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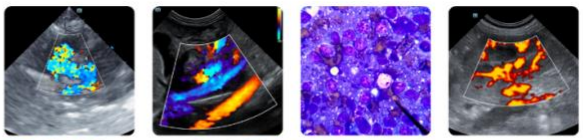

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Beau Carlone

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

10

WEIGHT

Not Provided

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 AH

REFERRING VET

Vivian Ghiorzi

INVOICE

23077

DATE

5-29-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Beau developed hematuria and difficulty voiding urine the day after his initial acupuncture treatment. FAST scan of prostate gland revealed enlarged, cavitated, irregular prostate gland.
- BRAF test negative for prostate cancer;
- UA (no bacteriuria), urine culture (no growth);
- He responded well to 4 weeks of Zeniquin, as he has in the past. Symptoms resolved but he maintains microscopic hematuria.

Previous history:
- Hematuria (June 2020 - treated with Marbofloxacin for 10 days; July 2020 - Marbofloxacin for another 10 days), then had an abdominal US in august 2020, when he was treated with Marbofloxacin for a total of 4 weeks;
- Another hematuria episode in March 2022 - 4 weeks of Marbofloxacin + neutered in April 2022, at 6 years old (AUS diagnosed prostatic cyst, prompting to his therapeutic neuter).
- Recheck AUS in September 2022 - prostate cyst was much smaller, not significant.
- In April 2025, Beau had another episode of hematuria and was treated once again with Marbofloxacin for 4 weeks. Hematuria resolved macroscopically, but a recheck UA was not done. Per Julie, none of the times was bacteriuria detected nor growth in the culture.

Abnormal lab-work values: UA: blood 2+. RBC 4-10; TBF WNL; Cadet BRAF test negative.
Current Medications: Carprofen, Gabapentin, Adequan.
Radiographic Findings: Distended bladder and visible enlarged prostate gland. At time of radiographs, he needed catheterization to relive urine.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A small- to moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3.0 cm, are normal.

The prostate is enlarged (5.21 cm in width x 3.78 cm in length) with smooth peripheral contours. The parenchyma is heterogenous, with small, ill-defined cystic areas. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (9.27 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 (9.32 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.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.63 cm at cranial pole) (0.70 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.

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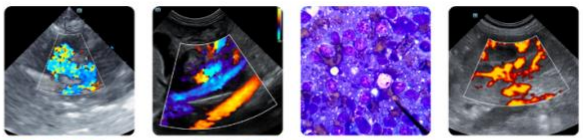

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The right adrenal gland is normal in size (1.26 cm at cranial pole) (1.07 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (2.26 cm in width at the level of the hilus) 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 contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of mostly gravity-dependent hyperechoic- to mineralized debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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 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

One- to two prominent medial iliac lymph nodes are visualized (one measuring 3.15 x 0.54 cm, the other measuring 3.78 x 1.33 cm).

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The prostatomegaly could be consistent with emerging prostatic neoplasia (i.e., adenocarcinoma, transitional cell carcinoma) despite the negative BRAF test. Other considerations include prostatic hyperplasia (due to late-in-life neutering), prostatitis, other. The prostate is bigger compared to the previous sonogram.
- The prominent medial iliac lymph nodes could be consistent with reactive change or early metastatic disease.

Secondary Findings

- Mild right adrenomegaly

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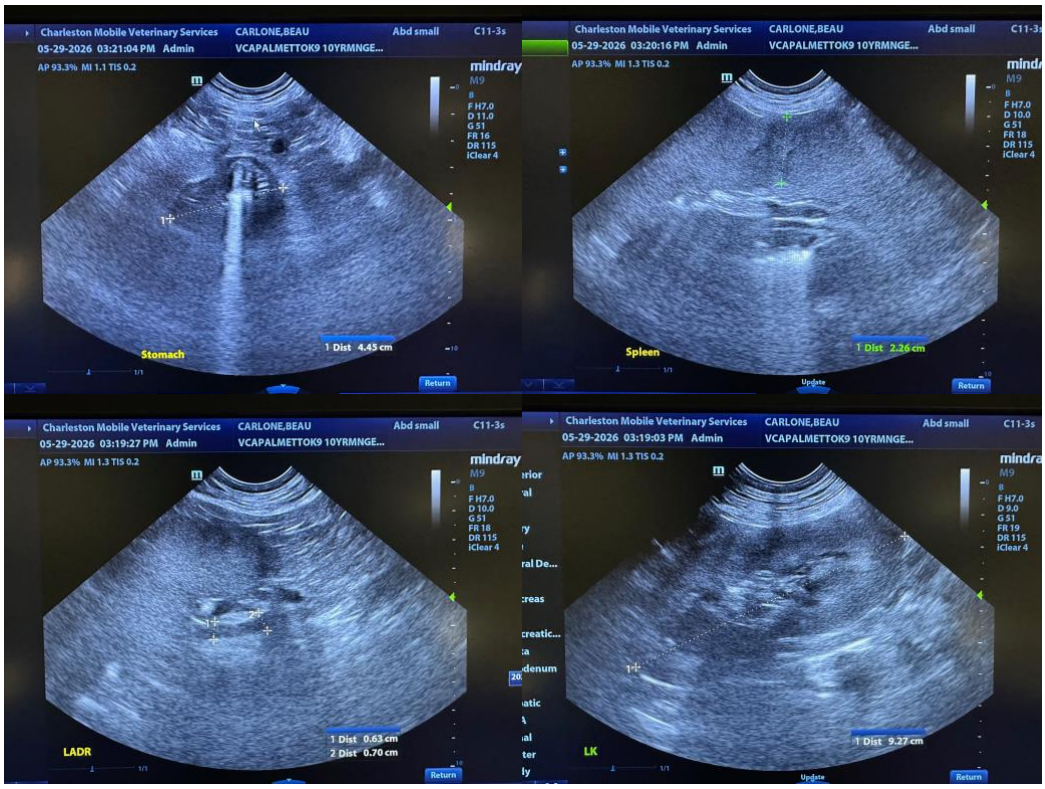
- Bilateral nonspecific age-related renal changes
- Gallbladder sand, non-mucocele
- The mild urinary debris is likely a benign, incidental finding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

To further evaluate for prostatic neoplasia, consider traumatic urethral catheterization or fine-needle aspiration of the prostate. With fine-needle aspiration of the prostate, there is a risk of seeding the abdomen with neoplastic cells. Depending on the results of the above diagnostics, prostatic biopsies may be necessary to get a definitive diagnosis.



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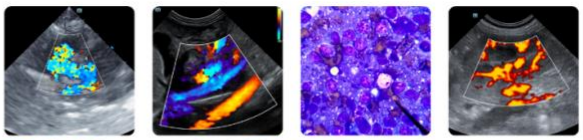

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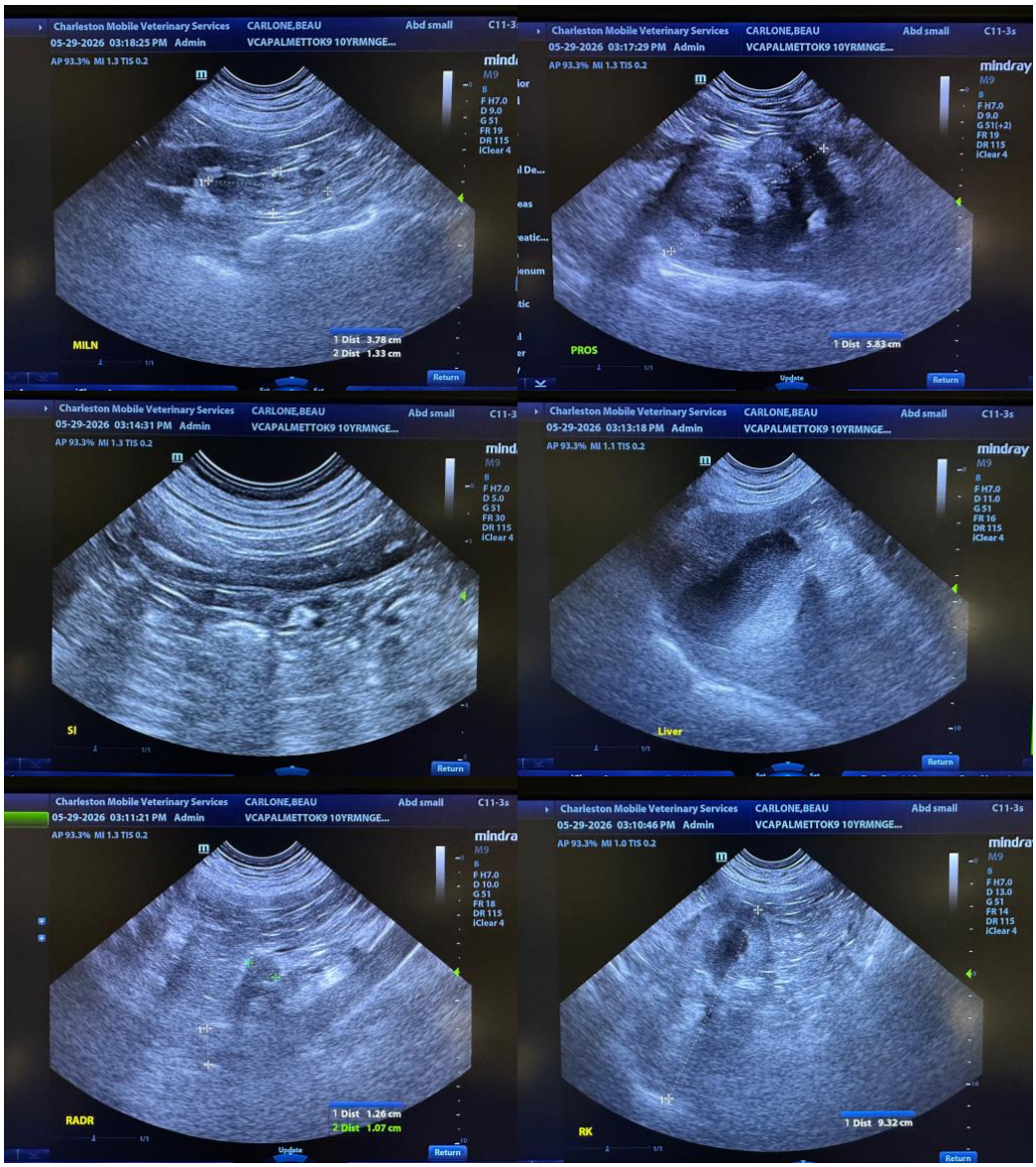

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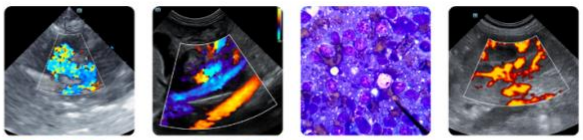

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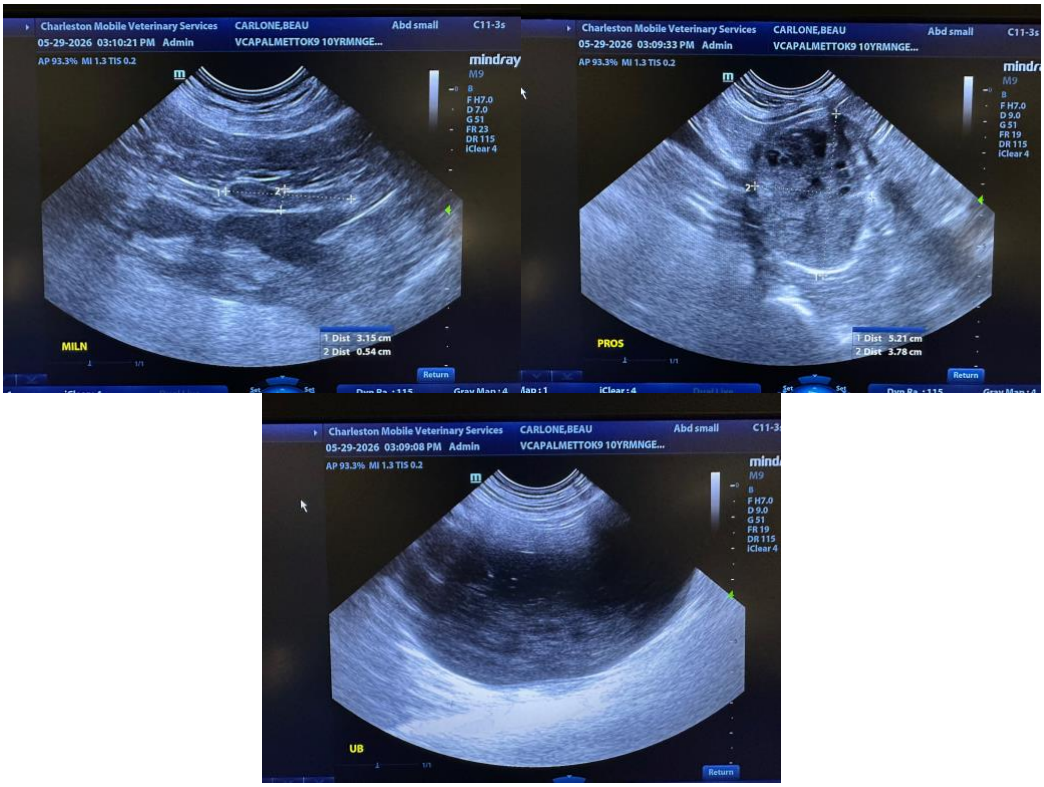

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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