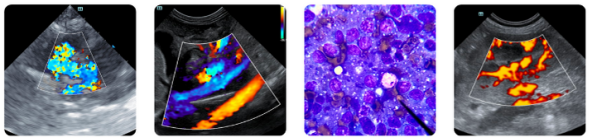


PATIENT

Cooper Delamarter

SPECIES

Canine

BREED

Weimaraner

SEX

MN

AGE

8 years

WEIGHT

63 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Julia Bakker

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Dr. Kristina Ramer

INVOICE

11016

DATE

1/2/2026

PRESENTING CLINICAL SIGNS

Frank blood at the end of urination. Did not resolve treating for possible UTI Radiograph of abdomen does not show uroliths or other abnormalities.

Abnormal PE/Chem/CBC/UA Results: FNA of prostate taken today, pending cytology.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly underdistended. The bladder wall appears thin and smooth. The urine is predominantly anechoic with scant suspended echoes. Within the limits of bladder distension, the bladder neck and proximal urethra appear unremarkable.

The left kidney is normal in shape and size, measuring 6.65×3.25 cm, with a cortical thickness of 0.67 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 6.39×2.79 cm, with a cortical thickness of 0.66 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal vascular pattern.

Prostate

The prostate gland is markedly abnormal, measuring approximately 4.41×2.50 cm. The parenchyma is diffusely hypoechoic and heterogeneous, with multiple hyperechoic mineralized foci, markedly irregular margins, and a poorly defined contour. The surrounding periprostatic omentum appears reactive.

Adrenal Glands

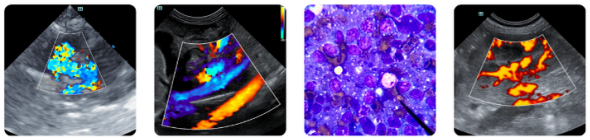
Both adrenal glands demonstrate normal shape and echogenicity. The left adrenal gland measures 0.60 cm at the cranial pole and 0.66 cm at the caudal pole. The right adrenal gland measures 0.63 cm at the cranial pole and 0.60 cm at the caudal pole.

Spleen

Splenic thickness measures 1.50 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is uniform and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.



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The gallbladder lumen is normally distended. The gallbladder wall is thin, and the contents are primarily anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and mildly folded, with a mural thickness of 2.45 mm and preserved wall layering. The pylorus measures 5.0 mm.

The duodenum measures 2.37 mm, and the jejunum measures 2.18–2.24 mm, with preserved wall layering throughout. No evidence of gastrointestinal obstruction, ileus, or foreign material is identified.

The colonic wall measures approximately 0.85 mm, with a small amount of formed fecal material in the descending colon.

Pancreas

The pancreas is not directly visualized. The pancreatic regions evaluated do not demonstrate ultrasonographic evidence of inflammation.

Free Abdomen

No abdominal effusion or evidence of peritonitis is observed. Within the reviewed images and video loops, no iliac, sublumbar/aortic, or other abdominal lymphadenopathy is identified, recognizing that absence of sonographic lymphadenopathy does not completely exclude microscopic or early metastatic disease.

PRIMARY FINDINGS

- Markedly abnormal prostate: enlargement, heterogeneous hypoechogenicity, irregular margins, and multifocal mineralization.
- Mild reactive periprostatic omental change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate is enlarged, diffusely hypoechoic and heterogeneous, with multiple mineralized foci, poorly defined margins, and marked contour irregularity, accompanied by reactive periprostatic omental change. In a castrated male, this constellation of findings is highly suspicious for prostatic neoplasia, with prostatic carcinoma being the primary concern.

The periprostatic omental changes are interpreted as reactive at the time of examination, with no sonographic evidence of omental or peritoneal neoplastic invasion. Microscopic disease, subsequent disease progression or iatrogenic dissemination cannot be excluded.

No sonographic evidence of bladder neck invasion is identified on this examination, recognizing the limitations of ultrasound in excluding early extension.

No definitive abdominal lymphadenopathy or distant metastatic lesions are identified on this examination; however, absence of ultrasonographic metastases does not completely exclude regional or distant spread, particularly to the sublumbar lymph nodes, lungs, or axial skeleton.

Recommendations

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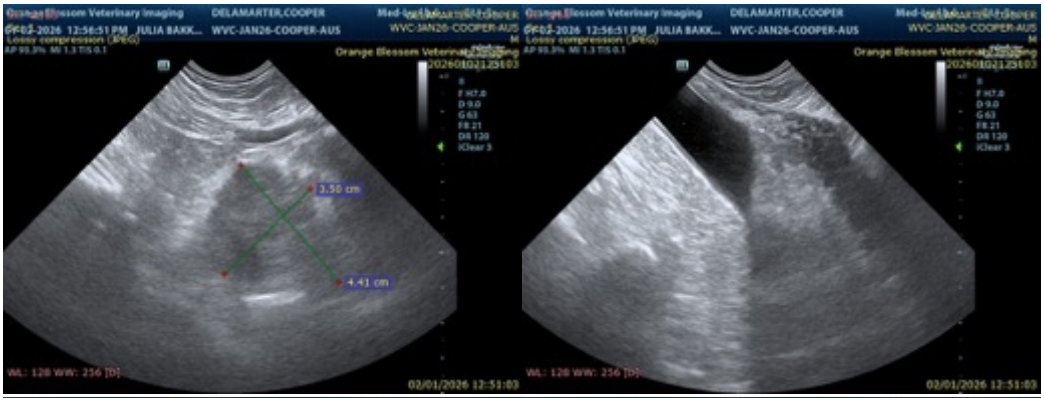
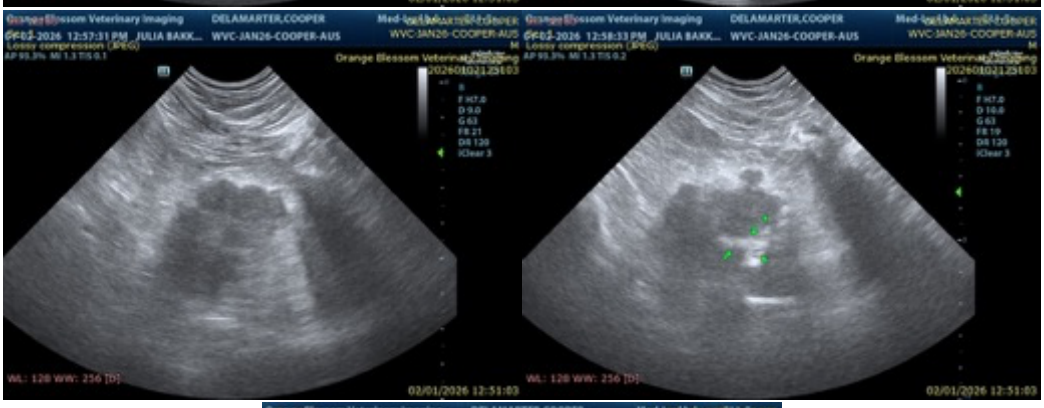
- Await and prioritize interpretation of the prostatic FNA cytology, as this will be critical for definitive diagnosis and treatment planning.
- Complete staging if malignancy is confirmed or strongly suspected, including thoracic imaging (radiographs or CT) and consideration of advanced imaging (CT) to assess local invasion and regional lymph nodes. Particular attention should be directed to the following common sites of metastasis:
  - The prostate and bladder neck.
  - Medial iliac and sublumbar lymph nodes.
  - The lumbar and sacral vertebral bodies.
  - The lungs.





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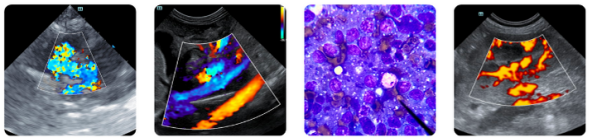

Clinical Sonography & Telecytology
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video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

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com