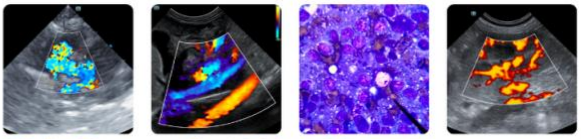

PATIENT

Mason Drost

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

10

WEIGHT

39

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr. Salazar

INVOICE

13683

DATE

02/11/26

PRESENTING CLINICAL SIGNS

- suspect prostatitis vs prostate neoplasia vs UTI, leaking urine

Abnormal PE/Chem/CBC/UA Results: proteinuria, hematuria, USG 1.040

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was empty and nondistended with urine which prohibited full evaluation of the urinary bladder wall. No visualized lumen mineral or calculi. The trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The prostate was enlarged in size with primarily symmetrical intact capsule contour and nonhomogenous parenchyma exhibiting areas of hyperechoic parenchyma suggestive of mineralization with potential for fibrosis. The margins of the gland were indistinct and difficult to differentiate from the surrounding tissue. The prostate measured 4.5 cm x 3.3 cm. Variably sized thinly walled intraprostatic cysts were present containing anechoic fluid.

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 evidence of pelvic dilation was present. The left kidney measured 5.2 cm in length. The right kidney measured 5.2 cm in length.

Adrenal Glands

The left adrenal gland was mildly enlarged in size with normal contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.99 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.74 cm width at 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 & Gallbladder

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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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.

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.

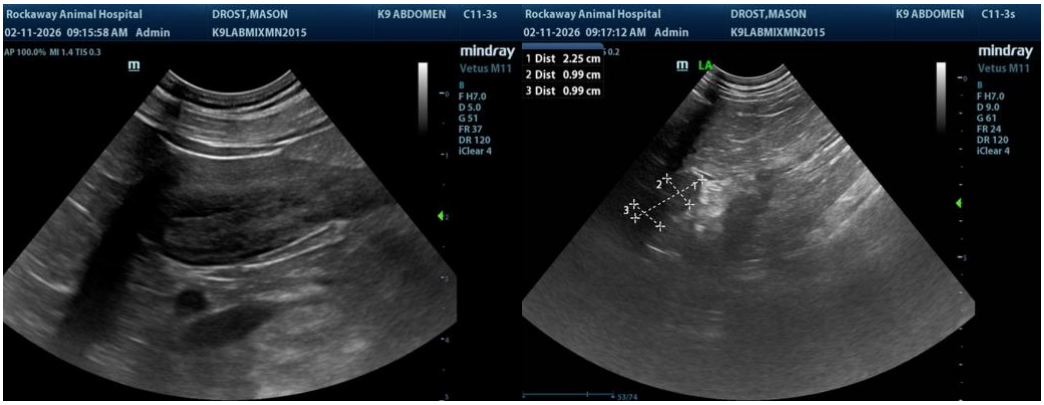
ULTRASONOGRAPHIC FINDINGS

- Empty urinary bladder.
- Enlarged nonhomogenous cystic prostate with evidence of prostatic parenchymal mineralization.
- Mild age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given evidence of residual prostate enlargement with mineralization, prostatic neoplasia, i.e. prostatic or transitional cell carcinoma, is probable. Prostatic sampling either via ultrasound guided FNA or prostatic wash for cytology is required for further clarification. No overt current regional lymphatic metastatic criteria. Potential for bladder involvements is not definitively excluded.

Screening BRAF assay could be considered in conjunction with urine culture and sensitivity ideally on sterile urine sample.



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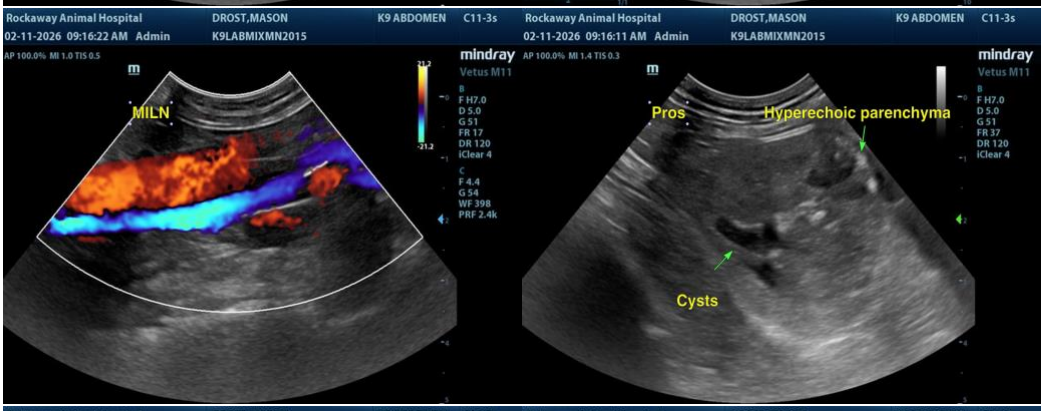

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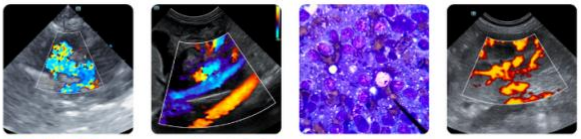

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Educational Teleconsultation Services™

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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