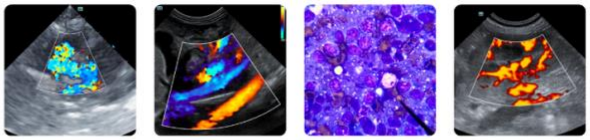


PATIENT

Casper Hadiwijaya

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

AGE

13

WEIGHT

50.6

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Christina Shonk

HOSPITAL NAME

Court Street VH

REFERRING VET

Christina Shonk

INVOICE

22912

DATE

4-23-26

PRESENTING CLINICAL SIGNS

History: P presented for second opinion due to hx of months of weight loss, lethargy without decreased appetite, now novel seizure activity starting about 1-1.5 months ago; P has lifelong hx of PD, possible PU

Abnormal PE/Chem/CBC/UA Results: WBC, lymphs, and eos mildly low, Na 159, Cl 120 mmol/L, globulins 4.3 g/dL (H), ALT 126 U/L (H) and ALP 305 U/L (H), TT4 0.8 (L), free T4 0.4 (L) 4dx - WNL, cardio proBNP

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended. The bladder wall appears thin and smooth, and the luminal contents are anechoic. The bladder neck and proximal urethra are partially visualized and appear unremarkable; however, adjacent to the urinary bladder there is a large, heterogeneous mass measuring 4.7×3.6 cm, containing a cavitary/cystic component. The cranial aspect of the mass appears to protrude into or compress the bladder lumen, although the lesion is favored to be extramural in origin rather than arising from the bladder wall.

The left kidney measures 7.10×3.33 cm, with a cortical thickness of 0.68 cm in the sagittal plane. The right kidney measures 6.87×3.58 cm, with a cortical thickness of 0.66 cm in the sagittal plane. Both kidneys are normal in shape and size for a dog of this size (typical length ~6–9 cm in medium to large breed dogs). The cortex is isoechoic relative to the liver. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

Adrenal Glands

Not visualized.

Spleen

Splenic thickness is 3.58 cm, which is mildly increased (normal typically ≤3 cm depending on body size). The parenchyma is heterogeneous with a coarse echotexture and contains multiple small hypoechoic foci (<1 cm). The splenic capsule is smooth, and vasculature appears normal.

Liver

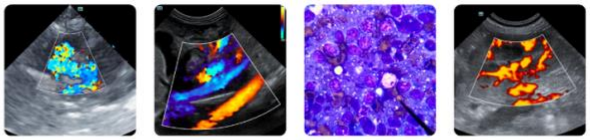
The liver is subjectively normal in size, with sharp margins and a regular contour. The parenchyma is isoechoic relative to the falciform fat, but demonstrates a mildly coarse echotexture. This may be influenced by technical factors and patient size; however, mild diffuse hepatopathy cannot be excluded. No hepatic lymphadenopathy is identified.

Gallbladder

The gallbladder is adequately distended. The wall is thin (within normal limits), and the contents are anechoic. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with a mural thickness of 2.21 mm and preserved wall layering (within normal limits).
Duodenum: 3.18 mm.



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Jejunum: 4.18 mm.
Wall layering is preserved throughout, and thickness values are within normal limits. No ultrasonographic evidence of inflammation, ileus, or foreign material is identified.
Colon is unremarkable.

Pancreas

The evaluated pancreatic areas do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Large heterogeneous mass (4.7×3.6 cm) adjacent to the urinary bladder, with cavitary component and probable extramural origin.

SECONDARY FINDINGS

- Mild splenomegaly with heterogeneous echotexture and multiple small hypoechoic foci.
- Mildly coarse hepatic echotexture.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most clinically significant finding is a large, heterogeneous mass located adjacent to the urinary bladder, with features suggesting an extramural origin and secondary compression or protrusion into the bladder lumen. Given the location and morphology, prostatic neoplasia is strongly suspected, particularly in a neutered male dog, where prostatic tumors tend to be aggressive and can present as irregular, cavitated masses. Transitional cell carcinoma with secondary involvement of adjacent structures remains a differential, although the apparent extravesical origin favors a prostatic source.

The splenic findings (mild enlargement with multiple small hypoechoic nodules) are nonspecific. In an older dog, this pattern is commonly associated with benign processes such as nodular hyperplasia or extramedullary hematopoiesis. Metastatic or infiltrative disease cannot be completely excluded, particularly given the presence of a primary neoplastic process elsewhere; however, the spleen is not among the most common sites of metastasis for prostatic tumors (although involvement may occur in advanced stages).

The liver demonstrates a mildly coarse echotexture, which may reflect technical factors; however, mild diffuse hepatopathy or early infiltrative disease cannot be completely excluded.

Overall, this study raises strong concern for a primary neoplastic process centered in the caudal abdomen (most likely prostatic in origin), with possible systemic involvement. These findings may be clinically relevant to the patient's weight loss and could represent part of a multicentric disease process; however, they do not directly explain the seizure activity, and concurrent intracranial disease remains a significant consideration.

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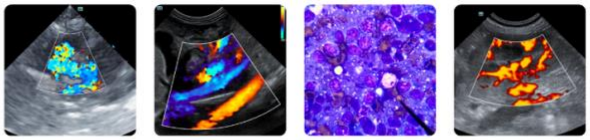
Recommendations

- Ultrasound-guided fine-needle aspiration of the caudal abdominal mass is recommended for definitive characterization.
- Cytologic evaluation of the spleen could be considered given the multifocal changes and clinical context.
- Correlation with reported radiographic findings is recommended, as lumbar vertebral involvement would be consistent with metastatic spread of prostatic neoplasia.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



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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