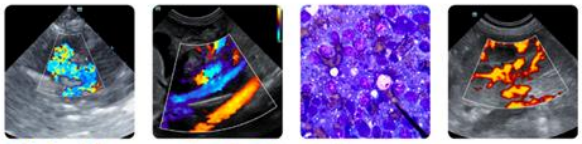


PATIENT
Tuck Wolf

SPECIES
Canine

BREED
Pomeranian

SEX
MN

AGE
11yr

WEIGHT
12lb

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY
Dr Ackmann

HOSPITAL NAME
Buffalo Veterinary Clinic

REFERRING VET
Dr Ackmann

INVOICE
24021

DATE
02/27/2026

PRESENTING CLINICAL SIGNS

- Neutered at about 1-2 years old
- Hematuria since 2/3/26. Started on amoxicillin.
- 2/12/26- no resolution of hematuria on amoxicillin. Cystocentesis sent for culture and sensitivity; fast ultrasound scan WNL. Radiographs show no stones.
- 2/13/26- urine culture and sensitivity: no growth. Switched from amoxicillin to 7 day course of Clavamox.
  Abnormal PE/Chem/CBC/UA Results: -2/3/26- UA: 4+ blood, 1.007 SG, 8 ph - 2/12/26- Chemistry: ALP 360

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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 3.9 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate was mildly enlarged in size. The prostatic parenchyma was primarily non-homogenous with areas of parenchyma mineralization. The margins of the gland were indistinct and difficult to differentiate from the surrounding tissue. A solitary cystic lesion measuring ~ 2 cm in diameter was present.

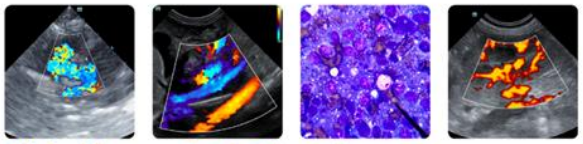
Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 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 0.50 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



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The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild non-organized debris. The cystic and common bile ducts were normal.

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 mechanical/metabolic 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Normal urinary bladder with mild urine sediment
- Mildly enlarged mineralized cystic residual prostate gland
- Mild age-related renal changes
- Benign hepatopathy -consistent with vacuolar hepatopathy criteria
- Mild non-organized gallbladder debris (non-mucocele)
- Normal bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding of the mildly enlarged mineralized to cystic prostate is most consistent with prostatic neoplastic criteria such as transitional cell or prostatic carcinoma. Potential for chronic residual prostatitis thought less likely. Prostatic sampling via prostatic wash or ultrasound guided FNA for cytology +/- C/S and BRAF assay is required for further definition. No overt regional lymphatic metastasis.

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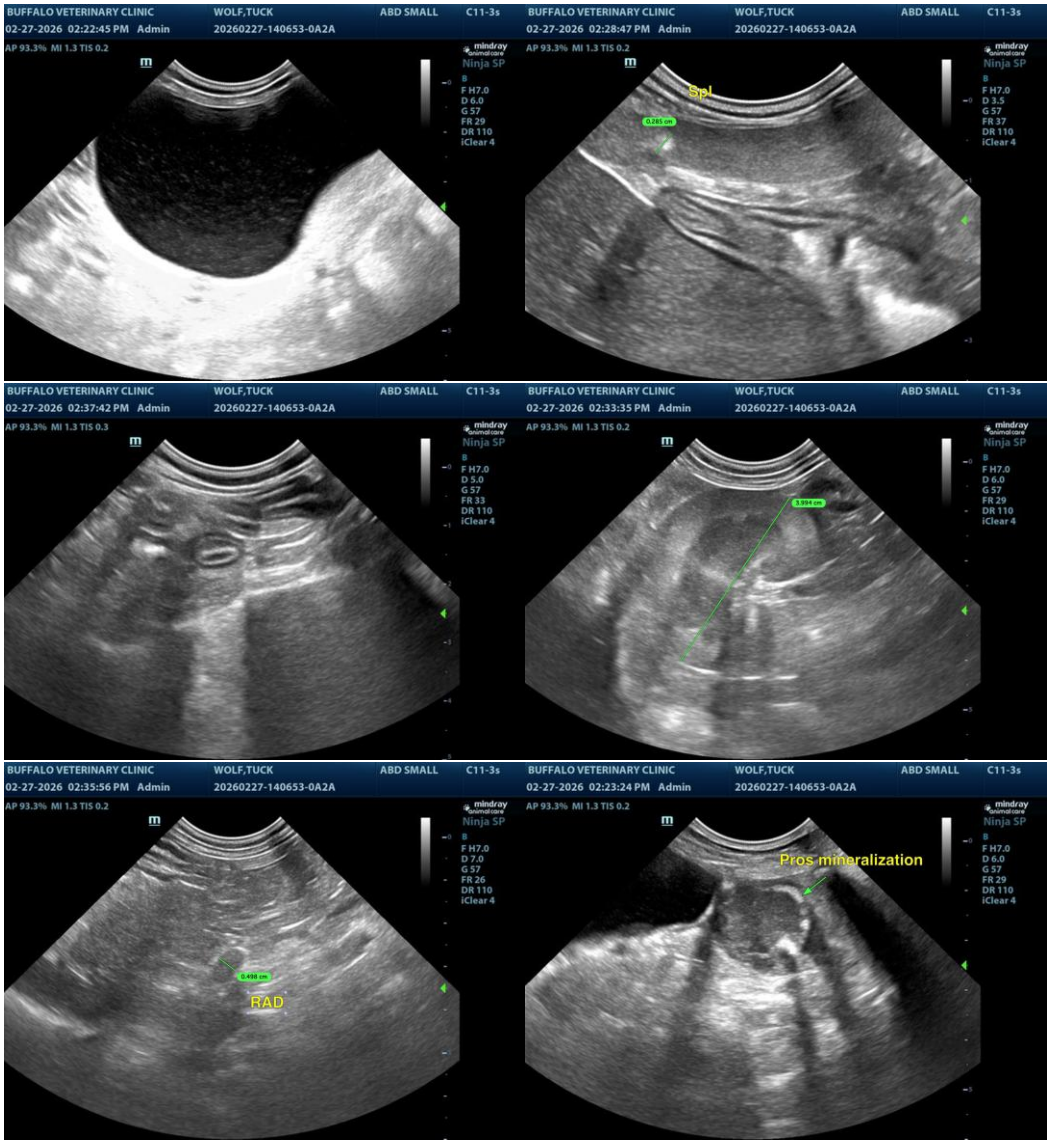

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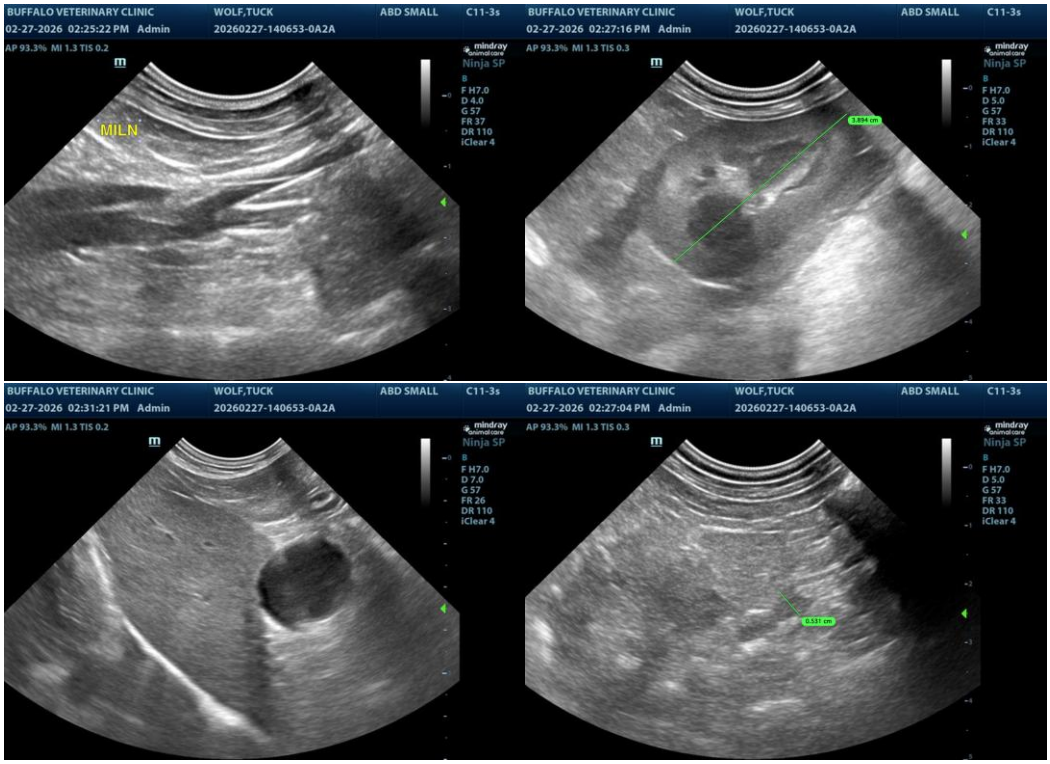

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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