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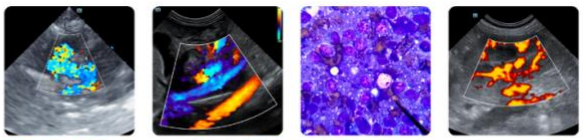

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Roscoe Steckel

SPECIES

Canine

BREED

Lab

SEX

Male Neutered

AGE

11/15/2015

WEIGHT

35kg

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

VCA Palmetto

REFERRING VET

Shawna Buerkle DVM

INVOICE

22224

DATE

11-7-25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Was seen by overnight ER recently for bloody urine. Had bloodwork and radiographs. Radiologist report stated: "Complex soft tissue opacity changes in the mid and caudal abdomen." Concern for prostatic neoplasia and sublumbar lymphadenopathy.
Abnormal lab-work values: WBCs=24,000 (Neuts 17,000). ALT=169
Current Medications: Clavamox started 11/4/25
Due to extensive gas throughout the GI tract, some pathology may be obscured.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The wall in the region of the apex is mildly to moderately thickened (up to 0.76 cm) with a diffusely irregular mucosal surface. The wall tapers to a normal thickness as it extends towards the No cystic calculi are observed. The region of the trigone is normal.

The prostate is severely enlarged (>9.1 cm in its longest dimension) with irregular peripheral contours. Multiple cavitated areas are observed within the parenchyma. The more normal-appearing parenchyma is slightly heterogenous in appearance. The prostatic urethra is not overtly dilated. Surrounding mesentery is mildly hyperechoic.

The left kidney is normal in size (6.65 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.40 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.57 cm at cranial pole) (0.66 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is slightly small in size (0.47 cm at cranial pole) (0.38 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.69 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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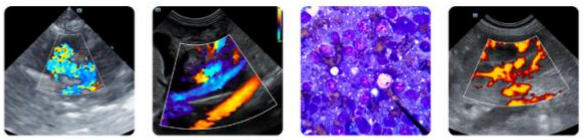

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Gastrointestinal

The lumen is gas-distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is diffusely gas-distended. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph Nodes

At the aortic trifurcation, at least two enlarged hypoechoic lymph nodes are visualized (the larger measuring 3.8 x 1.5 cm / the smaller measuring 2.2 x 0.9 cm). Surrounding mesentery is hyperechoic. A 1.74 x 0.69 cm hypoechoic lymph node is also observed in the midabdominal region. In addition, a 1.4 x 0.70 cm lymph node is observed medial to the right kidney.

Free Abdomen

There is no obvious evidence of free fluid.

Other

In the mid- to caudal abdomen, just cranial to the urinary bladder, a 6.2 x 4.3 cm hypoechoic to heterogenous mass, with cavitated areas is visualized.

In the caudodorsal abdomen, a 2.5 cm cystic structure is observed.

A brief echocardiogram reveals no obvious evidence of right atrial or auricular mass. There is no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Severe prostatomegaly with cavitated areas. Neoplasia (i.e., adenocarcinoma, transitional cell carcinoma) with cystic or necrotic regions, is suspected. However, prostatitis with parenchymal cysts cannot be completely excluded, particularly if the patient was neutered late-in-life. Mild adjacent peritonitis is present.
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia/metastatic disease or reactive change.
- The urinary bladder wall changes are suggestive of cystitis. Urinary bladder debris is present.

Secondary Findings

- Minor bilateral age-related renal changes
- Minor geriatric hepatic parenchymal changes
- Slightly small right adrenal gland
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

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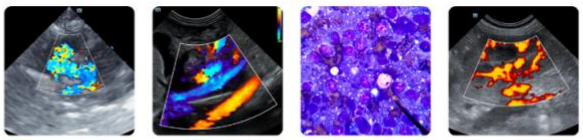

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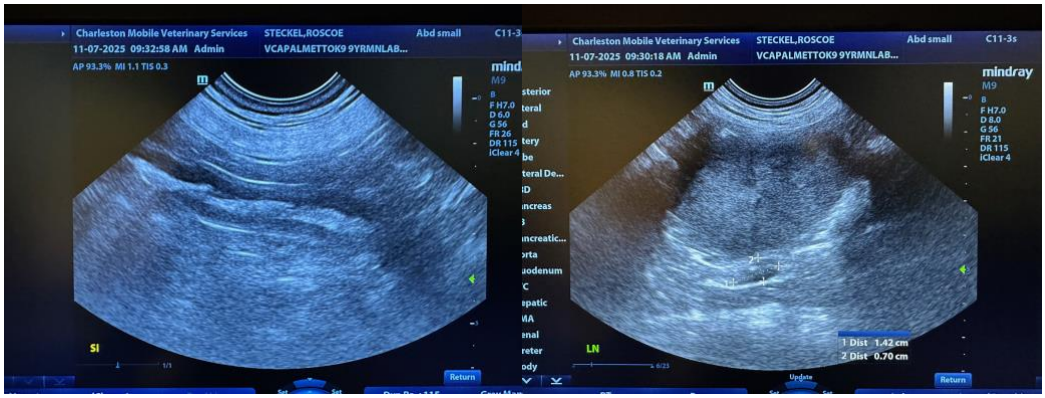
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A urine BRAF test is recommended to further evaluate for lower urinary tract neoplasia. It should be noted a positive test confirms neoplasia. However, a negative test does not rule out the possibility of cancer, and further testing (i.e., aspirates or biopsies) may be necessary to get a definitive diagnosis.
- Given the extent of abdominal pathology, particularly in the mid- to caudal abdomen, an abdominal CT scan should be considered for further evaluation.
- Depending on the results of the above diagnostics, consultation with a board-certified oncologist and/or surgeon may be indicated.



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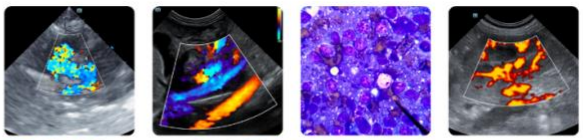

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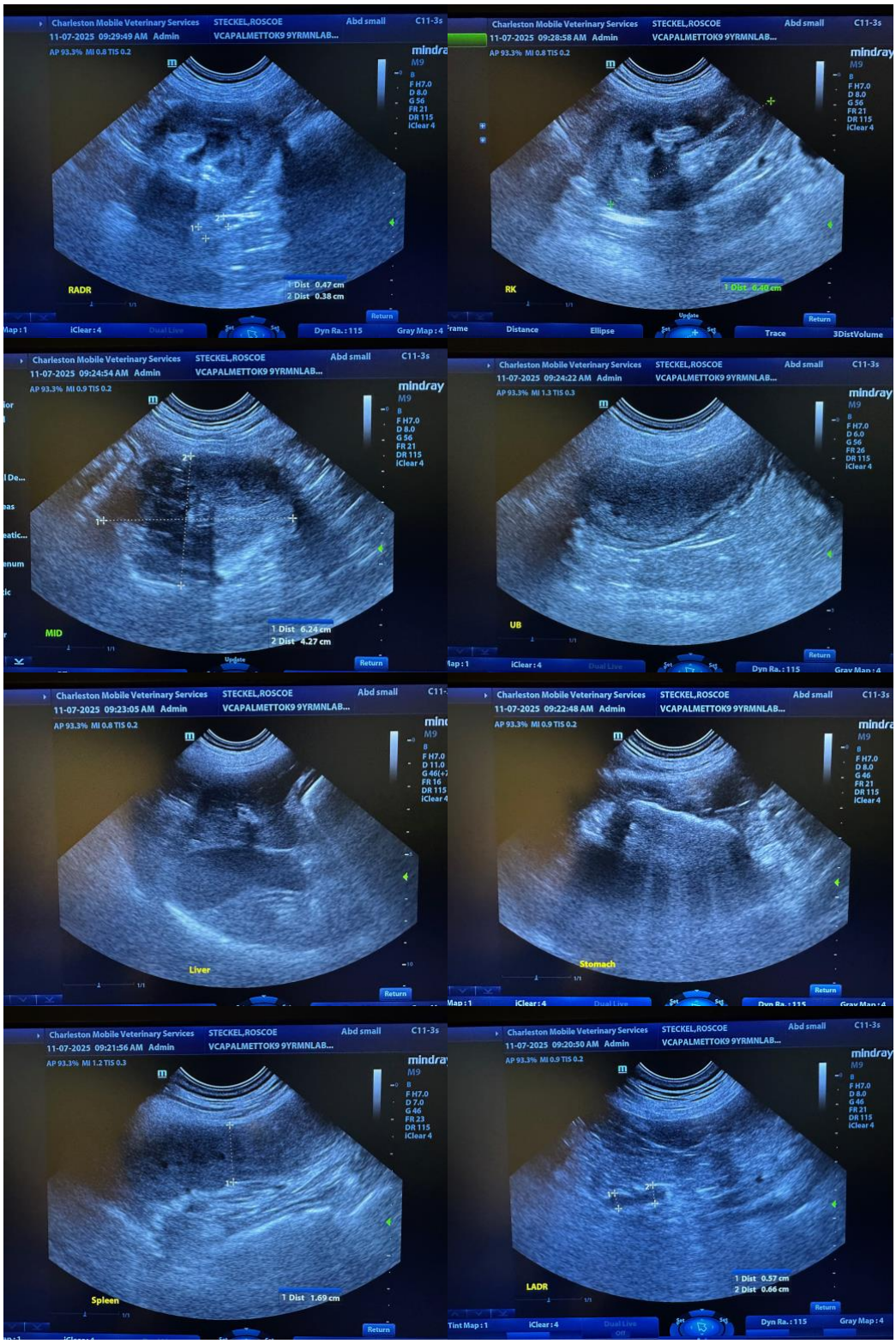

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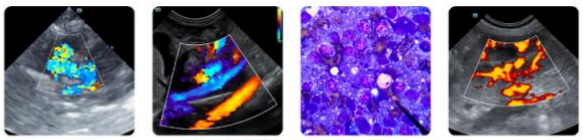

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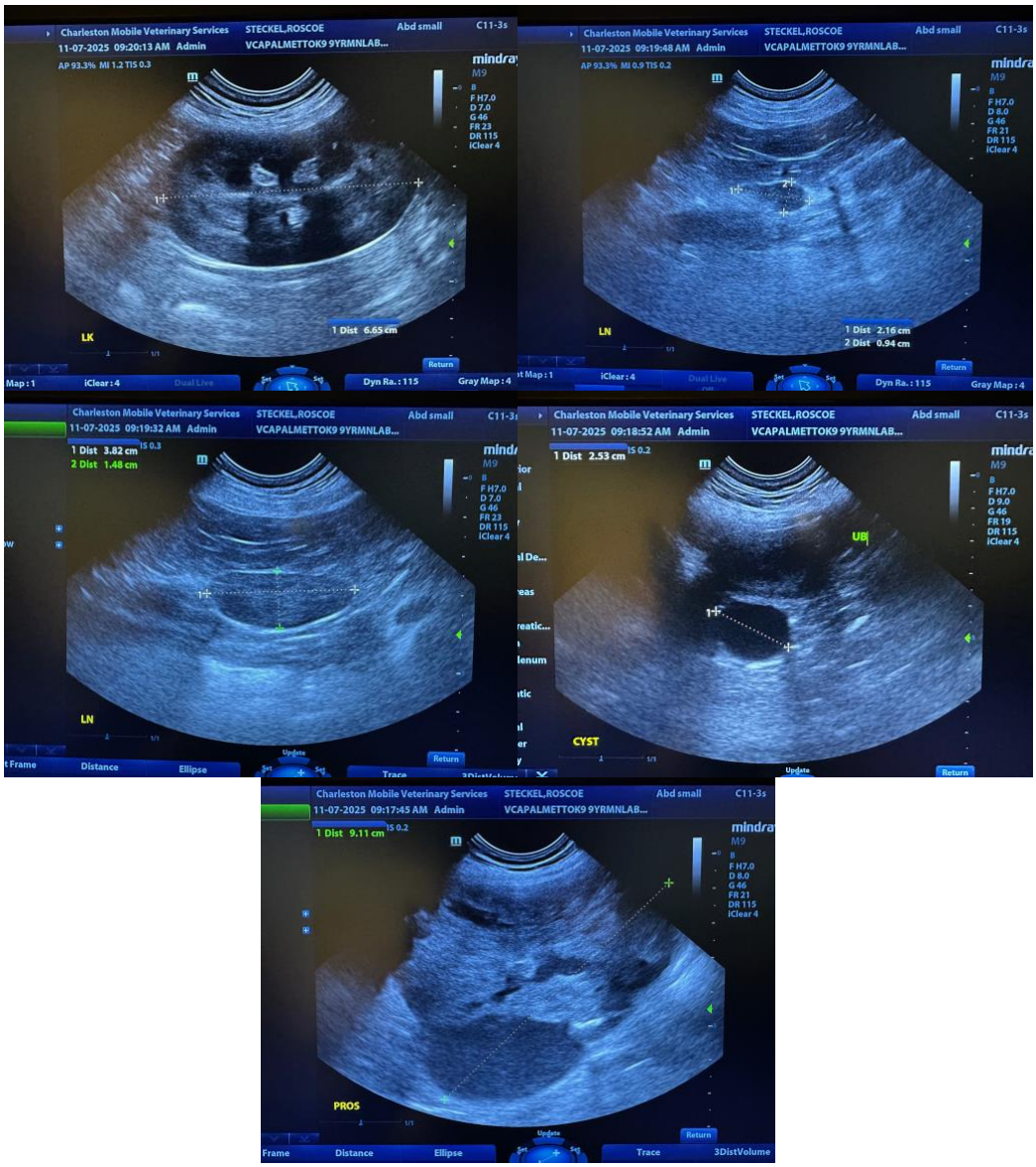

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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