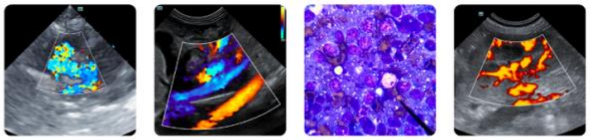

PATIENT

Quentin Schloesser

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

11 pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Ashley McCaughan

HOSPITAL NAME

Marina Village Veterinary & Intergrative Care

REFERRING VET

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INVOICE

12728

DATE

12/17/25

PRESENTING CLINICAL SIGNS

Recently neutered due to testicular neoplasia - Interstitial (Leydig) cell tumor and Seminoma on histopath. Enlarged prostate on examination. Back and stifle pain. Radiologist review of abdominal/hip/stifle Intervertebral disc space narrowing and spondylosis deformans are identified at C5-6, C6-7, T12-13, T13-L1, L1-L2, and L3-L4. No subluxation, osteolytic disease or fractures are identified. Moderate remodeling of the distal extent of both patellas is present. The lateral gastroc sesamoid on the left is multi partite. The left patella is medially luxated. No left stifle effusion is identified. No right stifle effusion is identified. The medial and lateral gastroc sesamoids are multi partite on the right. Common calcaneal tendons and proximal tarsi appear normal as imaged. The prostate is large. Conclusion - Prostatomegaly in a neutered patient could be indicative of neoplasia. Alternative consideration is given to an intact/cryptorchid male with benign prostatic hypertrophy or cystic prostatitis. Additional imaging is warranted prior to surgical intervention for orthopedic disease. - Multifocal chronic intervertebral disc disease involving the cervical, thoracic and lumbar spine with disc herniation at multiple levels.- Medially luxated left patella.- Moderate distal patellar remodeling bilaterally supportive of chronic laxity and chronic degenerative joint disease.

Abnormal PE/Chem/CBC/UA Results: NO recent labwork

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the bladder wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths are identified, and there is no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.40×2.31 cm. Cortical thickness measures 0.20 cm in the sagittal plane. The renal cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 3.34×1.99 cm. Cortical thickness measures 0.30 cm in the sagittal plane. The renal cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

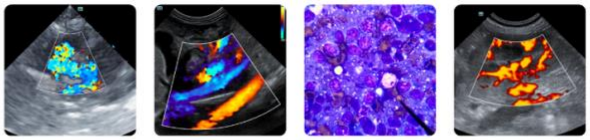
Prostate

The prostate measures 2.06 ×1.88 cm and appears mildly heterogeneous. No prostatic masses or abscesses are identified. A small cyst measuring approximately 3.55×1.63 mm is noted. The prostate appears mildly hypoechoic with some hyperechoic areas suggestive of fibrosis.

Adrenal Glands

Both adrenal glands demonstrate normal shape and echogenicity. The left adrenal gland measures 0.37 cm at the cranial pole and 0.39 cm at the caudal pole. The right adrenal gland measures 0.33 cm at the cranial pole and 0.30 cm at the caudal pole.

Spleen



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Splenic thickness measures 0.57 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 appears uniform and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

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 folded, with normal mural thickness (2.42 mm) and preserved wall layering.
The pylorus measures 3.12 mm.
Duodenum: 3.27 mm.
Jejunum: 2.48 mm.
Ileum: 2.09 mm.
No signs of inflammation, ileus, or foreign material are identified.

The colon measures 0.88 mm and contains formed fecal material in the descending segment.

Pancreas

The pancreas measures 6.42 mm in thickness. Pancreatic parenchyma is isoechoic relative to the adjacent omental fat. No ultrasonographic evidence of active inflammation or neoplastic disease is identified.

Free Abdomen

No abdominal effusion or signs of peritonitis are observed. Cranial mesenteric lymph nodes are not visualized, and the surrounding regions appear unremarkable. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Mild prostatomegaly in a recently neutered male, with a small prostatic cyst, and areas of hyperechogenicity suggestive of fibrosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate contains a small cystic focus and demonstrates regions of hypoechogenicity with scattered hyperechoic areas suggestive of fibrotic change. No discrete prostatic masses or abscesses are identified. There is no ultrasonographic evidence of invasion of the bladder neck or proximal urethra, and no regional lymphadenopathy is identified. In the context of recent castration, these findings may represent residual benign prostatic changes; however, given the patient's oncologic history, prostatic neoplasia cannot be completely excluded based on imaging alone.

Recommendations

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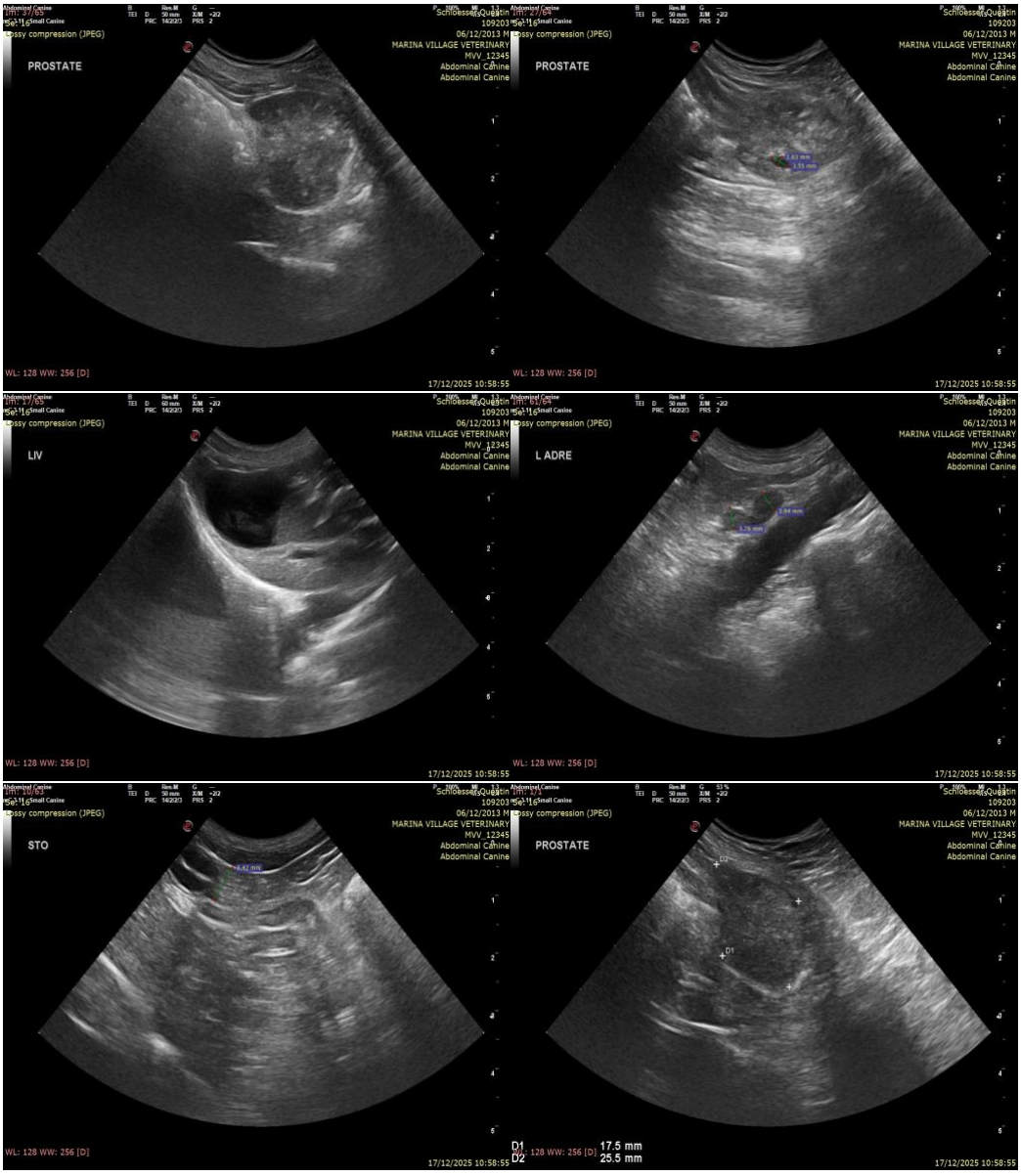
- Correlation with laboratory testing, including urinalysis and prostate-associated markers where available, may be helpful.
- Continued monitoring for progressive prostatic atrophy is recommended.



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.

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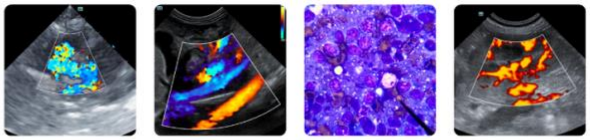

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SonoPath.com info@sonopath.com 1.800.838.4268

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