

PATIENT

Max Drake

SPECIES

Canine

BREED

Mix

SEX

Intact Male

AGE

9 Years

WEIGHT

25.6 kg

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Chloe Lowe

HOSPITAL NAME

Pet Stat Animal Urgent
 Care

REFERRING VET

Dr. Payne

INVOICE

73299

DATE

2/26/26

PRESENTING CLINICAL SIGNS

Prostate dx with testicular cancer. Checking for spreading.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Diffusely, the urinary bladder wall appears normal in thickness. The urine contains a moderate amount of echogenic debris. There is a single hyperechoic shadowing urolith present that measures 1.3 cm in length. No bladder masses are seen. The urethral papillae are not visualized.

The prostate measured 2.3 cm x 2.7 cm. It has an irregular shape and heterogeneous echotexture. These findings are most likely consistent with the patient reported diagnosis of prostatic neoplasia. There are several small hypoechoic cysts within the prostate that appear to be cystic and not abscesses.

The right kidney presents normal size (6.6 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (6.2 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 1.07 mm and the caudal pole measures 4.5 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.5 mm and the caudal pole measures 5.4 mm.

Spleen

The spleen appears normal in size, echogenicity, and echotexture. In the body of the spleen there is a 4.6 mm in diameter round, hyperechoic lesion suspected to be benign extramedullary hematopoiesis.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern. No evidence of metastatic disease seen within the liver.

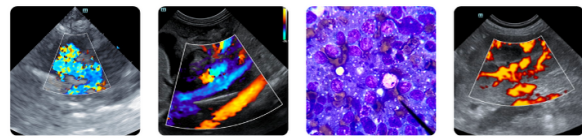
The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.



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Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

In the cranial pole of the left testicle there is a heterogeneous round mass that measures 1.6 cm x 1.2 cm in size and is consistent with the reported diagnosis of testicular neoplasia.

The right testicle appears normal.

The cardiac images provided reveal no evidence of pericardial effusion. No other obvious ardiac abnormalities are seen.

ULTRASONOGRAPHIC FINDINGS

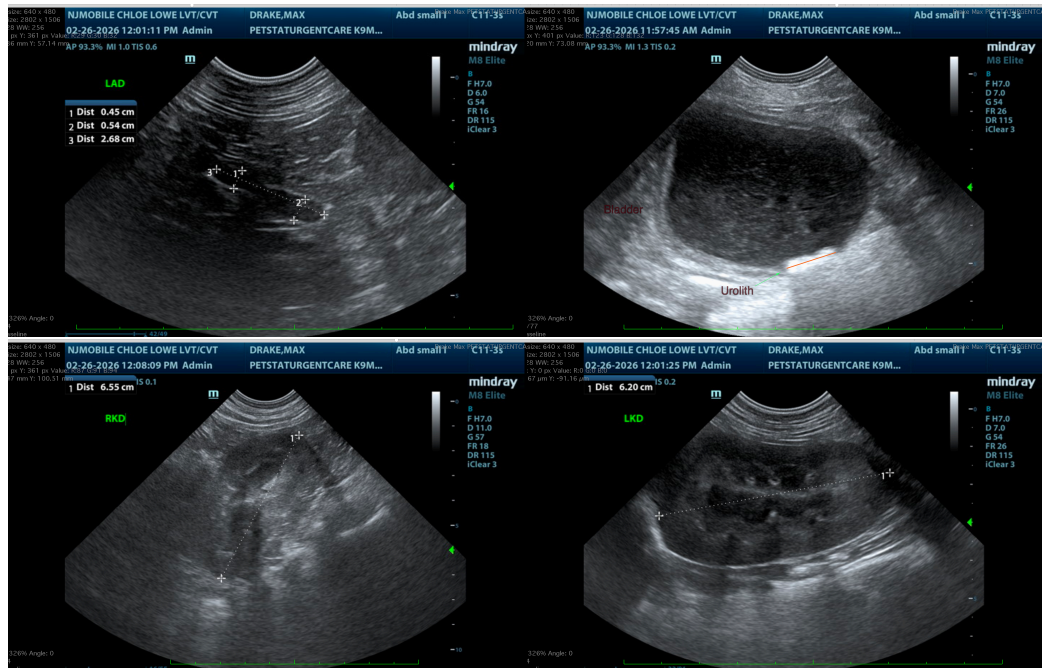
- Left testicular mass.
- Asymmetrical heterogeneous prostate.
- Splenic nodule.
- Moderate urinary bladder debris.

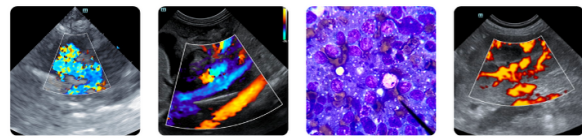
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider urinalysis, and if active urine sediment, recommend urine culture.

Recommend fine needle aspirate of the splenic lesion, submitting cytology to rule out the possibility that this lesion is due to round cell neoplasia such as lymphoma or mast cell disease, or that it could potentially be metastatic testicular neoplasia.

It is reported that the left testicular mass and asymmetrical heterogeneous prostate have been diagnosed as neoplasia. If that is not accurate, then please reach out to Dr. Kuhlman to update the report. No metastatic disease beyond the changes in the prostate and the left testicle are seen on this exam. There are no enlarged abdominal lymph nodes seen on this exam.





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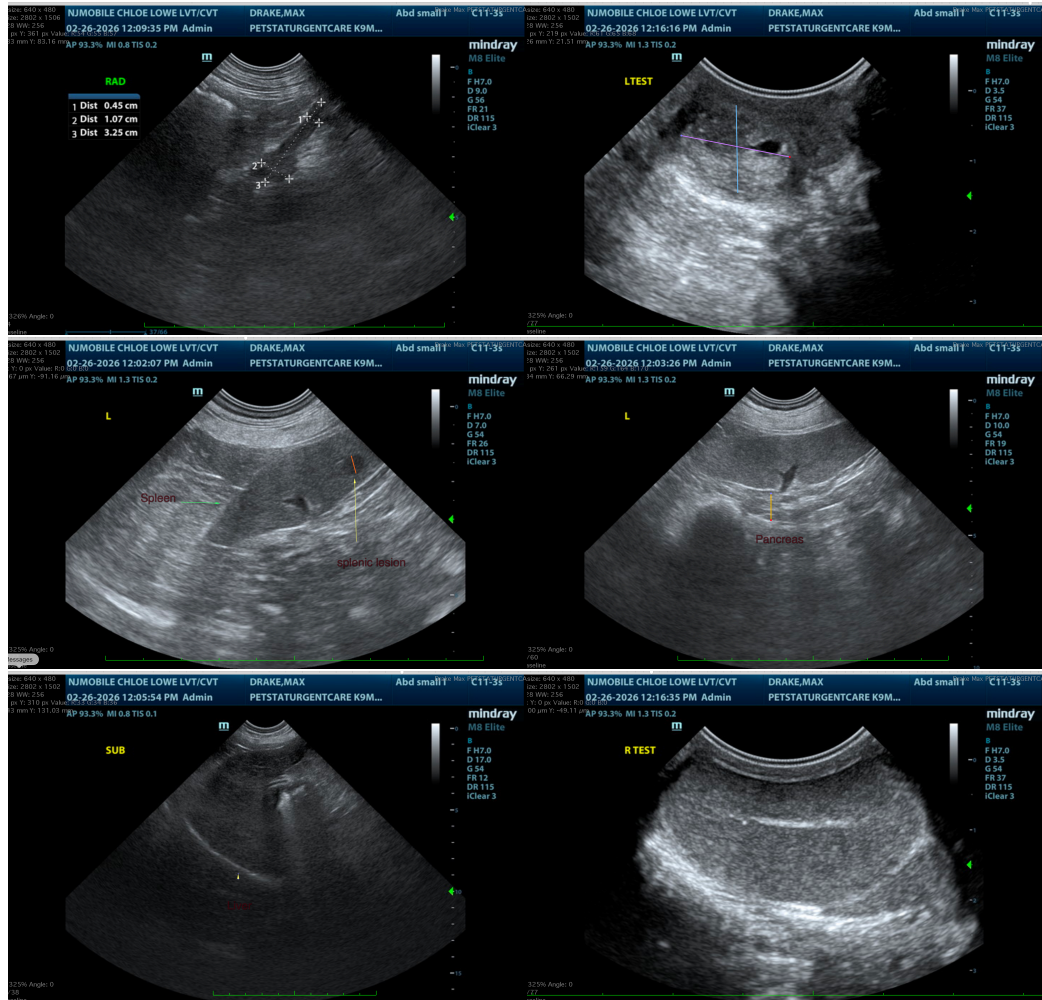
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist

info@SonoPath.com