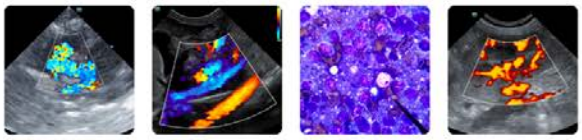


PATIENT

Toby Middaugh

SPECIES

Canine

BREED

Lab x

SEX

Neutered Male

AGE

10 Years

WEIGHT

23.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Best Friends Animal Clinic

REFERRING VET

Dr. Phoebe Weaver

INVOICE

72574

DATE

1/29/26

PRESENTING CLINICAL SIGNS

Toby, a 10 yo MN Lab mix, presented 1 month ago for difficulty urinating and bloody urine. Ultrasound performed at this time showed enlarged prostate vs prostate mass. Told owner that I suspect this is a mass but we can try tx with abx in case of a prostatitis. No improvement after course of baytril so started piroxicam. Toby did not improve at all during the last week of Piroxicam so owner elected to have ultrasound with specialist done for definitive information.

Aspirate of prostate mass was done, will send results when we have them . Piroxicam 6.5mg - 1 tab PO SID

Abnormal PE/Chem/CBC/UA Results: UA - no abnormalities, cytology of prostate mass done during AUS - results pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is slightly over distended with anechoic urine. In the dependent portion of the urinary bladder there are numerous small, hyperechoic foci, most consistent with small sandy mineralizations/stones measuring between 0.1-0.2 cm. The trigone and ureteral papillae appear free of any mass lesions or calculi. The proximal urethra is somewhat distended with soft tissue mass effect in the proximal urethral/pre-prostatic urethra, most consistent with extension of the prostatic mass lesion. Additionally, there is dilation and soft tissue visualized involving the right ureter with suspected neoplastic invasion to the proximal right ureter, which measures 0.37 cm in diameter.

The prostate is large, irregular and mottled, with numerous small cystic lesions and mineralization. It measures 2.94 cm in height in the sagittal view. The pre-prostatic urethra contains soft tissue most consistent with neoplastic infiltration.

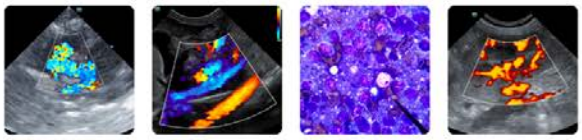
The left kidney has a normal shape and size (6.65 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.67 cm). Overall echogenicity is normal with adequate 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, or infarcts. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.49 cm at the cranial pole and 0.51 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 right adrenal gland is normal in size measuring 0.50 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.



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Spleen

The spleen is subjectively normal in size (1.17 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.

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 a large amount of shadowing ingesta. 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. Shadowing ingesta interferes with full evaluation of the stomach and some areas of the cranial abdomen.

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. Jejunum wall measures 0.28 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. There is no evidence of a diffuse lymphadenopathy, but the right sublumbar lymph node is large, hypoechoic and rounded, measuring 2.18 cm x 2.82 cm. The omentum is normal in echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Large, mottled, mineralized prostate with changes consistent with pre-prostatic urethral and right ureteral invasion – Findings are most consistent with invasive prostatic neoplasia.
- Large, shadowing ingesta visualized within the gastric lumen – Correlate with feeding history. If the patient was adequately fasted, consider the possibility of delayed gastric emptying or partial outflow tract obstruction (none observed).
- Large, hypoechoic right sublumbar lymph node – Findings are concerning for a metastatic lymph node.

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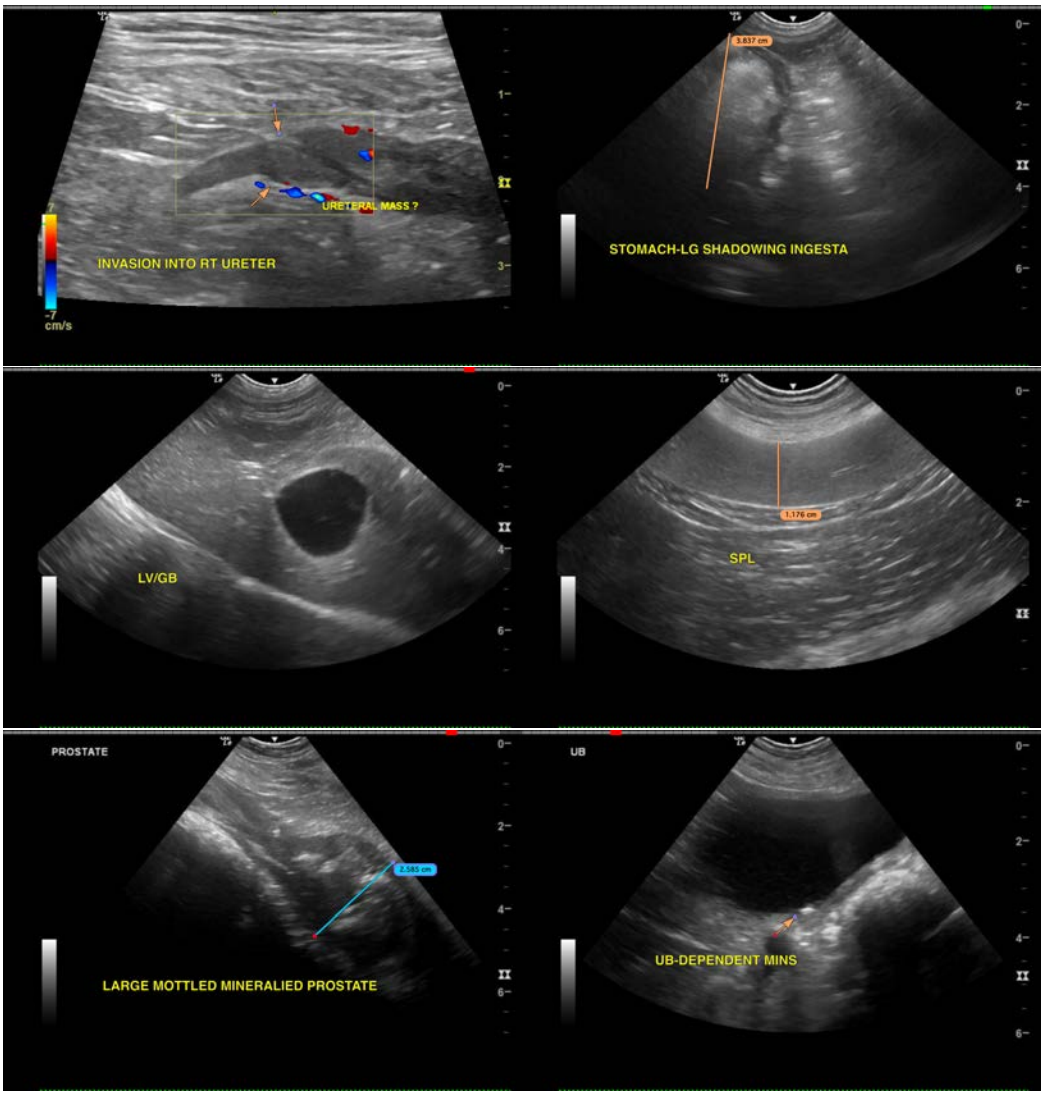
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate is large, hypoechoic and mottled with cystic and mineralized regions. The pre-prostatic and prostatic urethra contain abnormal tissue, and this tissue extends into the proximal dilated right ureter. Given the age and neutered status of this individual and the appearance of the prostate, prostatic neoplasia (carcinoma, less likely round cell neoplasia, etc.) is most likely with invasion into the urethra and ureter.

A fine needle aspirate of the prostate is recommended (performed during today's exam). If cytologic results are diagnostic, recommend consultation with a veterinary oncologist regarding best treatment options and prognosis. If a sample is not diagnostic, recommend catheterization and collection of tissue in the region of the pre-prostatic urethra, as there is evidence of invasion into the urethra, and sampling in this region should be fruitful.



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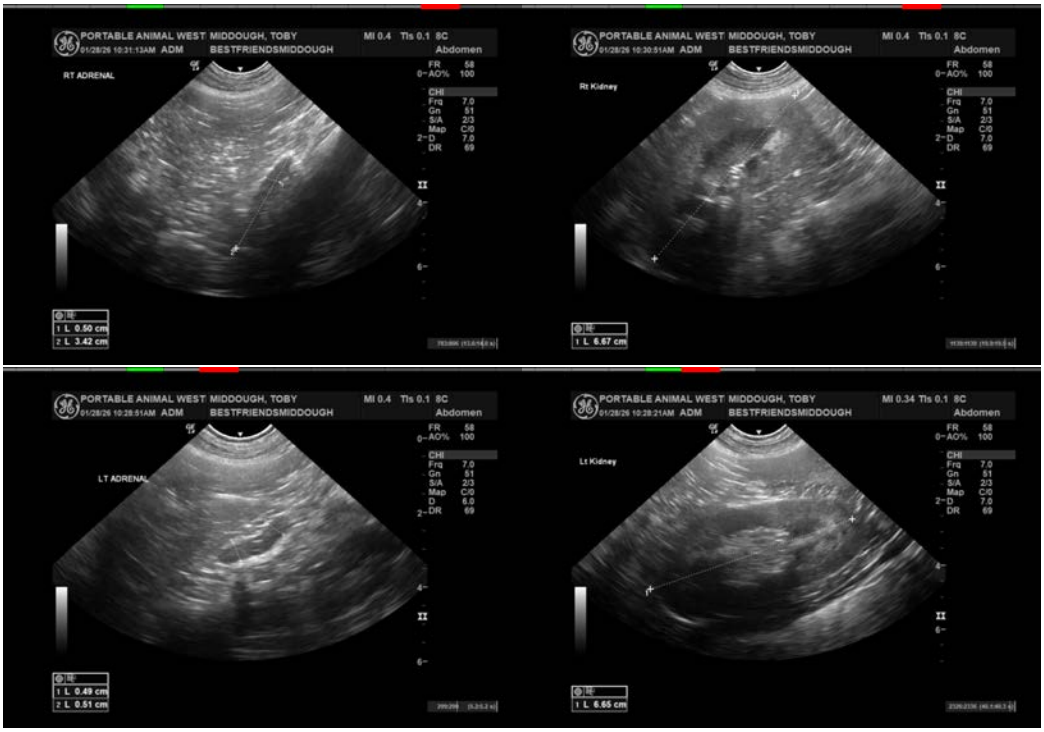

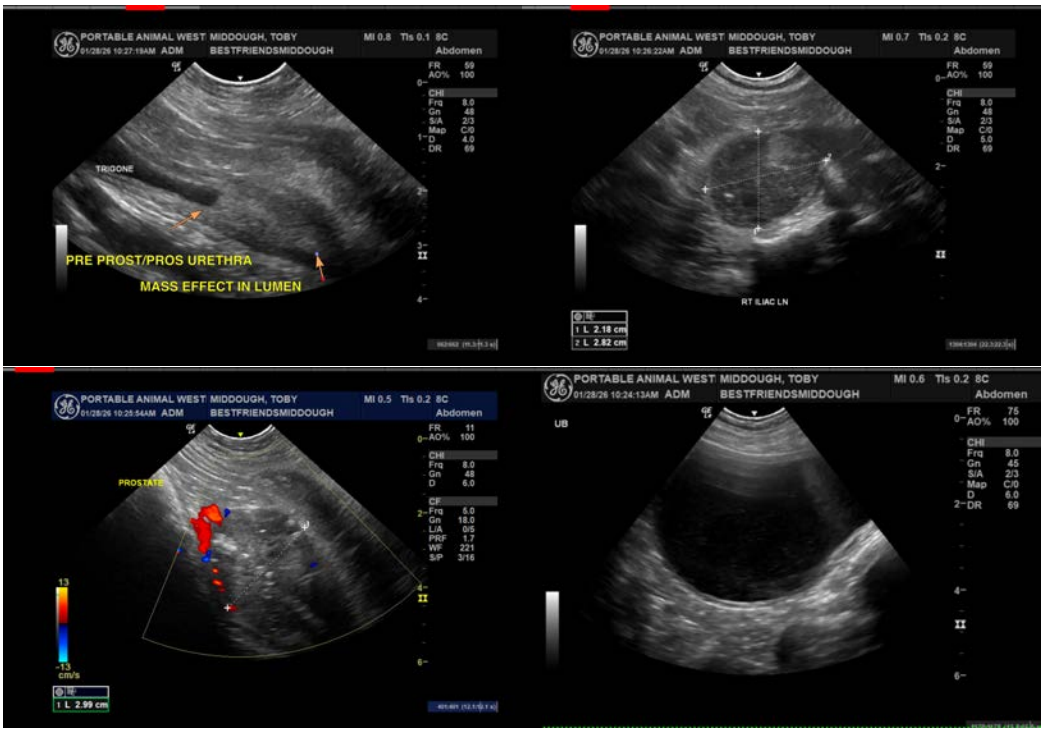

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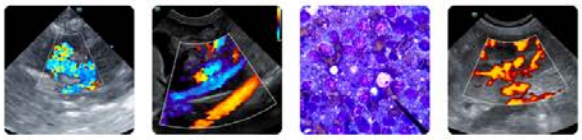

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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