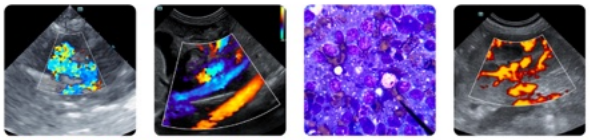


PATIENT

Haywood Collins

SPECIES

Canine

BREED

Chesapeake Bay Retriever

SEX

Male

AGE

9 years

WEIGHT

119 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandon

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. Pryor

INVOICE

75261

DATE

5/6/26

PRESENTING CLINICAL SIGNS

History: was seen by rDVM in the beginning of March for distended abdomen after eating. he will eat and then just lay around. labwork showed elevated cholesterol and free catch urinalysis showed WBC and sperm. repeat labs 3 weeks later showed still elevated cholesterol but rest WNL (urine was unavailable at that time). he has had multiple unusual for him episodes (1 where he was disoriented/unable to move and another where he had increased respiratory effort). the episodes were about a week apart. HCT was 50% on labs performed. sibling was euthanized in the beginning of February due to splenic mass rupture. T4 was WNL. he has had about 5 lb weight gain in the past 5 weeks, despite lowering calorie intake. is intact and prostate is enlarged and visible on xray. he seems to be dripping urine and feces at times. no vomiting or diarrhea. labs including cysto UA sent to Antech today.
Abnormal PE/Chem/CBC/UA Results: Complete blood count is all normal (including monocytes). Chemistry is all normal except for mildly elevated cholesterol. T4 is normal. Cortisol is normal

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 7.4 cm, right measured 8.0 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.

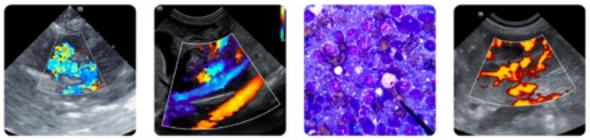
The prostate is symmetrically enlarged measuring 3.7 x 5.0 cm in size with a diffuse, hyperechogenic appearance and a regular curvilinear capsule. Normal appearance of the peri-prostatic tissue.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.96 cm in length x 0.8 cm and 0.61 cm in width. The right adrenal gland measured 1.42 cm in length x 0.54 cm and 0.36 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 2.1 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

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

- Prostatomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Further assessment that could be considered would be FNA cytology of the prostate. 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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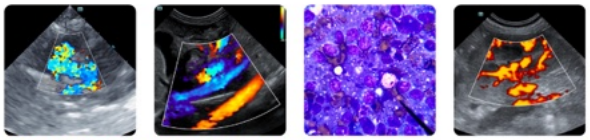

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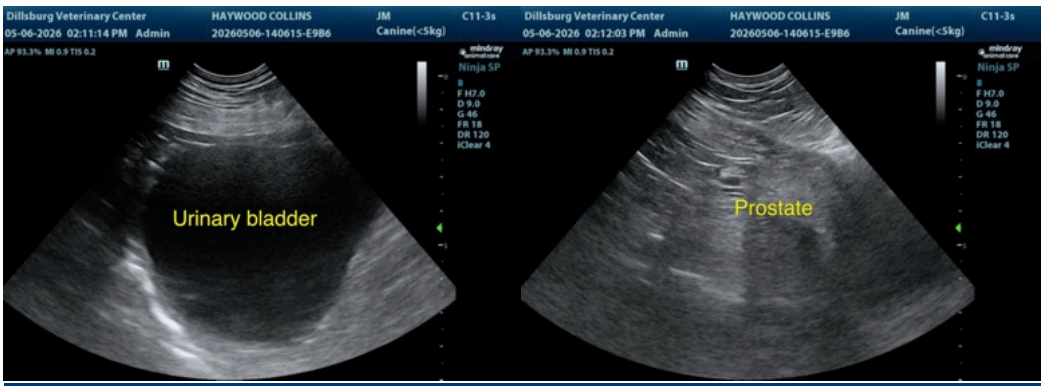

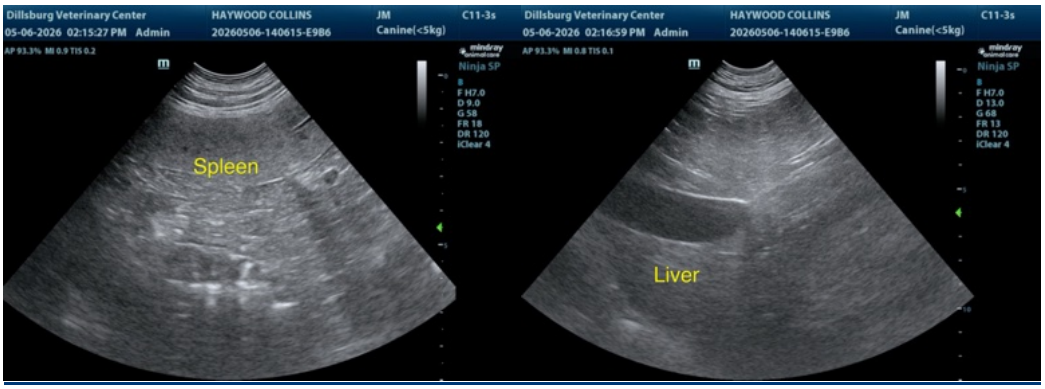

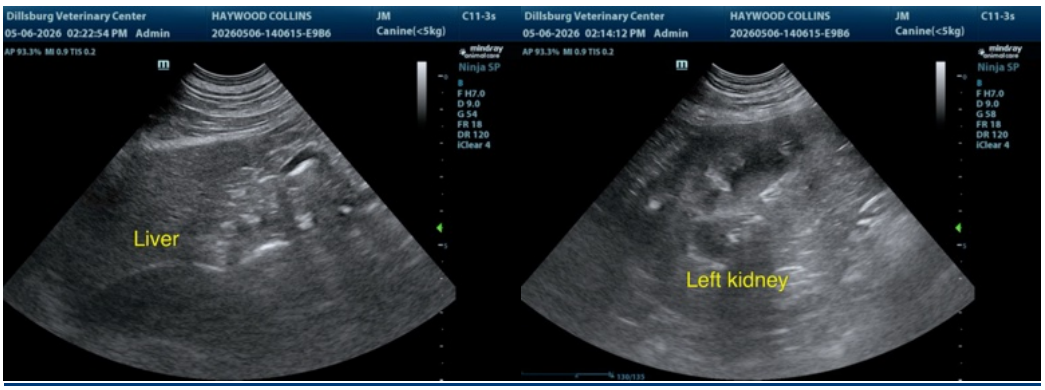

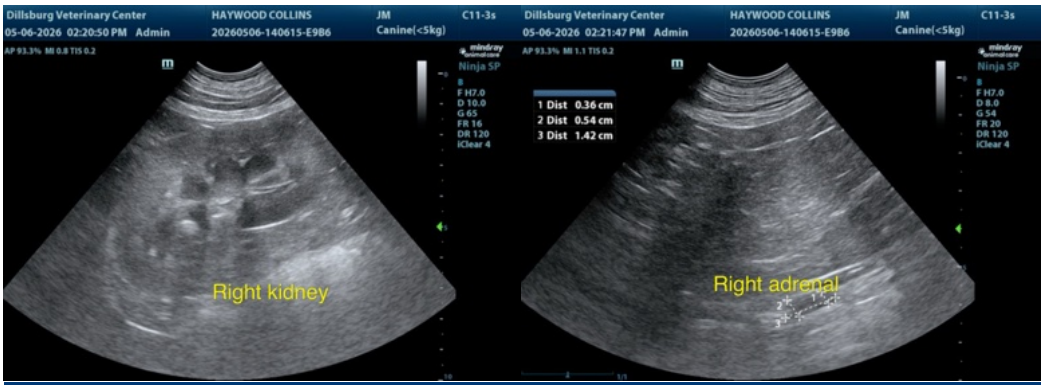

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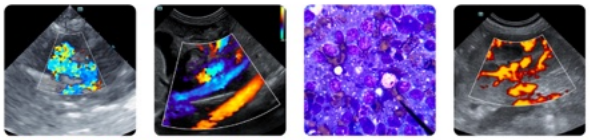

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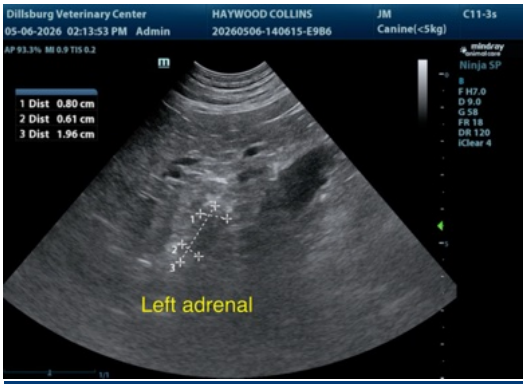

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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