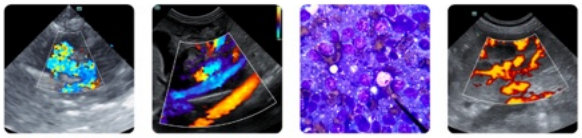


SonoPath www.SonoPath.com info@sonopath.com 800.838.4268

PATIENT

Jax Barone

SPECIES

Canine

BREED

Fox Terrier

SEX

Intact male

AGE

11 years

WEIGHT

32.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

East Fishkill AH

REFERRING VET

Dr. Baffi

INVOICE

78386

DATE

6/4/26

PRESENTING CLINICAL SIGNS

History: Chronic blood in urine of 4 week duration; these clinical signs resolved after being on Doxycycline for 30 days but then the hematuria has returned. Enlarged prostate. Meds: Doxycycline Hyc 100mg 1 tab BID
Abnormal PE/Chem/CBC/UA Results: inc. in white blood cells, mild to mod elevation in kidney values, Azotemia, (+) Lyme. Urine: Hematuria and pyuria, proteinuria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. A small amount of floating, hyperechogenic sediment.

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 6.0 cm, right measured 5.6 cm), increased echogenic appearance, some loss of cortico-medullary differentiation and normal pelvis and capsule. No infarcts, mineralization or renoliths evident.

The prostate is symmetrically enlarged with a diffuse, increased echogenic appearance and a regular curvilinear capsule. Focal, hypoechogenic parenchymal cysts measuring 0.5 x 1.1 cm in size. Normal appearance of the periprostatic tissue. Normal size and appearance of both testicles. The left testicle measured 3.1 cm in length. The right testicle measured 3.0 cm in length.

Adrenal Glands

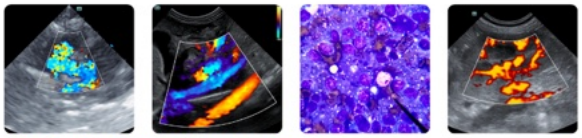
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.26 cm in length x 0.44 cm and 0.56 cm in width. The right adrenal gland measured 2.18 cm in length x 0.61 cm in width.

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 2.2 cm in width.

Liver

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



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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. Fecal material is present within the colon.

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

- Prostatomegaly
- Urinary bladder sediment
- Renal disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the prostatomegaly would be age related benign prostatic hyperplasia with prostatitis a possible differential diagnosis.

Etiologies for the urinary bladder sediment would be hematuria and bacterial cystitis as per the patient's history.

The appearance of the kidneys would be consistent with chronic kidney disease.

Further assessment would be urinalysis, urine culture and possibly prostatic wash for cytology and culture.

Management of the prostatomegaly would either be surgical or chemical castration.

Management of the urinary bladder infection would be antibiotic therapy based on culture and sensitivity results.

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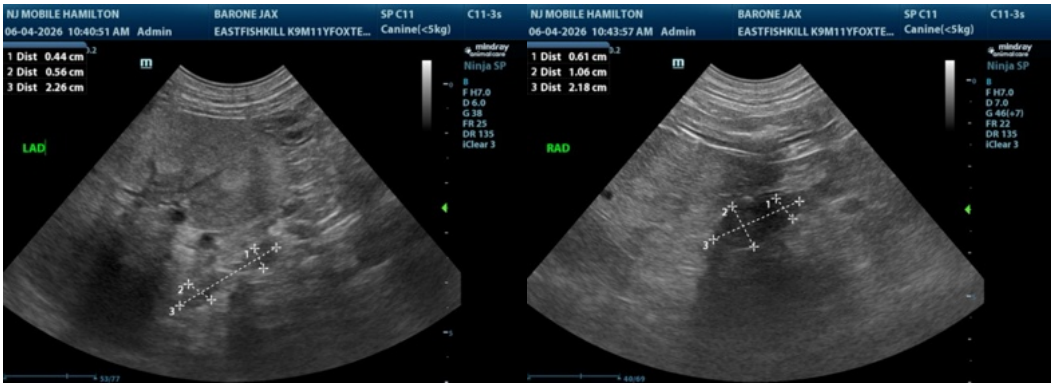
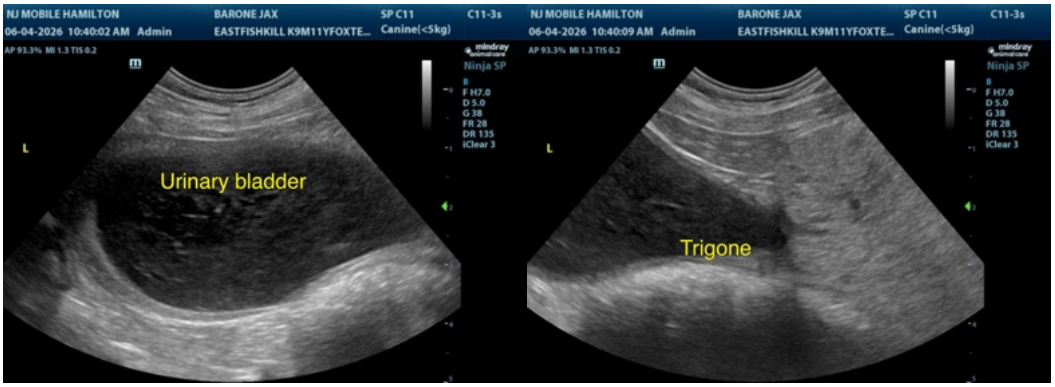
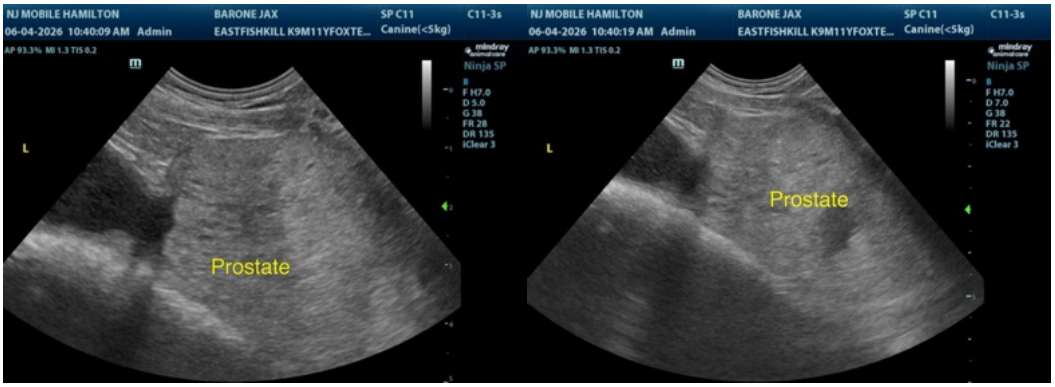
Management of the renal disease would be feeding a renal diet and the use of enteric phosphate binders as needed.

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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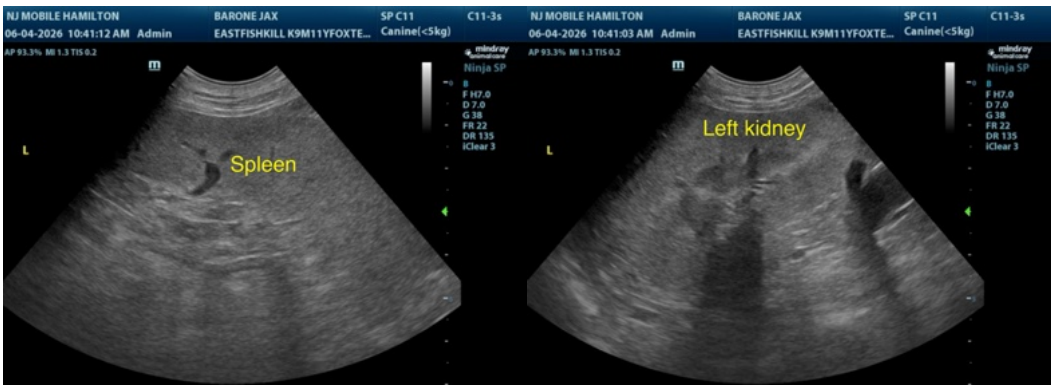

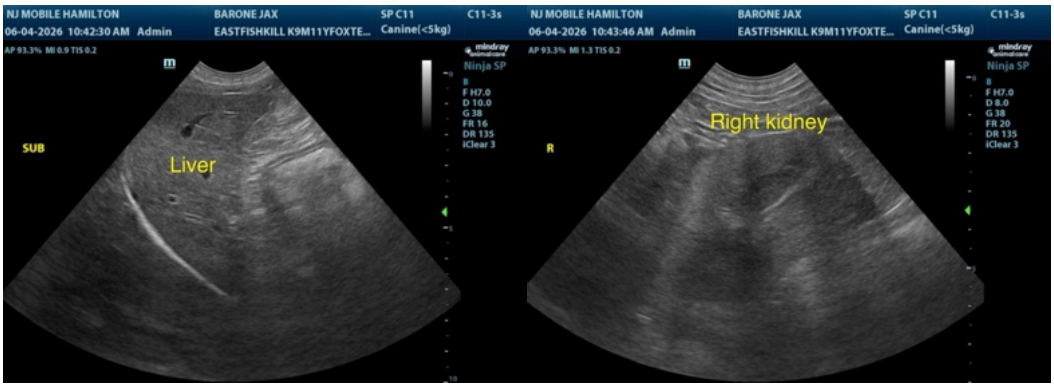

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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