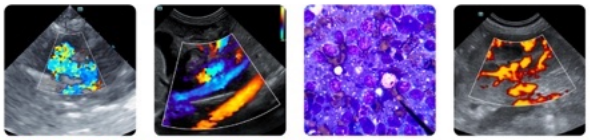


PATIENT

Charlie McKenzie

SPECIES

Canine

BREED

Lab Mix

SEX

Male

AGE

8 ½ years

WEIGHT

26.1 kg

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Danielle RVT

HOSPITAL NAME

Orchard VC

REFERRING VET

Dr. Ernst

INVOICE

69635

DATE

12/29/25

PRESENTING CLINICAL SIGNS

History: Attacked by a group of dogs 13 days ago, blood in urine -initially had wound near left shoulder/neck and LH limb was very swollen (improved according to O) -frank blood noted when initially peeing, then urine stream turns normal yellow in colour, never straining or seemed uncomfortable / posturing when urinating -Hematuria: r/o urethral tear / trauma vs infectious vs other -Peritoneal effusion (mild): r/o uroabdomen / leakage vs hemorrhage vs inflammatory / cellulitis vs other
Abnormal PE/Chem/CBC/UA Results: BUN: 43.5 (9.0-29) Glob: 40 (20-36)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 6.5 cm, right measured 6.8 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

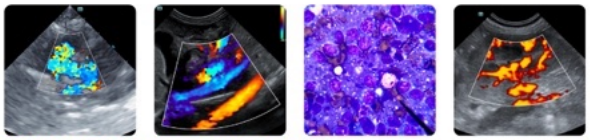
The prostate is enlarged with a hyperechogenic appearance and multiple parenchymal cysts that measured up to 1.0 x 3.0 cm in size. The prostate had a normal curvilinear capsule and normal appearance of the periprostatic tissue. The prostate measures 4.0 x 4.3 cm in size. A large, periprostatic cyst measuring 2.5 x 3.0 cm in size containing a small amount of floating, hyperechogenic sediment. Normal size and appearance of both testicles measuring approximately 3.0 cm in size and showing parenchymal mineralization.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.44 cm in length x 0.56 cm and 0.48 cm in width. The right adrenal gland measured 0.52 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.0 cm in width.



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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Cystic prostatomegaly.
- Paraprostatic cysts.
- Testicular mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the prostatomegaly would be cystic, benign prostatic hyperplasia with prostatitis a less likely differential diagnosis.

A differential diagnosis for the paraprostatic cyst would be a hematoma.

The testicular mineralization can be considered incidental and possibly associated with previous episode of orchitis or trauma.

Further assessment that can be considered would be urine culture and FNA cytology of the prostate.

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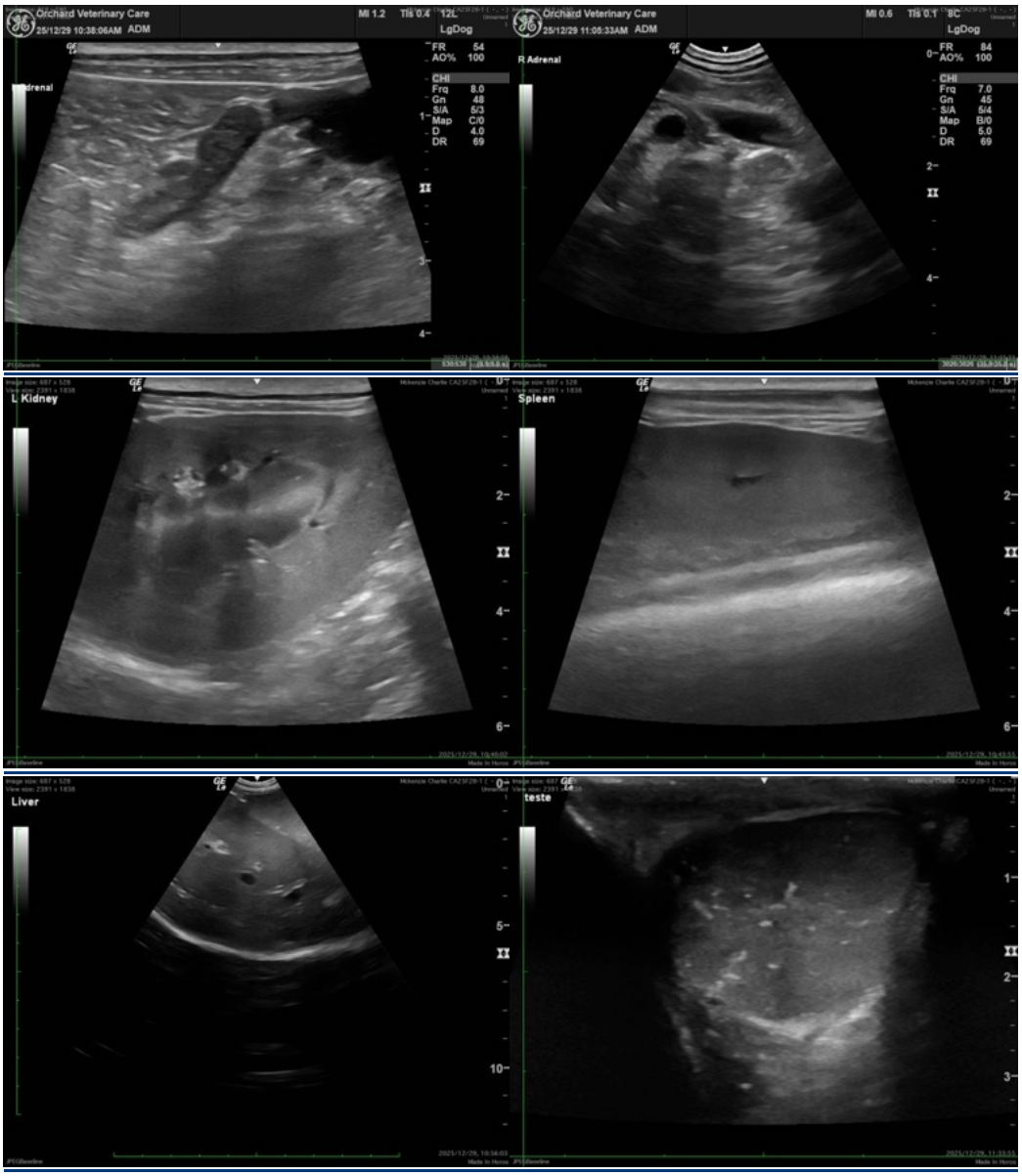
Management of the prostatomegaly would be either surgical or chemical castration. Marsupialization or excision of the paraprostatic cyst may be required.

Chemical castration would be the use of osaterone acetate, delmadinone acetate, or deslorelin acetate. This is less invasive and safer than surgical castration in systemically ill and potentially unstable patients.



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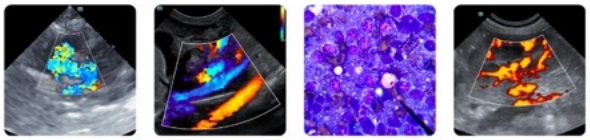

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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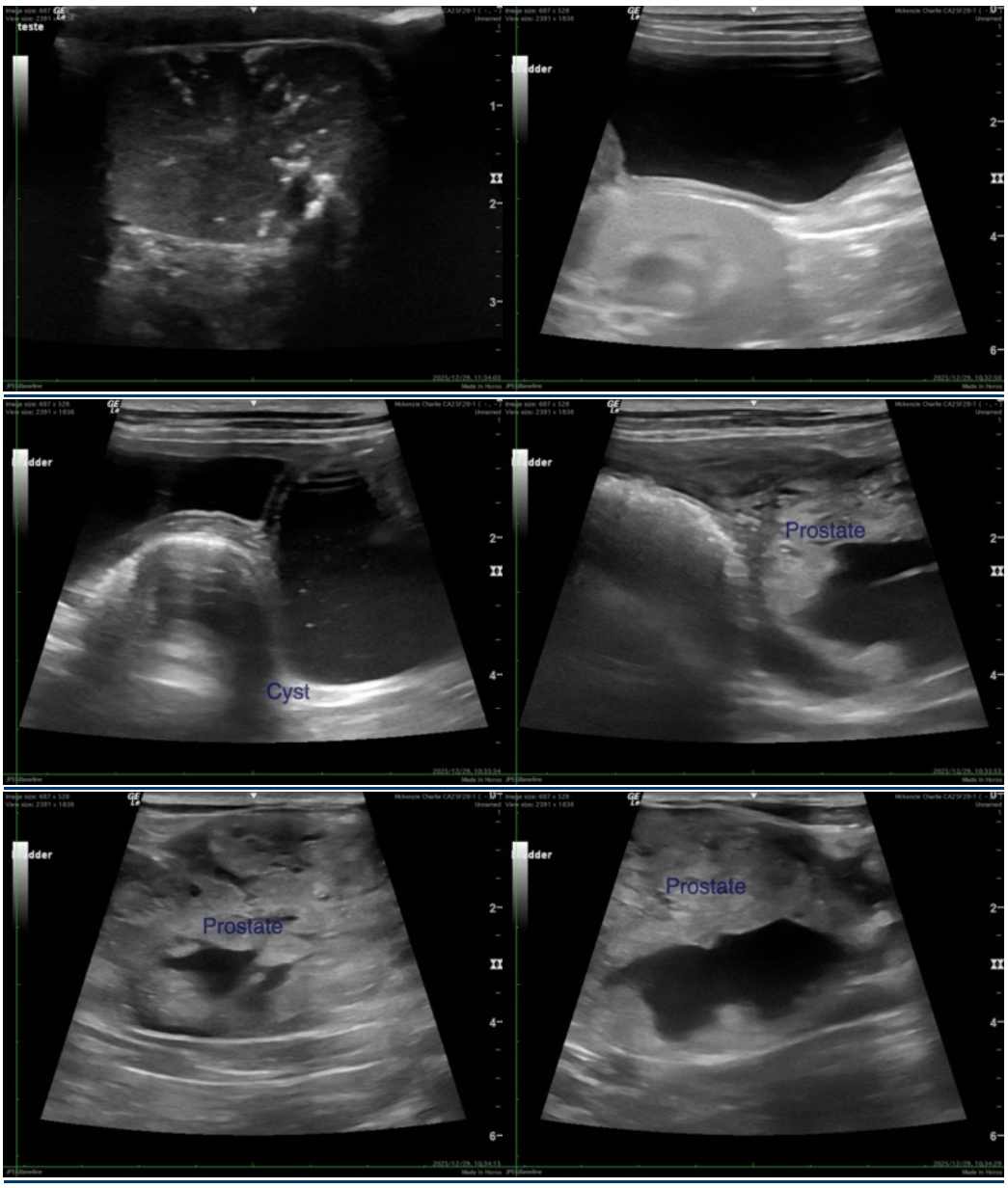

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com