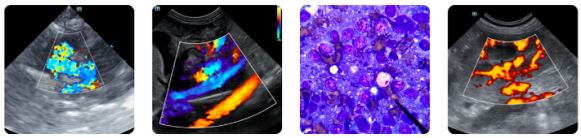

PATIENT

Toby Vetter

SPECIES

Canine

BREED

Lab Ret

SEX

MN

AGE

12 years

WEIGHT

61.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

MountainView Animal Hospital

REFERRING VET

Dr. Razia Sultana

INVOICE

11081

DATE

1/8/2026

PRESENTING CLINICAL SIGNS

Chief Concern / Reason for Ultrasound: polyuria, stranguria Relevant Medical History and Physical Exam Findings: Presented with a history of staining to urinate, and frequent urination, tucked tail between the legs. very sensitive on palpation of hind area and rectal exam. Recent Diagnostics: Relevant Laboratory Results / Abnormalities: Urine: RBCs: and WBC and epithelial cells 30-40 per field on a free catch sample.

Current medications (include full name, dosage, and frequency): Carprofen (75mg by mouth every 12-24 hours) , enrofloxacin (136 mg by mouth twice a day.)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is significantly distended with some suspended echogenic debris. The apical wall of the urinary bladder appears relatively normal with a smooth mucosal surface. In the region of the trigone, the bladder wall is irregular and thickened, measuring at 0.67 cm. This thickening extends into the region of the preprostatic urethra and the prostate. The right ureter is visualized at the level (at the duodenal papillae) and is dilated and appears partially obstructed, measuring at 0.84 cm in diameter.

The prostate is large with smooth margins, hypoechoic with numerous mineralized foci. It measures 2.04 cm in height in the sagittal view.

The left kidney has a normal shape and size (6.18 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 pyelectasia at 0.74 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.94 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.55 cm at the cranial pole and 0.7 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.

Spleen

The spleen is subjectively normal in size The spleen echotexture is heterogenous and mildly mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are numerous hyperechoic lesions visualized within the parenchyma, most consistent with benign myelolipomas, but other differentials are possible.

Liver

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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. There's a hypoechoic nodule visualized within the parenchyma measuring 1.56 cm x 1.83 cm.

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. The duodenum measured as normal (0.5 cm in wall thickness) and the jejunum measured as normal (0.4 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 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 significant lymphadenopathy. A prominent pancreaticoduodenal lymph node is visualized measuring 0.86 cm. Right iliac lymph node measures 0.58 cm. The omentum is of normal uniform echogenicity.

Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

- Large distended urinary bladder with thickened irregular wall in the region of the trigone, an obstructed right ureter, and a large hypoechoic mineralized prostate. Findings are concerning for prostatic neoplasia with extension into the urinary bladder. Severe cystitis/prostatitis cannot be definitively ruled out.

- Mottled spleen with numerous hyperechoic foci. The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. The hyperechoic lesions are most consistent with benign myelolipomas, but other differentials are possible.

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- Hypoechoic nodule in the liver. This has a somewhat benign appearance, although an early neoplastic lesion cannot be ruled out. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

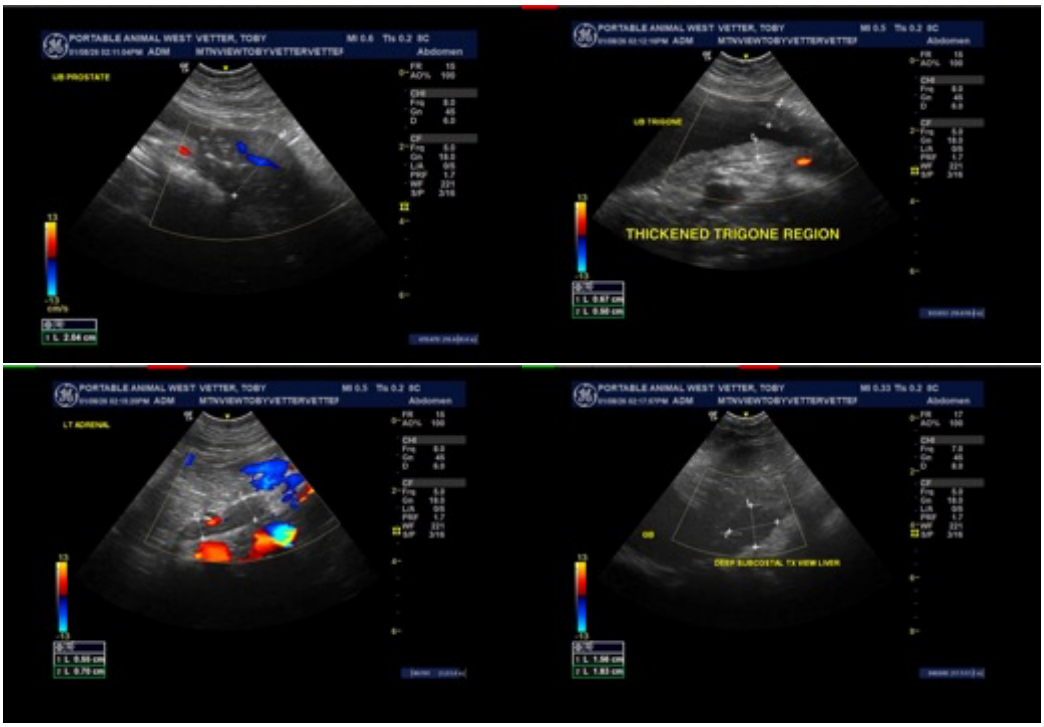
The prostate is large and hypoechoic with focal mineralizations. It has fairly smooth margins but given the neutered status and the changes involved in the urinary bladder. There would be significant concern for possible prostatic neoplasia. Recommend a fine needle aspirate of the prostate as well as a urinalysis and culture. The reported urine is highly cellular. Consider cytologic evaluation looking for neoplastic cells.

If a cytologic diagnosis can be obtained, recommend consultation with a veterinary oncologist regarding treatment options and prognosis. If medically appropriate you could consider treatment with Piroxicam and Misoprostol (or similar.) Continued monitoring of the right ureter for progressive obstruction could be considered.

The spleen is somewhat mottled with numerous hyperechoic foci. A fine needle aspirate of the spleen could be considered to further evaluate as this could represent benign or neoplastic changes.

There's a small hypoechoic nodule in the liver. This is likely too deep to easily sample. Recommend continued monitoring.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.



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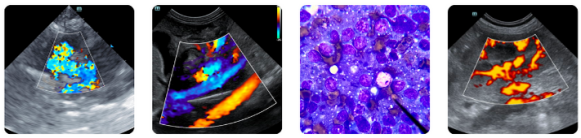
530-786-8340



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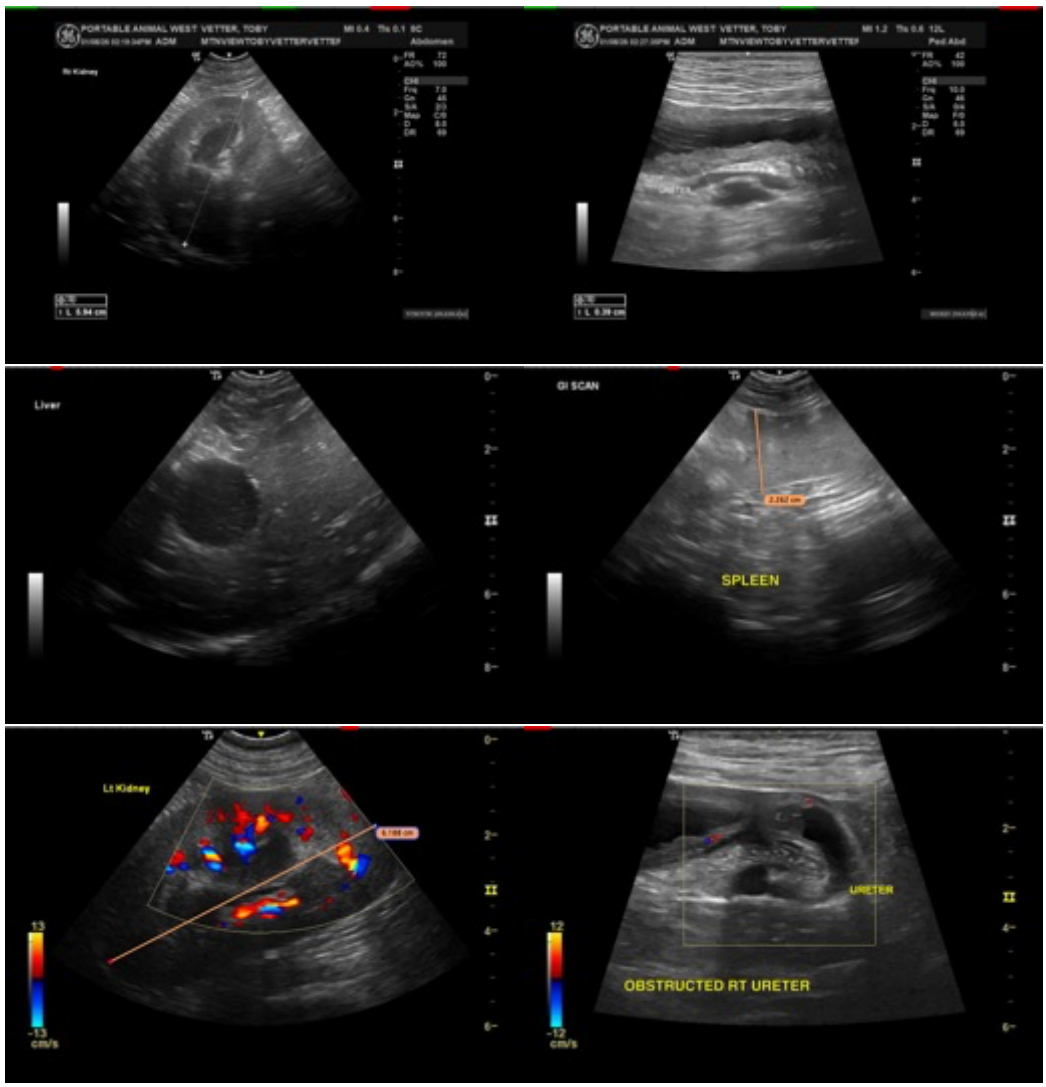

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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