PATIENT

Wally Sellers

SPECIES

Canine

BREED

Beagle

SEX

Male (Neutered)

AGE

8 years

WEIGHT

33.7 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Animal Hospital of Sullivan County

REFERRING VET

Dr. Bodolosky

INVOICE

10753

DATE

4/2/26

PRESENTING CLINICAL SIGNS

History:

- Enlarged prostate. Unable to pass urinary catheter. Unable to urinate.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was distended in size with normal tone and normal wall. Moderate, nondependent particulate urine sediment was present. There was no obvious obstructive pathology in the area of the trigone.

The prostate was asymmetrically enlarged in size, exhibiting nonhomogeneous, hypoechoic, mineralized parenchyma. The margins of the gland were indistinct and difficult to differentiate from the surrounding tissue. The prostate measured ~4.0 cm in diameter. The prostate appeared to extend into the proximal urethra to cystourethral junction lumen.

No visualized medial Iliac or sublumbar lymphadenopathy/masses.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.3 cm in length. The right kidney measured 6.9 cm in length.

Adrenal Glands

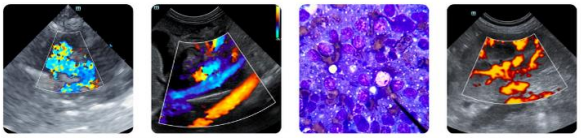
The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.71 cm width in the caudal pole. The right adrenal gland measured 0.8 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multiple, small hyperechoic nodules were present with mild asymmetrical medial capsule contour. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/ Gallbladder

The liver presented moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. Ventrocaudal lobar swelling exhibiting maintained homogeneous parenchyma was noted, measuring ~5.0 cm in diameter. The gallbladder was non-distended in size containing primarily anechoic content with mild nonorganized gallbladder debris. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with formed feces in lumen.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Enlarged mineralized residual prostate with subjective prostatic parenchymal expansion into proximal urethra and cystourethral junction
- Distended urinary bladder with moderate urine sediment
- Age-related renal / adrenal changes
- Hepatomegaly with ventrocaudal lobar swelling
- Mild nonorganized gallbladder debris (non mucocele)

Secondary Findings

- Small hyperechoic splenic nodules – most suggestive of benign criteria, i.e., myelolipomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The enlarged mineralized residual prostate with evidence of extension into the proximal urethra and cystourethral junction is consistent with neoplastic criteria such as transitional cell or prostatic carcinoma. No overt regional lymphatic metastasis. The degree of urinary bladder distention is consistent with obstruction to urine outflow. Referral for catheter or urethral stent placement is recommended.

The generalized to ventrocaudal hepatomegaly is nonspecific. Correlation with lab work is recommended. Concurrent screening hepatic FNA cytology is warranted.

New Jersey Mobile
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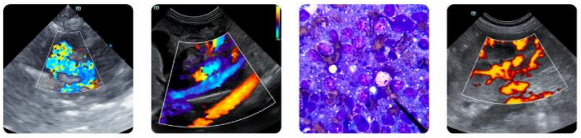

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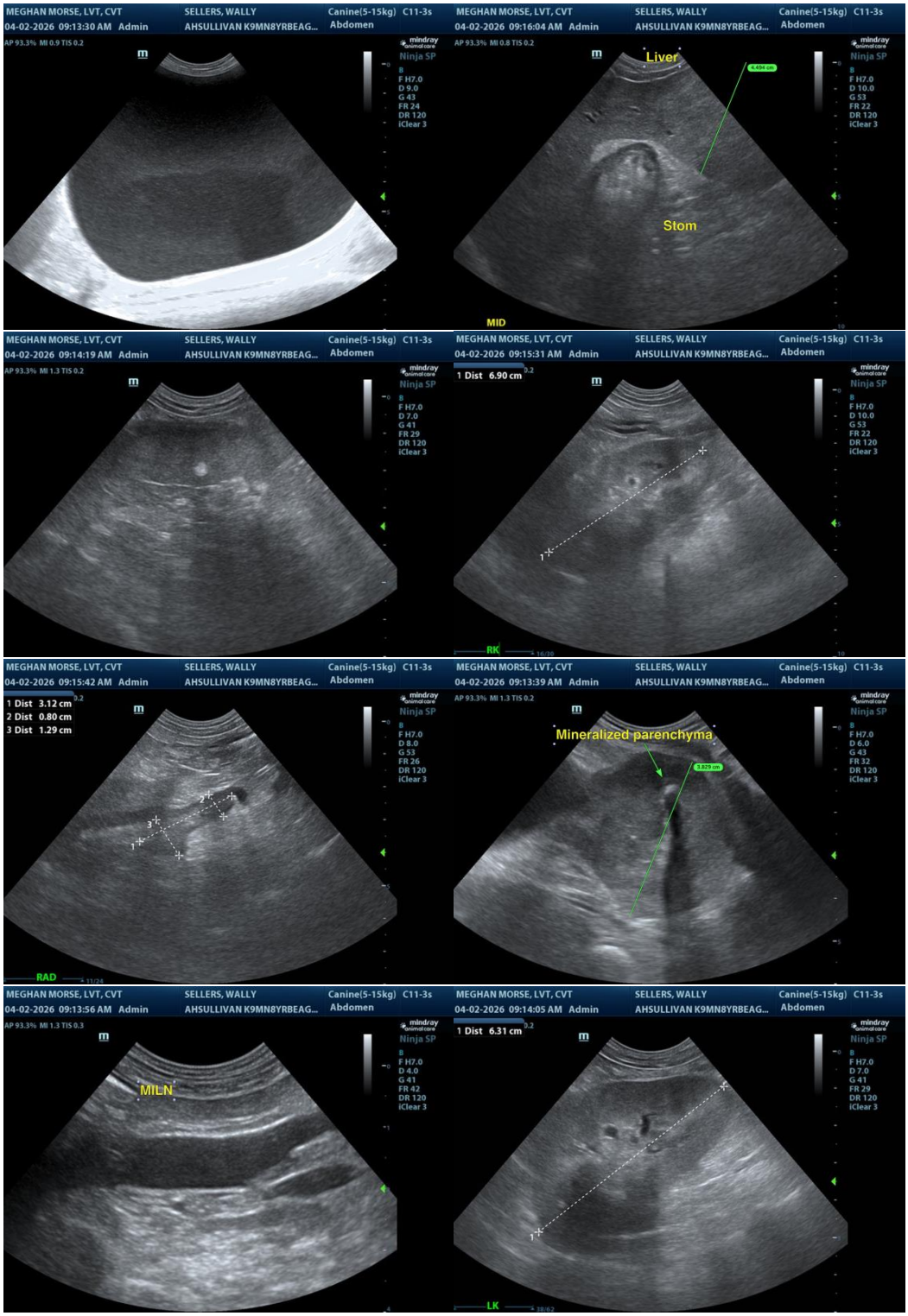

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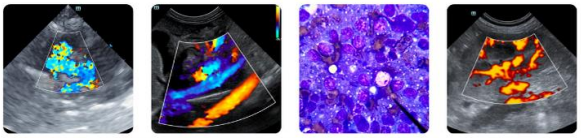

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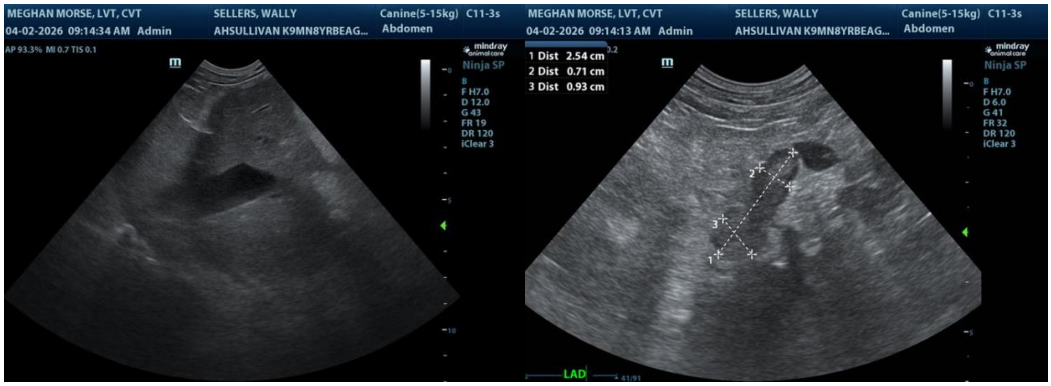

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com