone blocker or possibly even a fine needle aspirate of the prostatic lesions. It could be an option to remove the right testicle. Unfortunately, most forms of prostatic disease will not permanently improve in the presence of testosterone, so lifelong therapy could potentially be necessary.

No focal lesions are visualized associated with the liver to explain the liver enzyme elevations reported. Consider pre- and post-prandial bile acids to further evaluate +/- a fine needle aspirate of the liver (provided coagulation parameters are normal). While the breed related hepatopathy is most common in females, further evaluation should be considered, and the liver closely monitored. If values are persistently or progressively elevated over time, biopsies of the liver with samples for histopathology, culture and copper levels could be considered.



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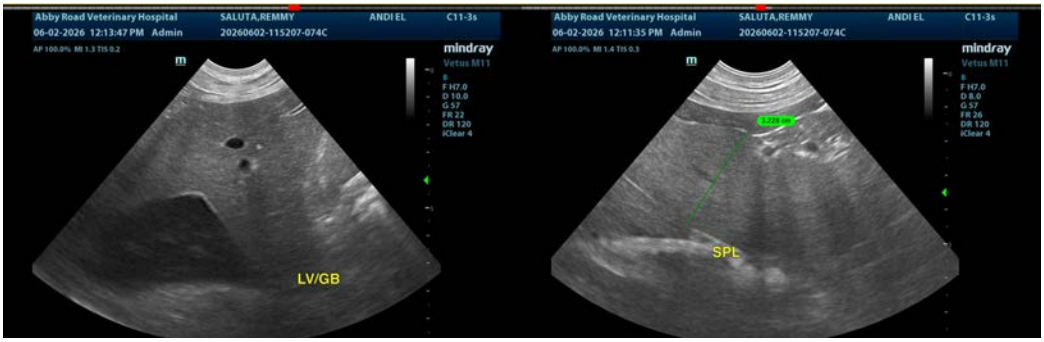

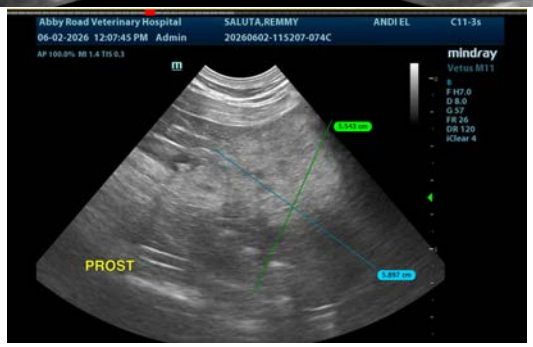

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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