



PATIENT

Jack Capozzi

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

11 Years

WEIGHT

83 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Mt. Bethel Animal
Hospital

REFERRING VET

Dr. Deborah Pearsall

INVOICE

12068

DATE

11/04/25

PRESENTING CLINICAL SIGNS

Recurrent cystitis/hematuria x 5-6 ms. PE normal for age, prostate palpates wnl. Receiving 960 Sulfatin SID; Gaba/Traz for scan.

Abnormal PE/Chem/CBC/UA Results: U/A: Hematuria, pyuria. BW over the years has shown chronic mildly elevated ALKP.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size. An extensive asymmetrical to mineralized urinary bladder mass occupying a majority of the urinary bladder lumen was visualized measuring approximately 7.0 cm x 5.0 cm. Mildly thickened cystourethral junction.

The residual prostate presented asymmetrically enlarged in appearance exhibiting asymmetrical capsule contour and nonhomogenous mineralized parenchyma measuring 5.5 cm x 3.6 cm.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No pyelectasia or hydronephrosis was evident. Minor medullary mineral was visualized bilaterally. The left kidney measured 7.3 cm in length. The right kidney measured 7.1 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 0.87 cm width in the caudal pole. The right adrenal gland measured 0.54 cm width in the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized 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 was empty with no signs of ileus, obstruction or foreign material.



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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.

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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.

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Free Abdomen

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A solitary medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 2.6 cm x 1.0 cm width. No evidence of mid abdomen mesenteric lymphadenopathy.

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ULTRASONOGRAPHIC FINDINGS

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- Extensive mineralized urinary bladder mass.
- Enlarged nonhomogenous mineralized residual prostate.
- Mild medial iliac lymphadenopathy.
- Chronic renal changes exhibiting mild medullary mineral.
- Sonographically normal liver with mild gallbladder debris- consistent with benign hepatopathy, non-mucocele.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder mass and mineralized enlarged residual prostate are consistent with extensive neoplastic criteria i.e. urothelial or prostatic carcinoma. Correlation with BRAF assay and cytospin cytology of free catch urine sample to assess for neoplastic transitional cells is recommended. The medial iliac lymphadenopathy is not overtly consistent with metastatic criteria although early lymphatic metastasis is not excluded. An oncology consult may be considered as surgical options are precluded.

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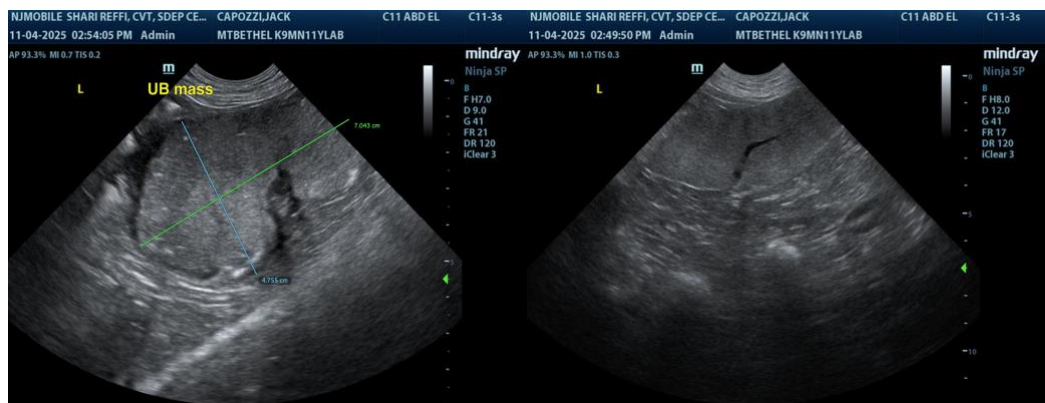
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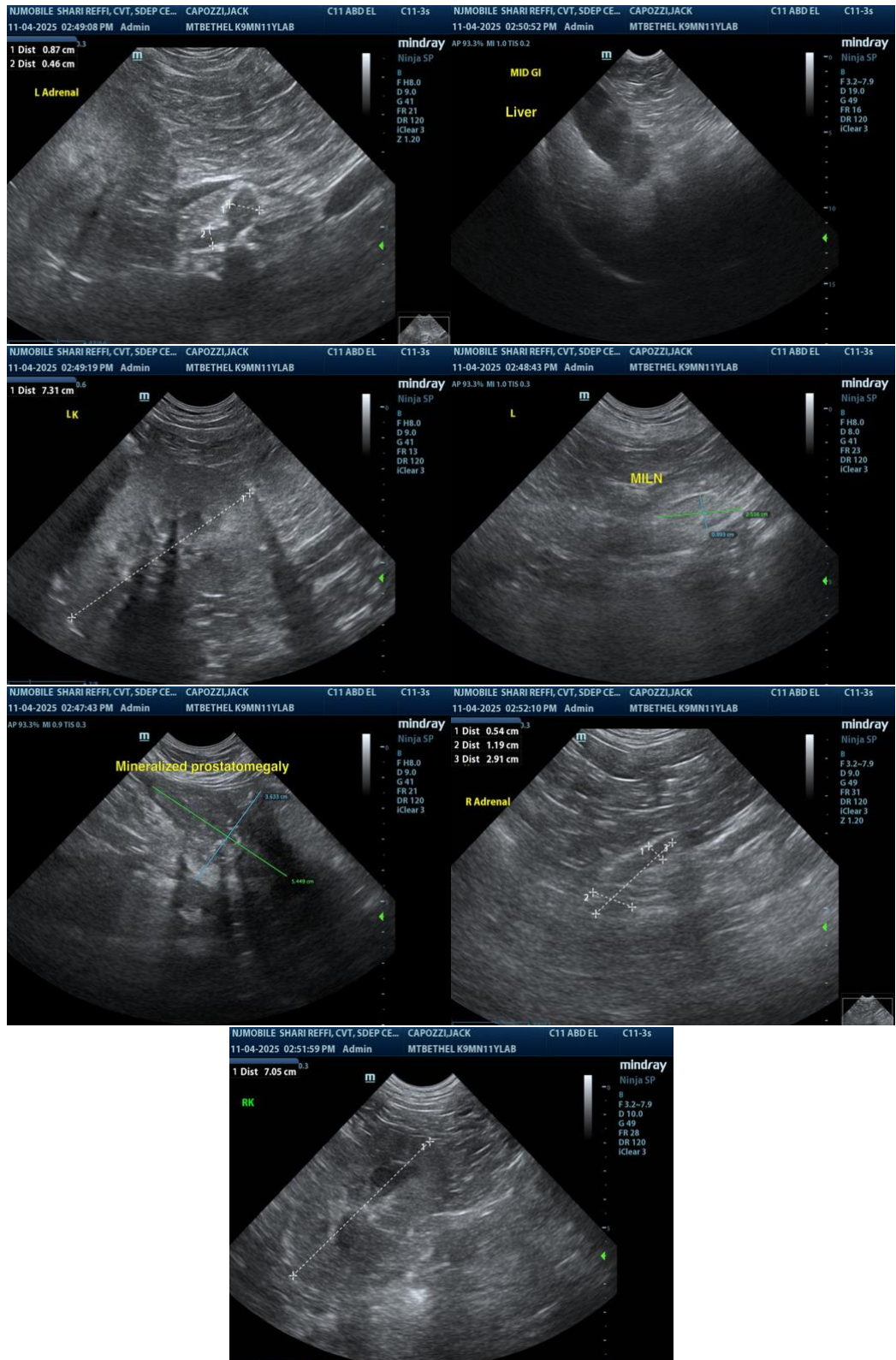
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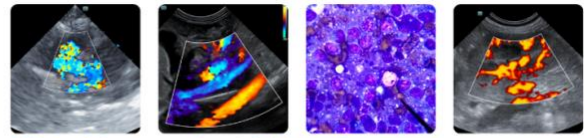
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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