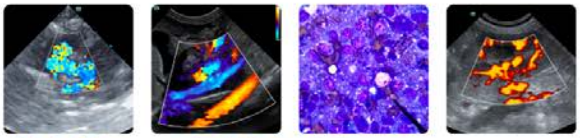


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Bear Burmaster

SPECIES

Canine

BREED

Cockapoo

SEX

Neutered Male

AGE

16 Years

WEIGHT

11.7 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Maples Animal Hospital

REFERRING VET

Dr. Kazienko

INVOICE

72833

DATE

2/10/26

PRESENTING CLINICAL SIGNS

Chronic, frequent urination with blood for 1 month--- urinates small amounts/thin stream or dribbles. Treated with Baytril for 20 days. Recheck urinalysis shows an increase in RBC's, no bacteria.

Jan 12/26--Prostate enlarged on palpation--very little distinction between left & right side. Right side larger. Firmer than normal.

No issues defecating.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

There is a mass in the urinary bladder in the region of the trigone, which appears to be directly extending from the prostate. The prostate is rounded, enlarged, and heterogeneous, and appears to have a direct connection with the mass extending into the neck of the urinary bladder. There are small areas of mineralization within the prostate and mass in the neck of the urinary bladder. The remainder of the urinary bladder wall is of normal thickness with normal wall layering.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Left kidney measures 3.27 cm in length. Right kidney measures 3.95 cm in length.

Adrenal Glands

Adrenal glands are visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Left measures 1.09 cm in length x 0.26 cm at the caudal pole and 0.24 cm at the cranial pole. Right measures 0.49 cm in thickness.

Spleen

The spleen had a generally smooth homogeneous parenchyma and a smooth capsule with perivascular hyperechoic nodules visualized most consistent with benign myelolipomas. There was normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

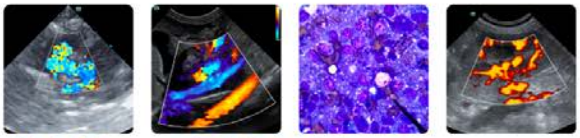
Liver

The liver is subjectively normal in size with normal contours and structure. There is age 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.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains a small volume of fluid. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.



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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

Free Abdomen

Cranial to the bladder there is a roughly spherical solid mass effect with a generally homogeneous parenchyma with a few areas of cavitation, measuring approximately 3.8 cm x 3.6 cm. It is not definitively attached to any specific organ but is near major abdominal vasculature, suggestive of a possible lymph node.

ULTRASONOGRAPHIC FINDINGS

- Prostatic mass that appears to be extending into the neck of the urinary bladder – likely prostatic carcinoma or transitional cell carcinoma.
- Mid caudal abdominal mass effect – suspect enlarged/infiltrative lymph node versus other.
- Splenic myelolipomas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostatic and urinary bladder changes most likely represent prostatic carcinoma or transitional cell carcinoma. FNA should be attempted to further define. Urine CADET BRAF test could also be considered. This is a relatively sensitive test for prostatic carcinoma, though less sensitive than primary prostatic transitional cell carcinoma.

The origin of the mass effect cranial to the urinary bladder is uncertain. It has the appearance and is in a location of an aortic lymph node. FNA is recommended to further defined.

Splenic changes are a common age related change and hyperechoic areas are most consistent with benign myelolipoma, but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. No significant disruption of architecture noted to suggest significant pathology. Fine needle aspirate could be considered to further characterize parenchymal changes if clinically indicated, especially if any weight loss is noted or for baseline cytological assessment.

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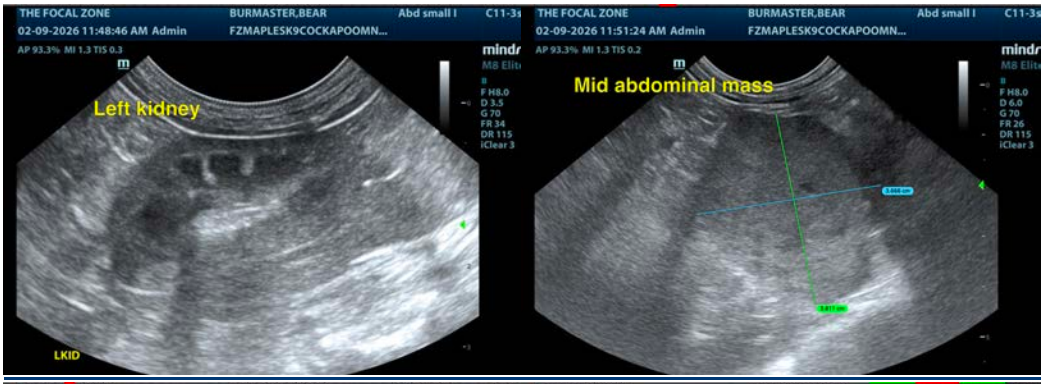

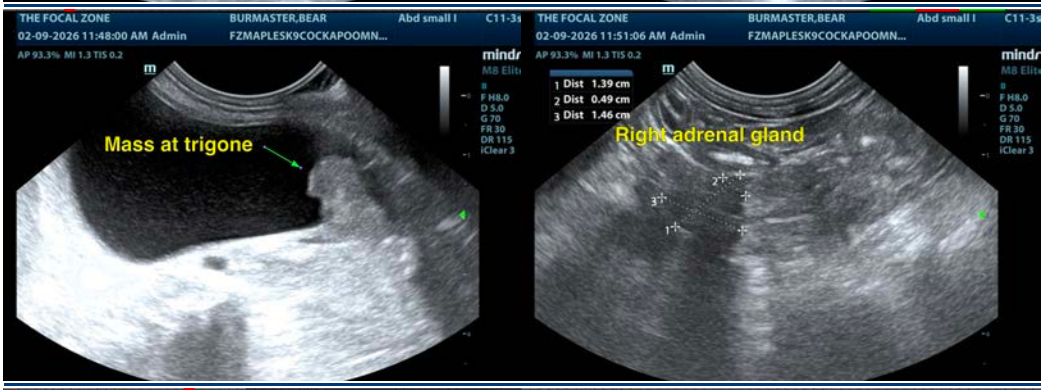

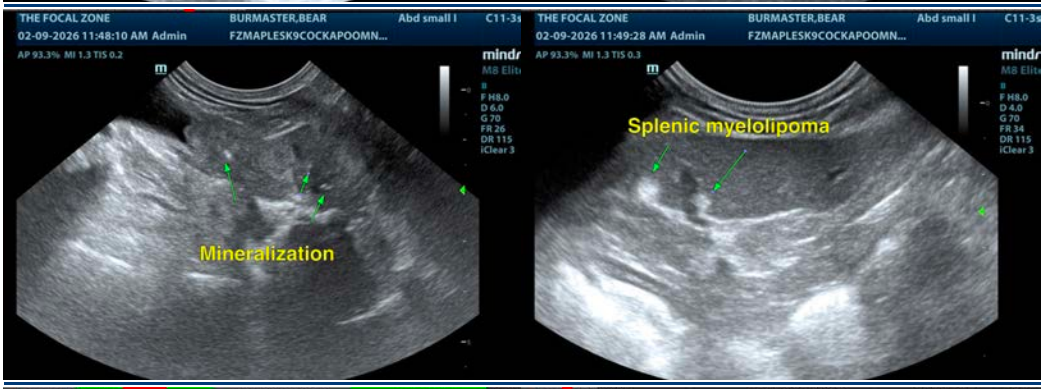

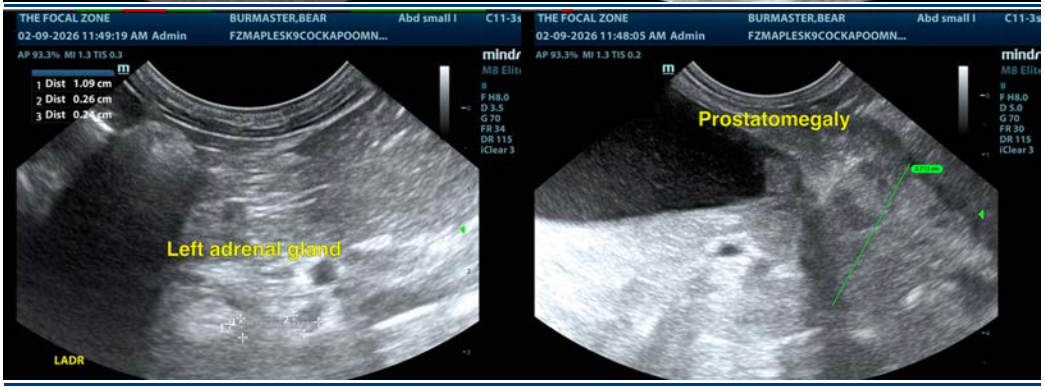

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com