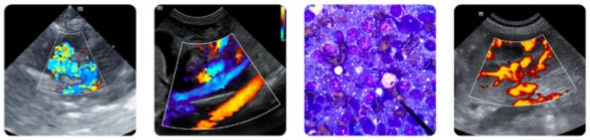


PATIENT

Little Bear Kropilak

SPECIES

Canine

BREED

Husky Mix

SEX

Neutered Male

AGE

15

WEIGHT

49

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr. Maniar

INVOICE

12452

DATE

11/25/25

PRESENTING CLINICAL SIGNS

Hx suspected prostatic carcinoma now elevated liver values and mass in abd concern for metastatic dz
Had a prev abd u/s 3/19/24

Abnormal PE/Chem/CBC/UA Results: ALT 155 AST 74 ALP 275 ALB 1.6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Anechoic urine was present in the lumen with minor nondependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal.

The prostate gland was mildly enlarged in size exhibiting primarily centralized intraparenchymal cystic component, asymmetrical margination and evidence of parenchymal mineralization measuring 3.4 cm in diameter.

Nonhomogenous mild asymmetrical mass lesion cranial to the urinary bladder in the area of the distal aorta and iliac trifurcation was visualized measuring 4.5 cm in diameter. Concurrent mildly enlarged symmetrical homogenous medial iliac lymph node was visualized measuring 2.3 cm in diameter.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Indistinct corticomedullary border demarcation was also present. Mild pyelectasia was present in the left kidney. The previously noted left kidney cyst was not visualized. The renal medullary volume was subjectively reduced. The left kidney measured 6.3 cm in length. The right kidney measured 5.8 cm in length.

Adrenal Glands

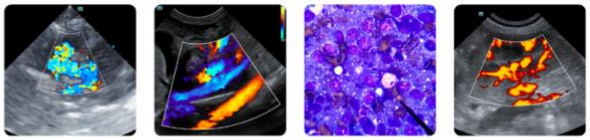
The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.68 cm width in the caudal pole. The right adrenal gland measured 0.55 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver was subjectively mildly enlarged in size. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign



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parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized nondependent biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mildly prominent cystic mineralized residual prostate.
- Nonhomogenous mass in the area of the cranial urinary bladder/iliac trifurcation with concurrent mild homogenous medial iliac lymphadenopathy.
- Chronic renal changes exhibiting mild left kidney pyelectasia.
- Subjective benign hepatosplenic remodeling.
- Mild gallbladder debris (non-mucocele).
- Suspect mild cystitis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given previously noted and prior concern for prostatic carcinoma, the mass cranial to the urinary bladder is highly suggestive of metastatic criteria and suspect metastatic lymphadenopathy. Assuming normal clotting status, mass FNA cytology is warranted for further clarification. Concurrent prostatic sampling if not recently done +/- BRAF assay may be considered.

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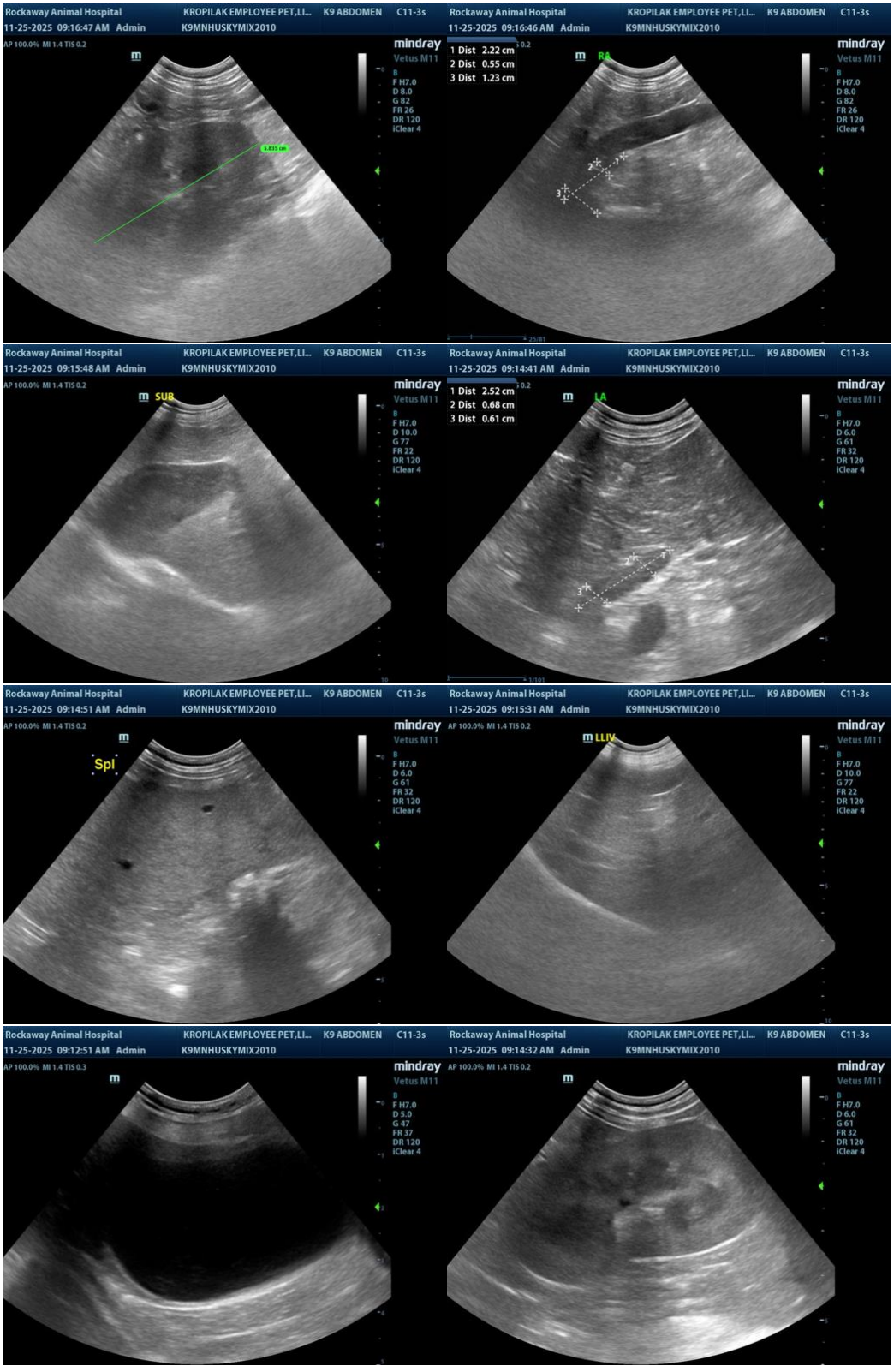

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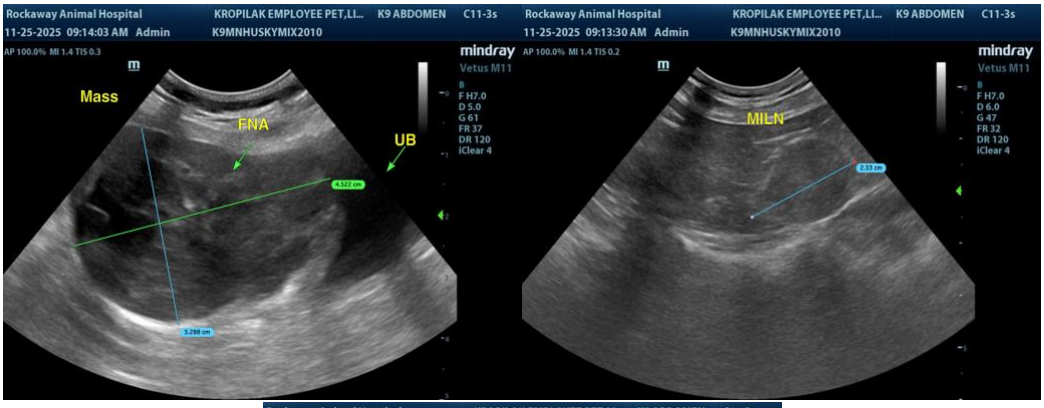

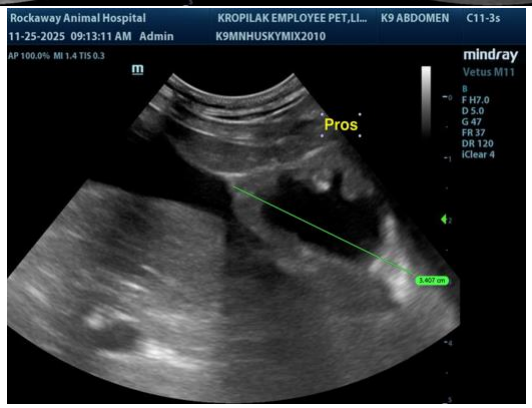

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com