



PATIENT

Zeus Laconte

SPECIES

Canine

BREED

Pit Mix

SEX

Male Neutered

AGE

1-21-14

WEIGHT

62

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

AH of South Carolina

REFERRING VET

Matt Stone

INVOICE

22318

DATE

12-23-25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Patient has recent history of intermittent urine stream/straining to urinate, with hematuria. No improvement on antibiotics.
Current Medications: TMS abx, NSAID,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall in the region of the apex is normal in thickness, with a smooth mucosal surface. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. In the region of the cystourethral junction and the proximal urethra, the wall is thickened and irregular. A mass effect is observed (5.2 x 3.21 cm) extending into the prostate. The mass effect is heterogenous, with hyperechoic-to-mineralized foci. Surrounding mesentery is hyperechoic.

The left kidney is normal in size (6.56 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with 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 (6.33 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of 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 (0.66 cm at cranial pole) (0.59 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 normal in size (1.03 cm at cranial pole) (0.56 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 subjectively normal-in-size, with a normal capsular contour. There is appropriate echogenicity and echotexture. 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 portal vein to caudal vena cava ratio is approximately 1: 1.

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

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall is normal to mildly thickened (up to 0.77 cm) with retention of the normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.



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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. (See also **"Other"** category).

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

Other

In the left cranial- to mid-abdomen, just medial to the spleen, a 1.30 cm cystic structure is visualized.

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

- Mass effect extending from the cystourethral junction through the proximal urethra and into the prostate. Neoplasia (i.e., transitional cell carcinoma, prostatic adenocarcinoma) is strongly suspected, with a lower possibility of an inflammatory process. Adjacent peritonitis/retroperitonitis is present.

Secondary Findings

- Geriatric hepatic and renal changes
- The origin of the cystic structure in the left cranial- to mid-abdomen is unclear. It may be arising from mesentery, pancreas, other. A benign cyst is suspected, with a lower possibility of an emerging vascular tumor or other pathology.
- The gastric wall changes are suggestive of gastritis, with a lower possibility of emerging neoplasia. Normal variation is also possible. There is some retained gastric ingesta.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases
- Consider a urine BRAF test to further evaluate for lower urinary tract neoplasia Also consider consultation with a board-certified oncologist.
- If further testing is not pursued, palliative care is recommended



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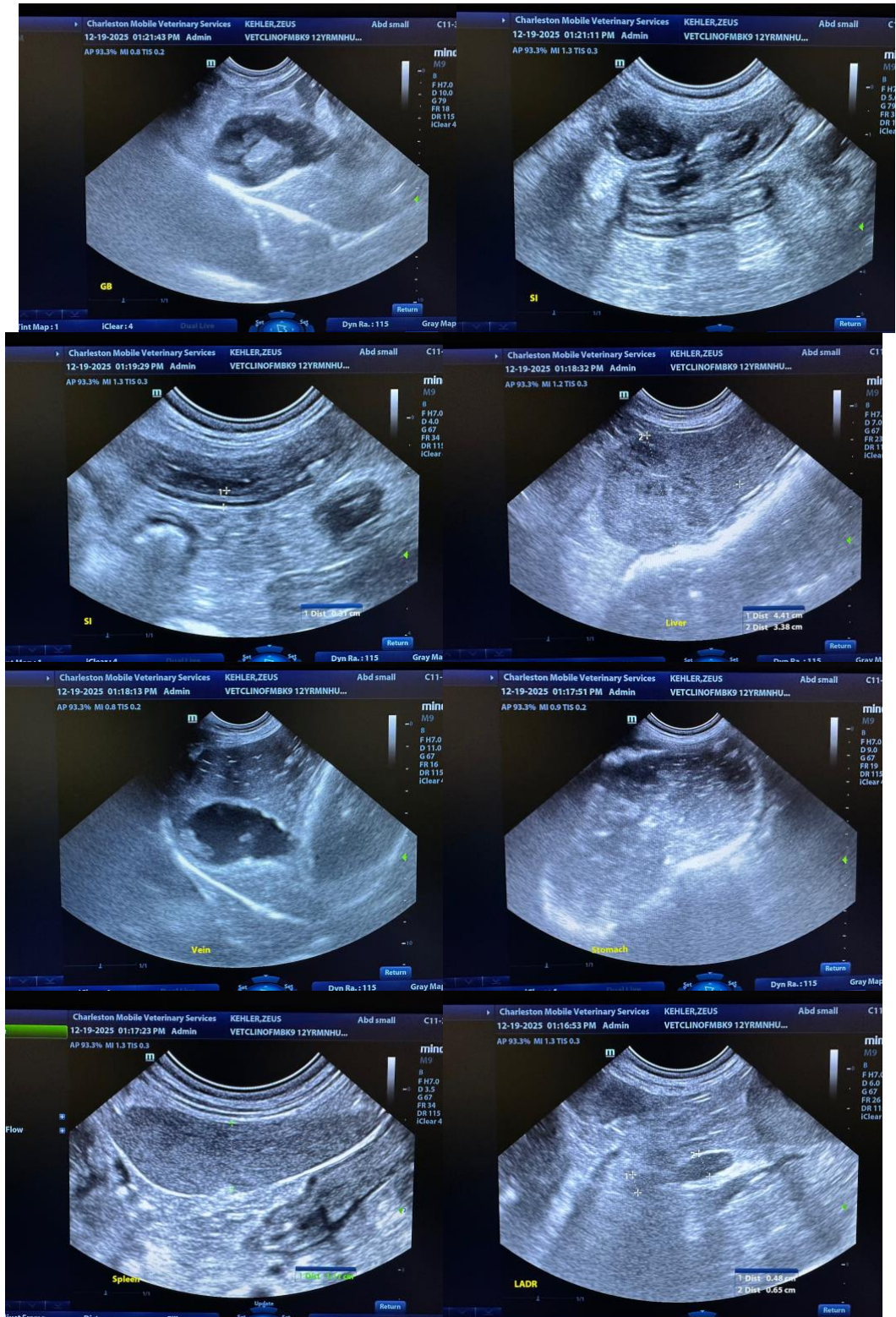
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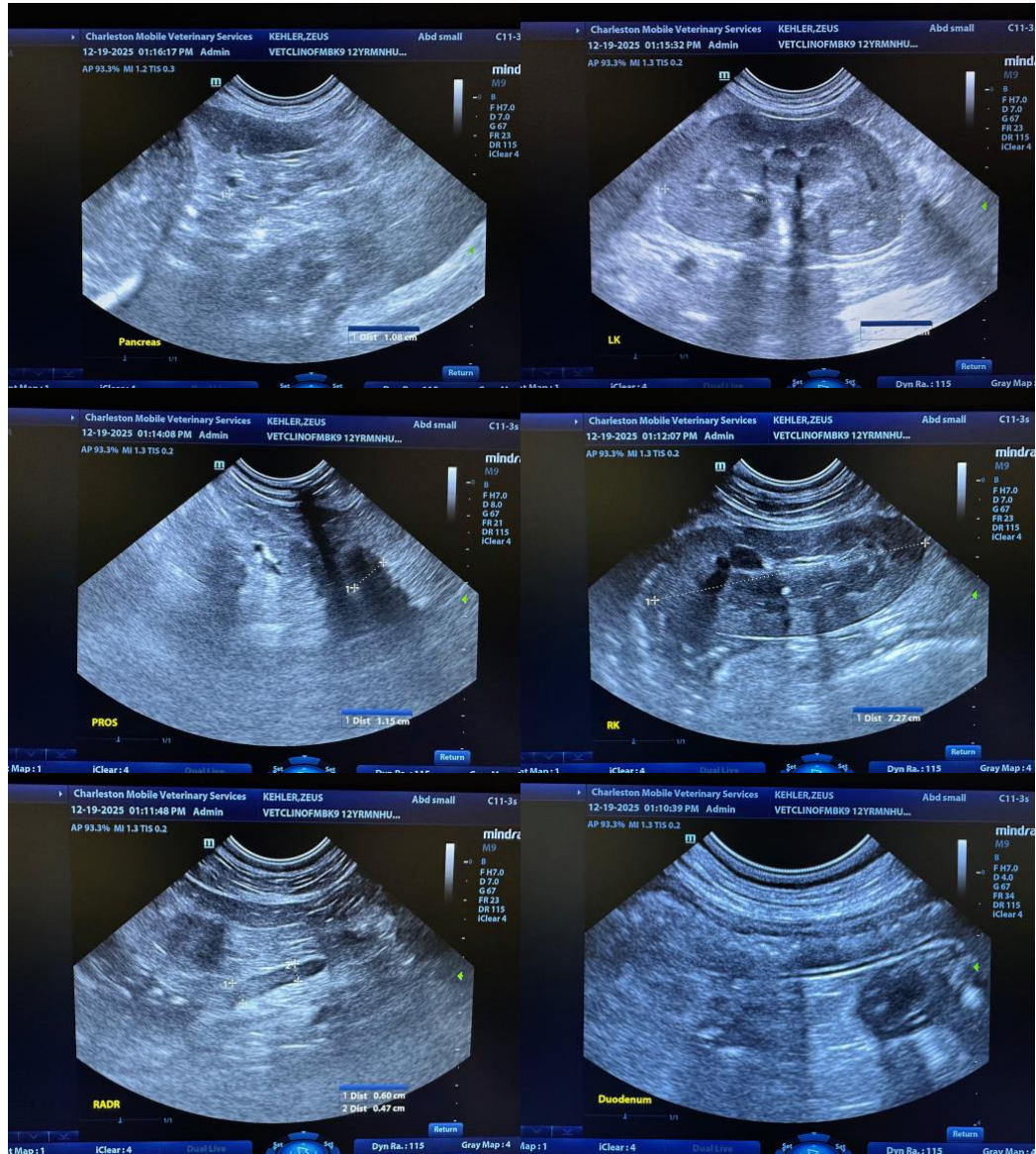
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Nicastrò, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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