



## PATIENT PRESENTING CLINICAL SIGNS

**Kato McCloskey**  
**SPECIES** Canine  
**BREED** Labrador Retr Mix  
**SEX** Neutered Male  
**AGE** 10 years 10 mos  
**WEIGHT** 70 lbs

History: Kato was referred to our practice for an abdominal/ pelvic ultrasound today because he has been straining to urinate and defecate recently. On rectal palpation the referring veterinarian appreciated a prostatic mass or asymmetry (as the prostate palpated off of midline). He may have had partial improvement with enrofloxacin and NSAID therapy according to the owner. Kato was not sedated for the ultrasound exam today.

## 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. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone is normal. The pre-prostatic urethra is subjectively thickened.

The prostate is enlarged (2.38 cm in width) with an irregular shape. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The prostatic urethra is mildly- to moderately dilated (0.64 cm in diameter.) Mineralization is observed along the prostatic urethral wall.

The left kidney is normal in size (6.70 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (7.38 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

### Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

### Spleen

The spleen is normal in size (1.96 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

### Gastrointestinal

The gastric lumen is minimally distended with ingesta. The gastric wall and pylorus are normal in thickness with a 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 colonic wall is normal. There is no evidence of an obstructive pattern.

## INTERPRETED BY

Andrea Nicastro, DVM,  
 Diplomate ACVIM  
 (Small Animal Internal  
 Medicine)

## IMAGING PERFORMED BY

Alex McFeely, DVM

## HOSPITAL NAME

Centre Animal  
 Hospital

## REFERRING VET

Alex McFeely, DVM

## INVOICE

23105

## DATE

6-1-26



**PATIENT** *Pancreas*

Kato McCloskey

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.

**SPECIES** *Lymph Nodes*

Canine

A 1.44 x 0.77 cm medial iliac lymph node is visualized. A 2.94 x 0.73 cm sublumbar lymph node is also seen.

**BREED**

Labrador Retr Mix

*Free Abdomen*

There is no obvious evidence of free fluid.

**SEX**

Neutered Male

- The prostate changes are more most concerning for infiltrative neoplasia (i.e., adenocarcinoma, transitional cell carcinoma) with a lower possibility of a non-neoplastic process (i.e., inflammatory). There is concern for extension of neoplastic tissue into the pre-prostatic urethra.

**AGE**

10 years 10 mos

- The prominent medial iliac and sublumbar lymph nodes are most consistent with reactive change. However, early metastatic disease cannot be completely excluded.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

70 lbs

A urine BRAF test is recommended to further evaluate for lower urinary tract neoplasia. A positive test confirms neoplasia. However, a negative test does not rule out the possibility of cancer, and further testing (i.e., traumatic urethral catheterization or biopsies) may be necessary to get a definitive diagnosis.

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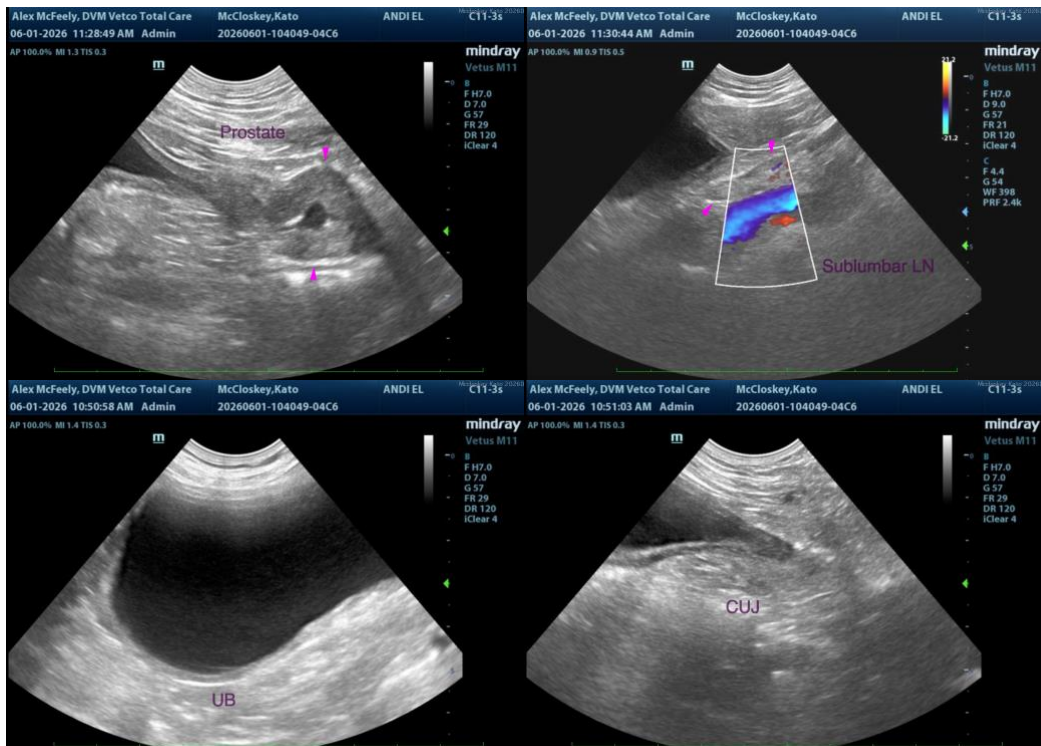
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Kato McCloskey

**SPECIES**

Canine

**BREED**

Labrador Retr Mix

**SEX**

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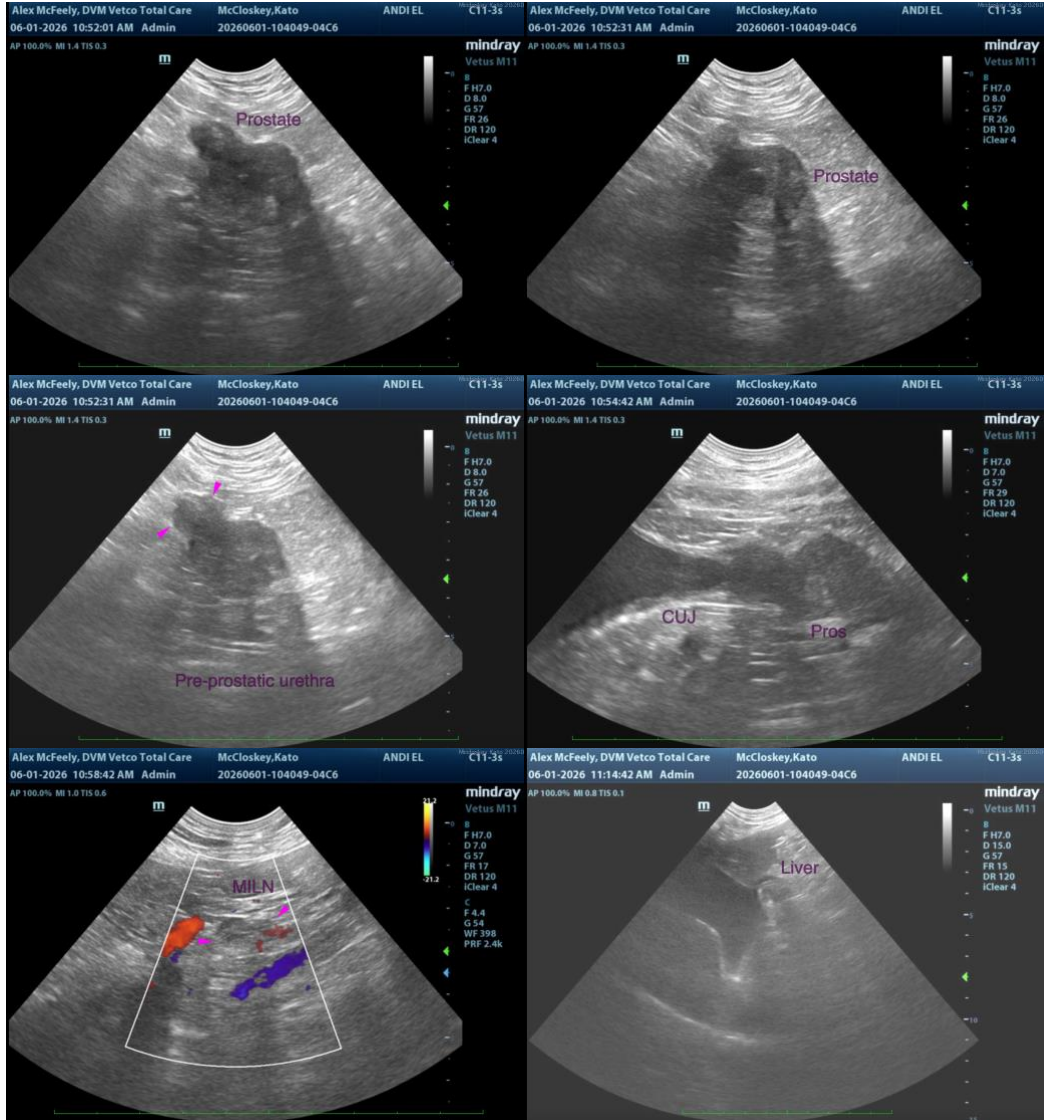
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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