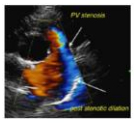
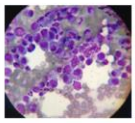
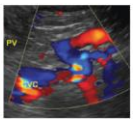

PATIENT

Rocket Holt

SPECIES

Canine

BREED

Rocket Holt

SEX

Intact Male

AGE

6 years

WEIGHT

82 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Jill Rigg

INVOICE

13734

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4/26/22

PRESENTING CLINICAL SIGNS

Blood from penis. Not eating, lethargic
Abnormal PE/Chem/CBC/UA Results: Febrile, elelvated wbc Lepto and Heartworm 4DX snaps both negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was overall normal in size and tone with mildly prominent ventral apical and dorsal urinary bladder walls exhibiting normal mural echogenicity. Primarily anechoic urine with moderate nondependent particulate sediment was present in the bladder with no calculi. No overt evidence of urinary bladder neoplastic criteria was noted. The area of the cystourethral junction extending into the pre-prostatic urethra exhibited mild thickening and decreased urethral echogenicity. The pre-prostatic urethra measured 0.61 cm in width.

The prostate was enlarged in size with intact, primarily symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was heterogeneous with a mixed pattern of varying echogenicity without evidence of parenchymal mineralization. Scant periprostatic free fluid was noted. The prostate measured 10.0 cm x 5.0 cm.

A solitary, medial iliac lymph node was present. this lymph node was homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. The lymph node measured 2.2 cm x 0.93 cm.

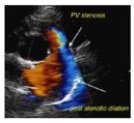
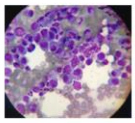
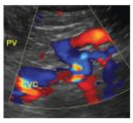
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 8.2 cm in length. The right kidney measured 8.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.65 cm width at the caudal pole and 0.55 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.65 cm width at the caudal pole and 0.55 cm width at the cranial pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained chyme was noted.

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 apparent 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

- Prostatomegaly exhibiting nonhomogeneous parenchyma and minor periprostatic free fluid- consistent with prostatitis, significant benign prostatic hyperplasia or less likely prostatic neoplasia is possible
- Likely concurrent proximal urethritis +/- mild cystitis, moderate particulate urinary bladder sediment suggestive of cellular debris, protein, or inflammatory cells
- Normal bilateral kidneys - no evidence of pyelonephritis

Secondary Findings

- Mild gallbladder debris - likely incidental, secondary to potential fasting or nonclinical cholestasis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prostatic sampling either via ultrasound guided FNA of the prostate or prostatic wash for cytology, as well as culture and sensitivity, are required for further clarification.

Neutering strongly suggested in his patient with concurrent empirical therapy for prostatitis, pending additional diagnostics, is recommended. Sonographic monitoring of the prostate following neutering

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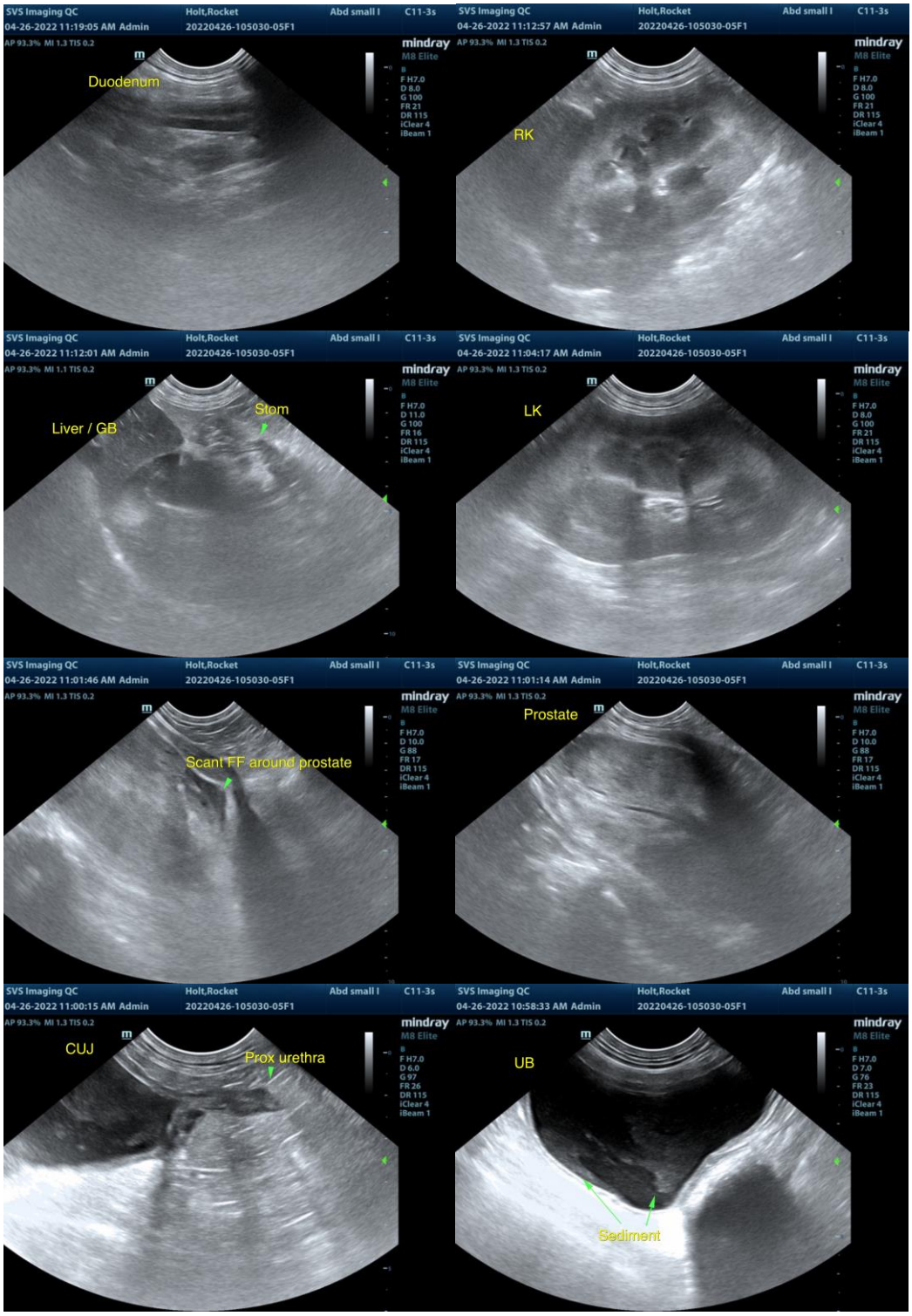
is likely Ideal. Urine culture and sensitivity on a sterile urine sample via cystocentesis is suggested, given the potential for Inflammatory urinary bladder sediment.



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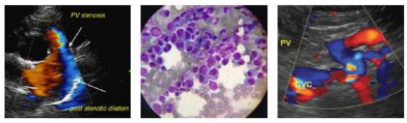

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Clinical Sonography & Telecytology
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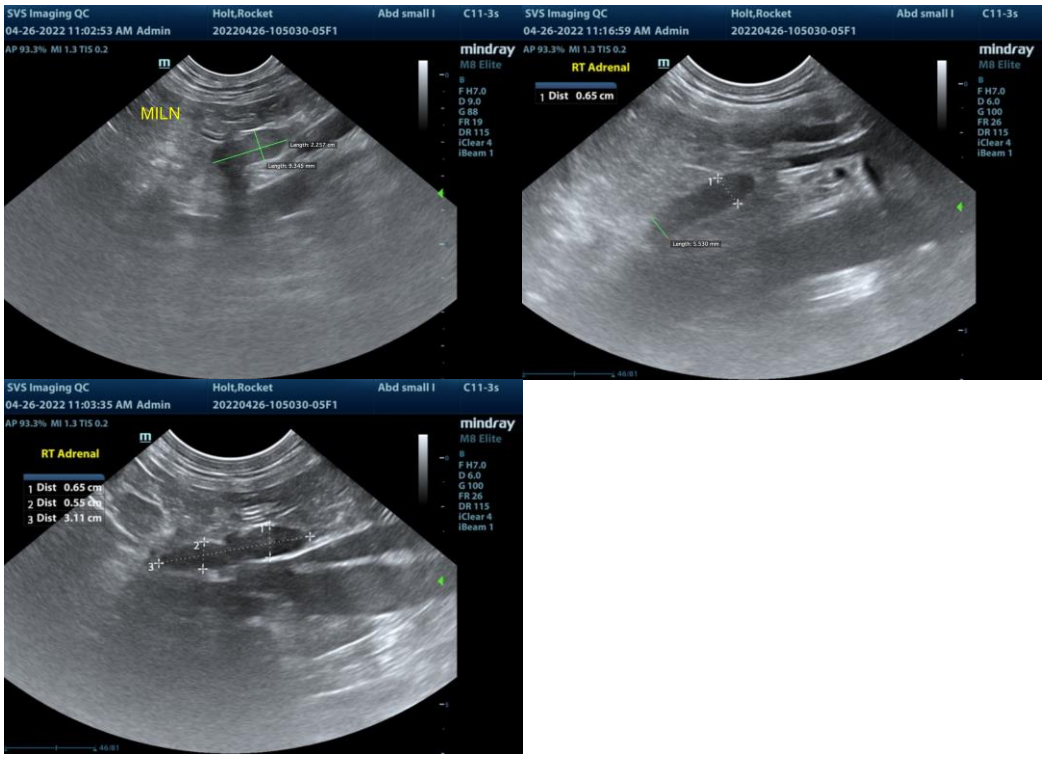

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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