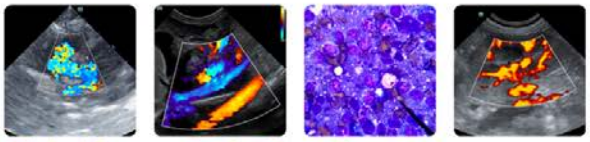


PATIENT

Cosmo Jaffe

SPECIES

Canine

BREED

Collie x

SEX

Neutered Male

AGE

12 Years 3 Months

WEIGHT

58.9

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Meghan Myers, VMD

HOSPITAL NAME

Hershire Animal Hospital

REFERRING VET

Lindsay Bohling, DVM

INVOICE

72221

DATE

1/14/26

PRESENTING CLINICAL SIGNS

Patient has a history of suspect arthritis - on Dasuquin joint supplement and Galliprant. Patient was diagnosed with hypothyroidism in March-- on Levothyroxine 0.2 mg BID. In October bloodwork showed kidney values at high end of normal. SDMA is 13, Creatinine 1.5. Patient has multiple dermal and SQ masses. In November - diagnosed with a UTI -- put on Cefpodoxime. In January - patient came in for difficulty defecating -- seems to squat in position for a long time but strains to defecate, client also reports patient is urinating for a longer duration. On rectal exam - patients prostate is very enlarged, irregular, palpating firmer on the left side. Patient started on Enrofloxacin 136 mg - 2 tablets PO SID for 2 weeks.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, or masses. In the dependent portion of the urinary bladder there is some hyperechoic shadowing debris most consistent with mineralized debris/small calculus. The largest visualized measures approximately 0.40 cm.

The prostate is large, irregular, mottled, and hypoechoic with parenchymal mineralization. It measures 3.75 cm in height in the sagittal view.

The left kidney has a normal shape and size (6.05 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.89 cm). Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

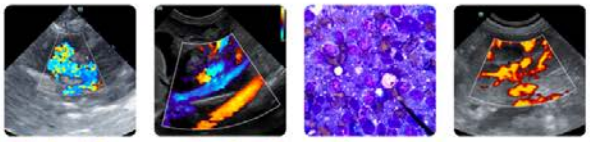
Adrenal Glands

The left adrenal gland is normal in size measuring 0.66 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size (1.54 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.



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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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. Duodenum wall measures 0.56 cm. Jejunum wall measures 0.34 cm. Visualized peristalsis appears appropriate. 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 is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Dependent echogenic/mineralized debris/small stones visualized in the urinary bladder – Correlate with urinalysis +/- urine culture and radiographs.
- Large, irregular, hypoechoic, mottled/mineralized prostate – Findings are concerning for prostatic neoplasia. Given the neutered status, other differentials could include significant prostatic pathology with a later neuter.
- Age related changes visualized associated with both kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate is large, hypoechoic, irregular, and mineralized. Given the patient's neutered status, this would be very concerning for underlying prostatic neoplasia (carcinoma, round cell neoplasia, other). If the patient was neutered late in life with significant prostatic pathology or there is any concern for bilateral cryptorchid (never neutered), these could represent alternate differentials. Recommend a fine needle aspirate of the prostate for a cytologic evaluation.

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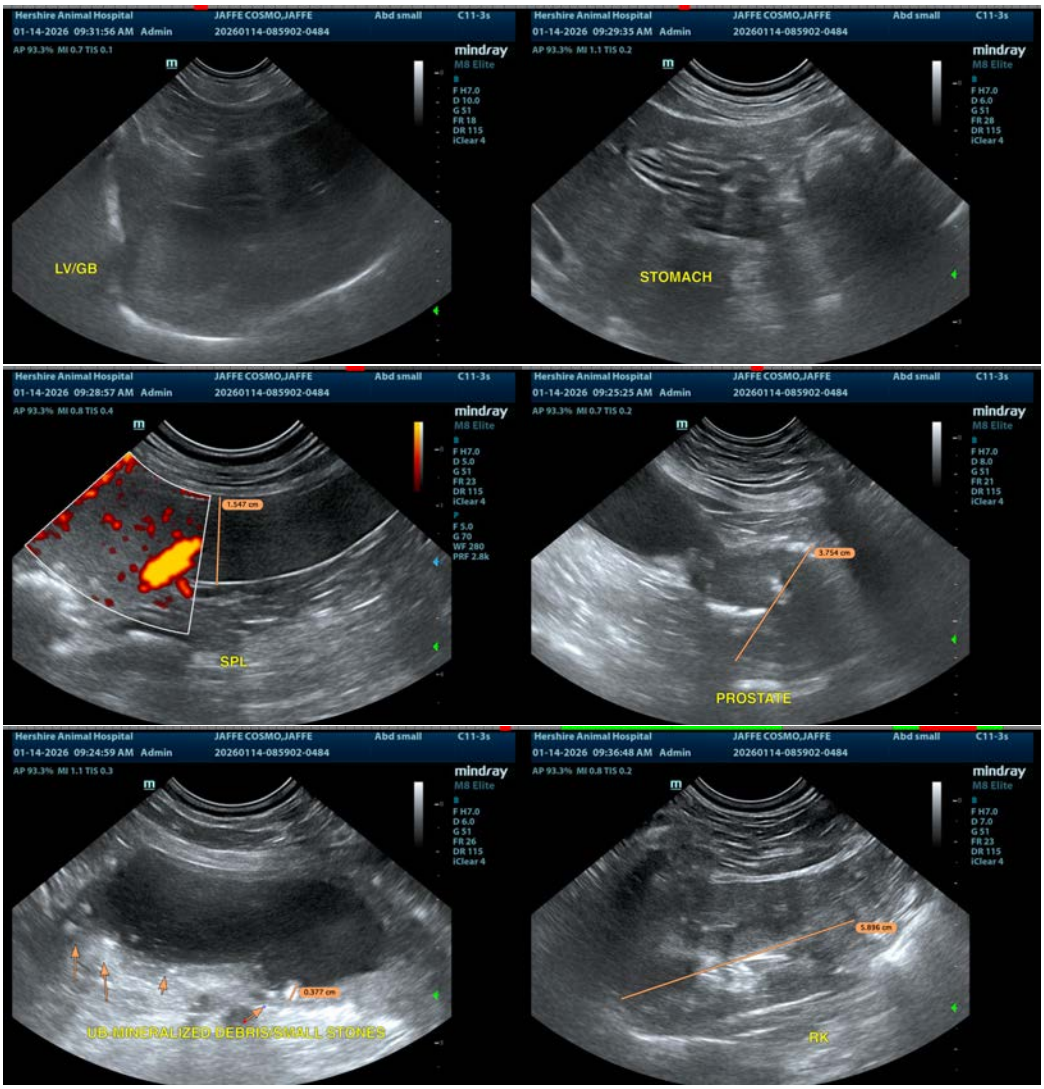
There are some small stones/mineralized debris visualized in the urinary bladder. Correlate with urinalysis and culture.

If prostatic neoplasia is confirmed, consider consultation with a veterinary oncologist regarding optimal treatment options and prognosis.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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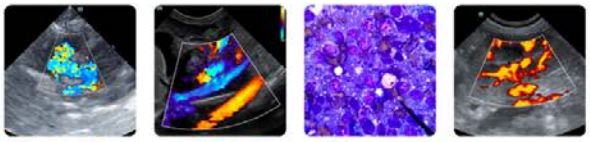

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com