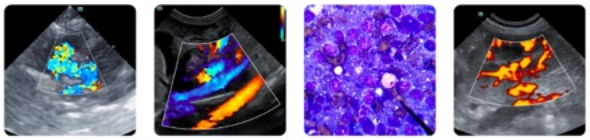


PATIENT

Diesel Unterkoefler

SPECIES

Canine

BREED

Pit Mix

SEX

Neutered male

AGE

Approx 12-14 years

WEIGHT

63 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Wasserman

HOSPITAL NAME

Insight Imaging

REFERRING VET

Dr. Wasserman

INVOICE

73809

DATE

3/26/26

PRESENTING CLINICAL SIGNS

- Sedated with 0.4 ml dexdomitor (0.5 mg/ml) IV combined with 0.3 ml butorphanol (10 mg/ml) IV. Sedation was adequate for abdominal ultrasound, prostate FNA, and three-view thoracic radiographs
- Patient neutered at 1-2 years of age.
- Presented in 2/2026 for wellness exam and bloodwork. A growth was noted on the right flank/dermal/ischial region. In-house cytology revealed mast cell tumor cells with granules. Due to location, referral for surgical removal by a specialist was recommended, as axial pattern flap or advanced skin closure techniques may be required to achieve full margins on first attempt.
- Presented in 3/6/2026 for surgical consultation with Dr. Wasserman with understanding that complete margins may not be achievable if removed locally. At the end of the exam, additional history was obtained and the client reported abnormal urination at home. POCUS revealed an enlarged prostate extending into the pelvic urethra region. Rimadyl and Baytril were initiated at that time. Baytril dosage was two 136 mg tablets PO SID in the evening. No clinical improvement noted with therapy. MCT tumor removal was deferred while assessing response of the prostate. Based on today's exam and progression, prostatic neoplasia is considered highly suspicious.
- Presented today for full abdominal ultrasound, ultrasound-guided FNA of the prostate for cytology and culture, and sedated thoracic radiographs. P still straining to urinate after complete micturition at home.
- Please note that several clips of the prostate labeled PRE-TREATMENT were obtained prior to initiating medical therapy. The SDEP scan clips that follow represent today's complete study. Labs: Sent out 2/2026 CBC/Chem/Lytes within normal limits. Heartworm test negative and fecal examination revealed no ova or parasites. Urinalysis obtained via free catch completion sample revealed 2–3 transitional epithelial cells per HPF, confirmed on dry prep by Antech pathologist. Urine specific gravity was 1.026. No bacteria or WBCs observed. 3/2026: Rectal within normal limits. Mast cell tumor on right hip/hind has not changed in size. 3/26/2026 (today): 3v thoracic radiographs within normal limits, Prostate mildly larger than previous scan. Prostatic Cytology and Culture submitted today.

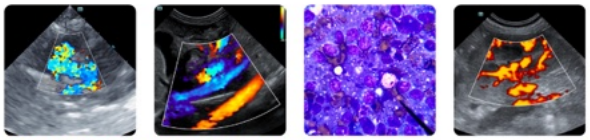
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.32 cm. The left kidney measured 6.2 cm.

The prostate was enlarged, irregular and nodular. This is significantly enlarged for a neutered male. The prostatic mass is moderately vascular. There is a strong concern for prostatic carcinoma. FNA of the prostate is indicated. The prostatic mass on 3/6 measured 3.9 x 0.84 cm with minimal pre-prostatic involvement. The prostatic mass on 3/26 measured 5.3 x 4.3 cm with invasion into the pre-prostatic



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urethra.

The iliac trifurcation was unremarkable.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 3.27 x 1.08 cm at the caudal pole and 1.2 cm at the cranial pole. The right adrenal gland measured 0.8 cm at the cranial pole and 0.4 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

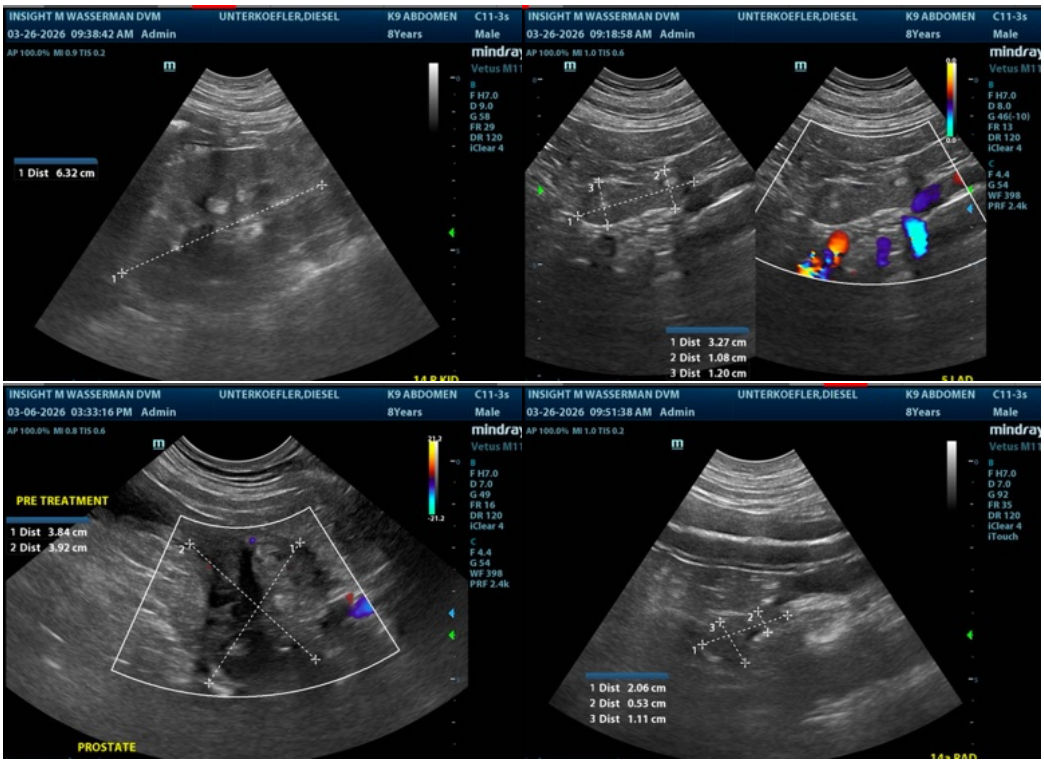
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Mineralized prostatic mass, strongly consistent with prostatic carcinoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA or traumatic catheterization for a definitive diagnosis is indicated. Chemotherapeutic intervention and stent placement is warranted based on cytology results.



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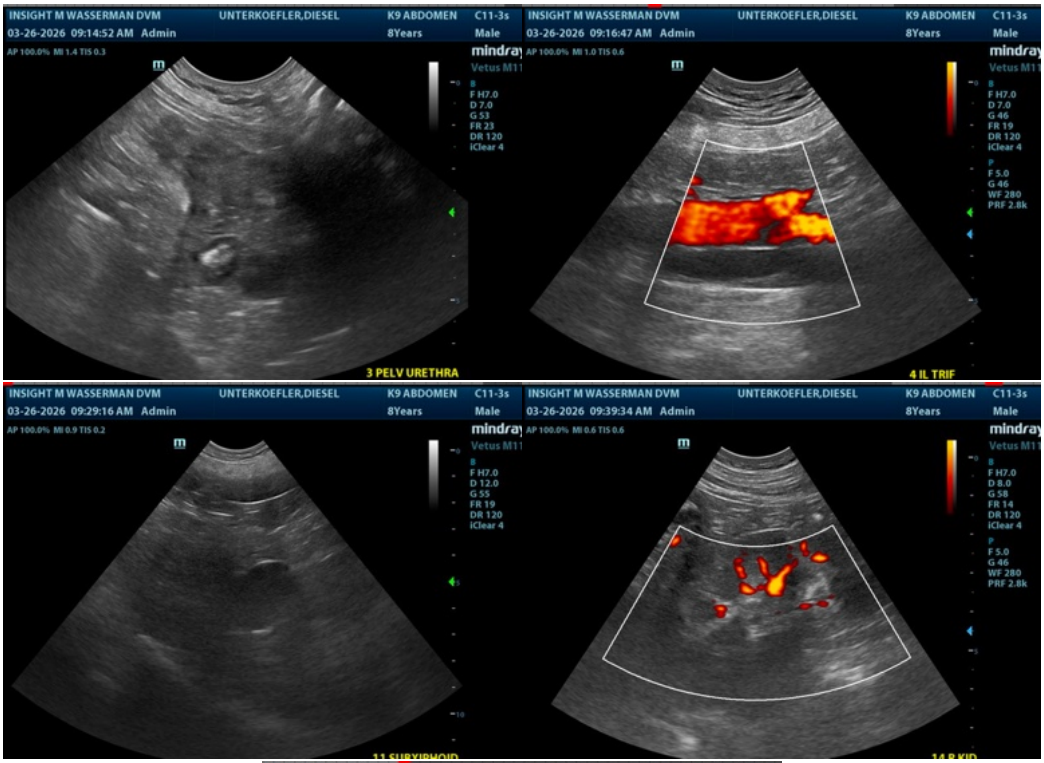

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com