



PATIENT

Jasper Silmsner

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

10 Years 6 Months

WEIGHT

29 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

King Veterinary
 Hospital

REFERRING VET

Dr. Aldridge

INVOICE

75024

DATE

5/7/26

PRESENTING CLINICAL SIGNS

P presented to another DVM about 3-4 weeks ago for straining to urinate- prostate enlarged, neutered, now at rDVM p is still straining, getting worse, and now screaming in pain when trying to urinate. Prostate appears slightly smaller than before, fast scan rdvm irregular tissue in trigone concern for prostatic carcinoma vs TCC and now blocking ureters

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

A urinary bladder wall mass is present in the trigone measuring approximately 1.9 cm in width x 3.7 cm in length. The mass is hypoechoic and irregularly shaped. The cranial bladder wall is also mildly thickened at 8.3 mm in width.

The prostate was markedly enlarged with hypoechoic echotexture and cystic areas throughout. There are multifocal hyperechoic foci present throughout the prostate consistent with mineralization.

The left kidney is hydronephrotic and measures 5.8 cm. The left renal pelvis measures approximately 1.2 cm in width. There is mild loss of corticomedullary distinction. The left ureter is diffusely dilated from the kidney to the urinary bladder, most likely due to the trigonal mass obstructing the left ureteral vesicular junction.

The right kidney is significantly more dilated than the left kidney. The right kidney measures 6.35 cm. The renal pelvis is 1.6 cm dilated. The right ureter is also diffusely dilated from the kidney to the bladder, most likely due to the trigonal mass obstructing the left ureteral vesicular junction.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 5.0 mm at the caudal pole and 3.0 mm at the cranial pole.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 4.3 mm at the caudal pole and 4.8 mm at the cranial pole.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

The visible liver is normal. No evidence of metastatic disease seen within the liver.

Gallbladder is moderately distended with anechoic bile as well as suspended debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

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



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Pancreas

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

Free Abdomen

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

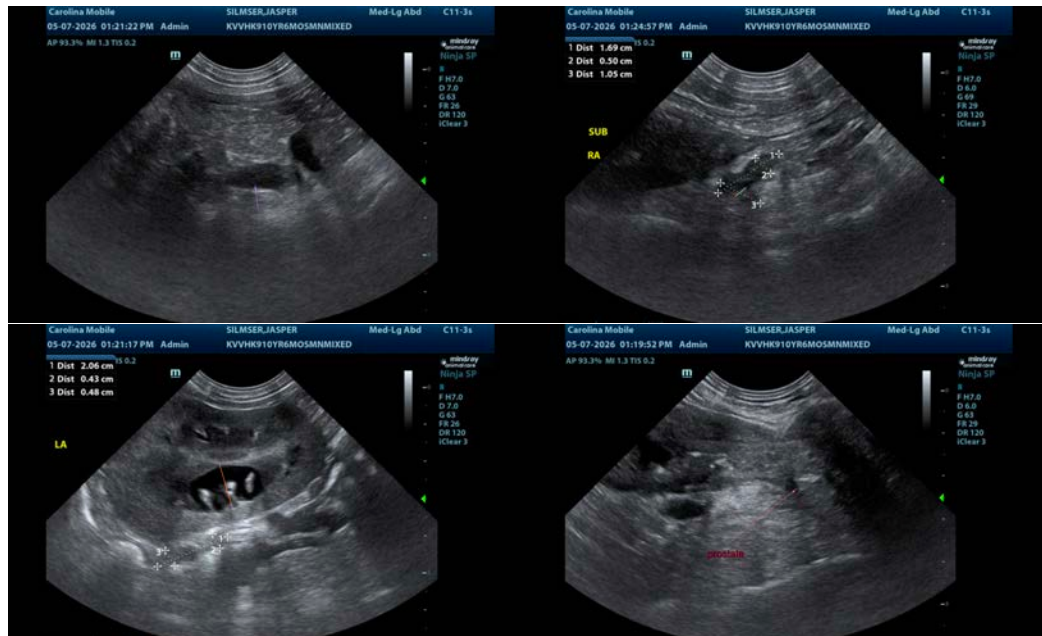
ULTRASONOGRAPHIC FINDINGS

- Urinary bladder mass.
- Markedly enlarged, cystic prostate.
- Hydronephrotic kidneys.
- Gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the appearance of the patient's urinary bladder and prostate, it is most likely that the patient has advanced transitional cell carcinoma or prostatic carcinoma. Recommend submitting BRAF testing to verify. Given that both kidneys are hydronephrotic, the mass appears to be obstructing both right and left kidney. Recommend emergent referral to discuss ureteral stent placement to relieve obstruction of both kidneys while diagnostics and treatments are performed to attempt to treat the bladder mass that is present.

Prognosis is poor to grave at this time.





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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

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