



PATIENT

Sal Hoffman

SPECIES

Canine

BREED

Labrador

SEX

Male

AGE

8 years

WEIGHT

60 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Brian Klug

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Dr. Sondel

INVOICE

71416

DATE

2/9/26

PRESENTING CLINICAL SIGNS

History of sarcoma on right forelimb

Looking for any abdominal signs of mets or other pathology

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The urinary bladder wall is thin and smooth. Urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified. There is no ultrasonographic evidence of inflammatory or neoplastic changes.

Left kidney:

Normal shape and size, measuring 6.11×3.35 cm in the sagittal plane. Cortical thickness measures 0.54 cm. The renal cortex is isoechoic relative to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Right kidney:

Normal shape and size, measuring 6.56×3.41 cm in the sagittal plane. Cortical thickness measures 0.57 cm. The renal cortex is isoechoic relative to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The prostate gland measures 4.22×2.82 cm. The parenchyma is predominantly hyperechoic. A focal lesion with internal cystic components and a small mineralized focus is identified, measuring 2.02×1.47 cm at its maximum dimensions. The lesion is labeled and is suspected to involve the left prostatic lobe, in the cranial-to-mid region, with mild outward protrusion of the prostatic contour.

The testes were not imaged or provided for review. Castration status is not specified; however, based on the overall prostatic appearance, the patient appears most consistent with an intact male.

Adrenal Glands

Both adrenal glands have normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane are as follows:

- Left adrenal gland: 0.53 cm (cranial pole), 0.58 cm (caudal pole).
- Right adrenal gland: 0.65 cm (cranial pole), 0.69 cm (caudal pole).

Spleen

Splenic thickness measures 1.24 cm. The splenic parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.



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Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is homogeneous 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 predominantly anechoic with a very small amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach contains residual ingesta. Gastric wall thickness measures 1.92 mm, with preserved wall layering.

The duodenum measures 2.68 mm. The jejunum measures between 3.06 and 4.29 mm. The ileum measures 1.54 mm. Wall layering is preserved throughout. No ultrasonographic evidence of inflammation, ileus, or foreign material is identified.

The colon measures 0.79 mm in wall thickness and contains formed feces within the descending segment.

Pancreas

The evaluated pancreatic regions do not show ultrasonographic evidence of overt inflammation.

Peritoneal Cavity

No abdominal effusion or signs of peritonitis are observed.

A right colic lymph node measuring 6.9×7.2 mm is identified incidentally and has normal shape and echogenicity. No additional abdominal lymph nodes are visualized, and the surrounding regions appear unremarkable.

The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

- Focal prostatic lesion with cystic components and a small, mineralized focus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound examination does not identify evidence of abdominal metastatic disease associated with the patient's known sarcoma of the right forelimb. The liver, spleen, kidneys, and



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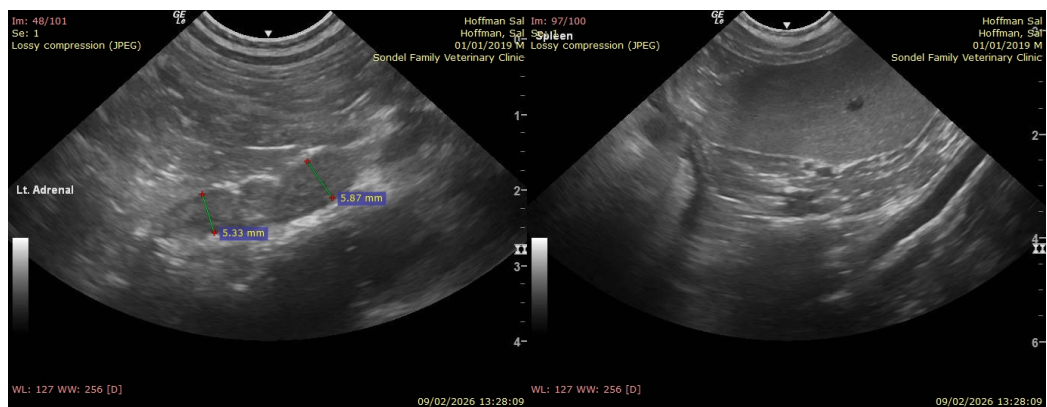
abdominal lymph nodes do not demonstrate ultrasonographic changes suggestive of metastatic involvement.

A focal, heterogeneous, cystic-appearing lesion with a small mineralized focus is observed. In intact, middle-to-older aged dogs, benign prostatic hyperplasia may evolve in a heterogeneous manner. Focal glandular hyperplasia, ductal obstruction, and subsequent retention cyst formation can result in focal cystic lesions, while the remainder of the prostatic parenchyma may appear relatively preserved. This presentation has been described as focal cystic hyperplasia or cystic degeneration of benign prostatic hyperplasia. However, this pattern is less common than diffuse benign hyperplasia and demonstrates substantial ultrasonographic overlap with other focal prostatic conditions, including chronic focal prostatitis, chronic or resolving abscessation, and early primary prostatic neoplasia. Therefore, benignity cannot be confidently assumed based on ultrasonographic appearance alone.

The remaining abdominal organs are unremarkable, and no ultrasonographic abnormalities are identified that would suggest concurrent abdominal pathology or metastatic disease at this time.

Recommendations

- Management of the focal prostatic lesion should be guided by the attending clinician, taking into account the patient's intact status, concurrent planned surgery, and owner preferences. Options include castration with follow-up ultrasonographic monitoring for lesion regression, or castration with targeted prostatic sampling if deemed clinically appropriate.
- No ultrasonographic evidence of abdominal metastasis is identified; continued oncologic staging should prioritize thoracic imaging if not already performed.





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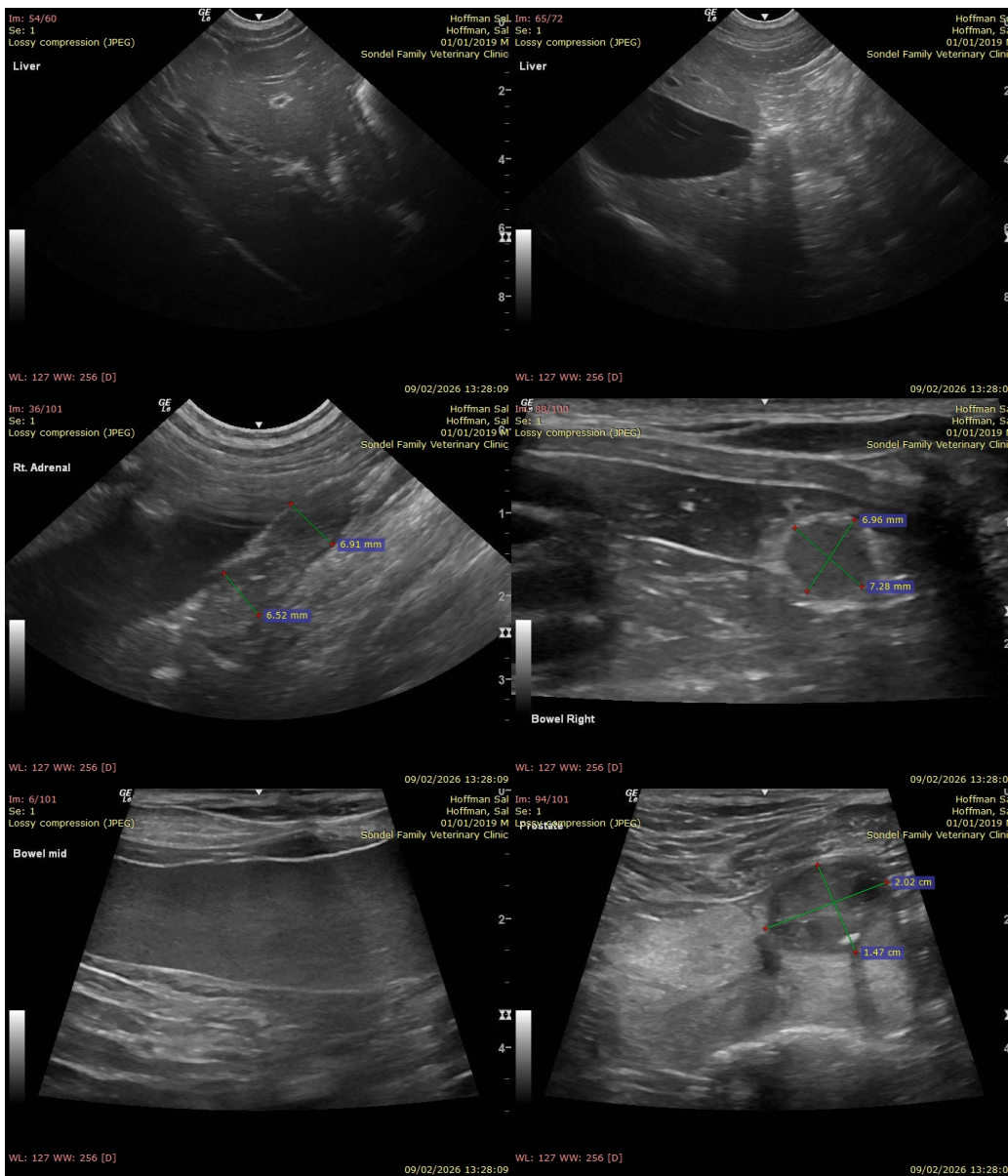
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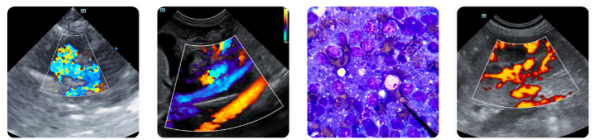
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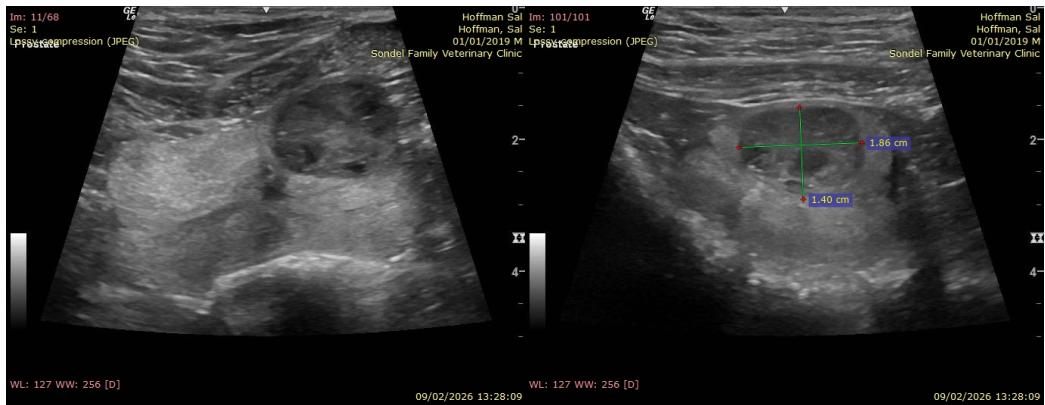
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

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