



PATIENT

BigBoy Armstrong

SPECIES

Canine

BREED

Pittie

SEX

Intact Male

AGE

9 Years 7 Months

WEIGHT

104.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Forest Oaks Animal
 Hospital

REFERRING VET

Dr. Kleisch

INVOICE

74372

DATE

4/10/26

PRESENTING CLINICAL SIGNS

P presented for US due inappropriate urination, history of UTI's, recent urine culture negative. No response to Enrofloxacin. Concern for behavioral vs prostatic dz, vs infectious

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measures 8.3 cm. Right kidney measures 8.1 cm. Normal color flow pattern evident in both kidneys.

Reproductive System

Symmetrically enlarged prostate with an increased echogenic appearance but maintaining a smooth curvilinear capsule. The prostate measures 4.2 cm x 4.7 cm in size. Normal appearance of the periprostatic tissue.

Normal size and appearance of both testicles. Left measures 3.9 cm in length. Right measures 4.1 cm in length.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 3.28 cm in length x 0.56 cm and 0.49 cm in width. Right measures 3.21 cm in length x 0.66 cm and 0.78 cm in width.

Spleen

Normal size (3.2 cm in width) 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.

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

Small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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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

Visible section presents normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

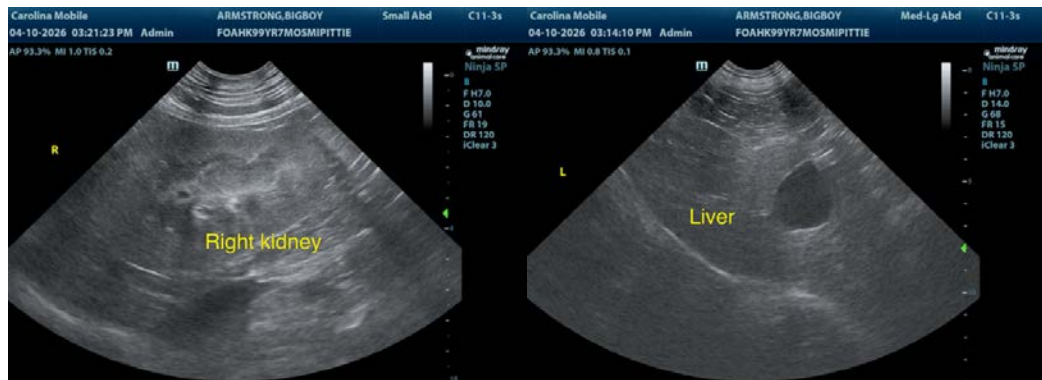
ULTRASONOGRAPHIC FINDINGS

- Prostatomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the prostatomegaly would be age related benign prostatic hyperplasia. Prostatitis would be an unlikely differential diagnosis.

Further assessment that could be considered would be either FNA cytology of the prostate, or prostatic wash for cytology and culture. Management of the prostatomegaly would either be surgical or chemical castration. 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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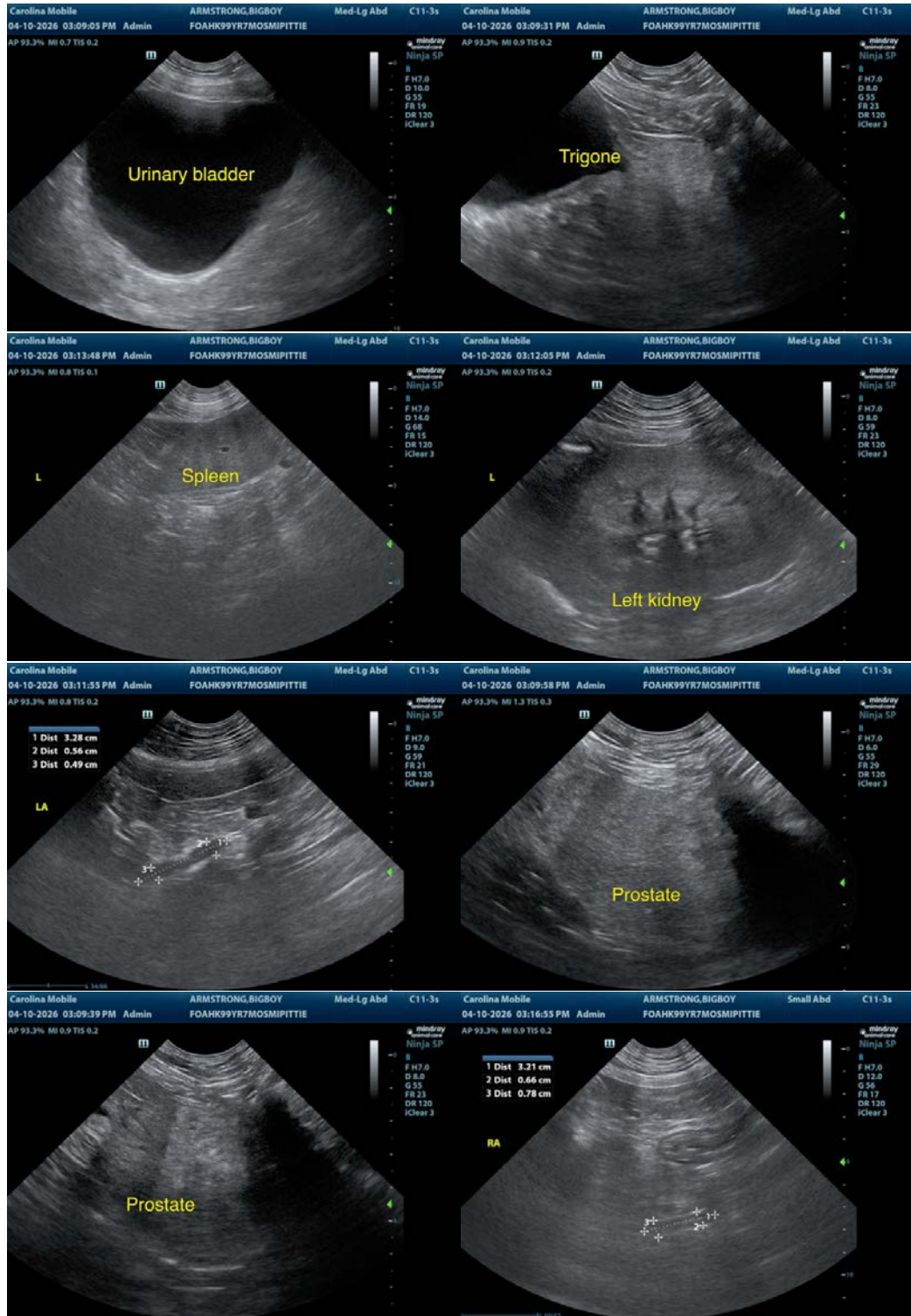
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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