



PATIENT

Jasper Dehne

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered male

AGE

11 years

WEIGHT

27 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Olivia Mellgren

HOSPITAL NAME

VROAM Inc

REFERRING VET

Dr. Mellgren

INVOICE

75070

DATE

4/30/26

PRESENTING CLINICAL SIGNS

History: Urinary issues since early 2025. Has been to several clinics. Several urinalyses performed, cultured staph in April 2025. Dog has on and off episodes of straining to urinate and visually bloody urine since that time. Pt was put on prazosin for possible reflex dyssynergia in May 2025. Pt has been battling a corneal ulcer for over a month now.

Abnormal PE/Chem/CBC/UA Results: I saw pt last week for the issue. (first time me addressing it). Free catch urine USG 1.052, 2+ protein, and >100WBC per field. CBC/chem/T4/4dx unremarkable at that time. Prostate large on digital rectal exam today. Concern for prostatic disease on ultrasound today.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** itself was unremarkable as was the cystourethral junction and urethra up to 2.0 cm distal from the cystourethral junction. A minor amount of suspended debris was noted in the bladder. However, the prostate in this patient revealed a mineralized and enlarged rounded mass. The prostatic mass measured 3.2 cm. This is strongly consistent with carcinoma with regional inflammation. A cystic component was also noted.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.5 cm. The right kidney measured 4.2 cm.

ULTRASONOGRAPHIC FINDINGS

Prostatic mass with regional inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the prostatic mass can be considered with a minor potential for tumor trailing. Otherwise, traumatic catheterization is recommended via ultrasound-guidance for a definitive diagnosis. This is strongly consistent with prostatic carcinoma. Underlying UTI is likely concurrent, but not the primary issue. Referral for oncological intervention and stent placement would be appropriate.



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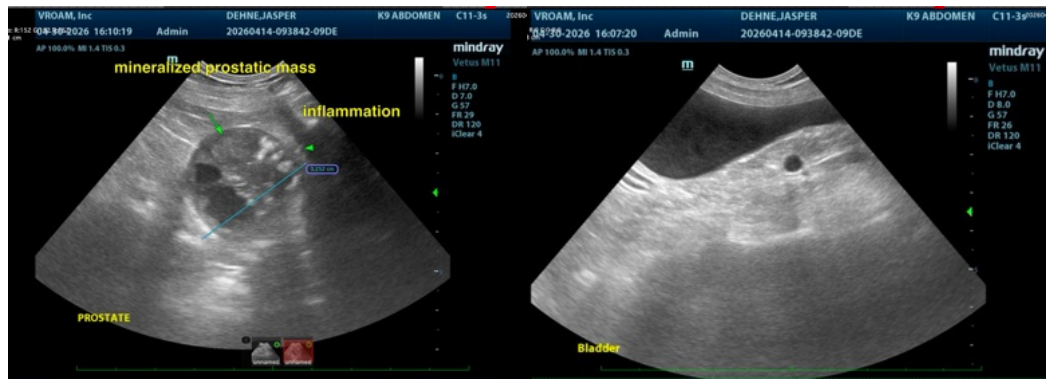
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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