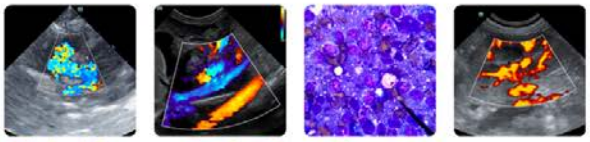


PATIENT

Winston Franklin

SPECIES

Canine

BREED

Weimaraner

SEX

Neutered Male

AGE

9 Years

WEIGHT

82

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Katie Kobyra

HOSPITAL NAME

Valley West & Elk Valley Veterinary Hospital

REFERRING VET

Dr. Elise Francis

INVOICE

74745

DATE

4/23/26

PRESENTING CLINICAL SIGNS

Hematuria March 2026, treated with clavamox with some improvement but no resolution; at that time prostate nonpalpable - owner noted normal urine stream but blood dripping from penis
April 2026, hematuria returned, no uroliths noted, possible thickened bladder wall; treated with enrofloxacin. Liver values historically have mild elevation but trending upwards until latest bloodwork.

Abnormal PE/Chem/CBC/UA Results: Abdomen nonpainful; prostate slightly enlarged, firm and irregular; no foreign material in sheath; no external changes to penis CBC nsf; Chem: ALP 3500, ALT 176, Chol 385; USG 1.019, inactive urine sediment Urine culture - no growth

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder containing a small amount of floating hyperechogenic sediment, with a normal thickness and smooth appearance of the wall.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measures 6.4 cm. Right kidney measures 6.2 cm. Normal color flow pattern evident in both kidneys.

Reproductive System

Irregularly enlarged prostate (for a neutered male) measuring approximately 2.4 cm x 4.0 cm in size, with a mottled echogenic appearance, parenchymal mineralization, and an irregular capsule. Normal appearance of the periprostatic tissue.

Adrenal Glands

The left adrenal gland presents normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.56 cm in width.

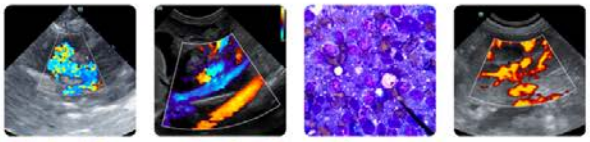
The right adrenal gland is not clearly visualized, but appears to be of normal shape, echogenic appearance, and size.

Spleen

Normal size (2.4 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Patchy mild parenchymal mineralization is present. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

Full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

Visible sections present normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Prostatic pathology.
- Urinary bladder sediment.
- Hepatic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the prostate would be neoplasia, with prostatitis being a less likely differential diagnosis.

The most likely etiology for the urinary bladder sediment would be incidental debris, with hematuria being a less likely differential diagnosis.

Although the hepatic mineralization can be considered an incidental finding, with the severely elevated ALP activity, an underlying hepatopathy such as reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic should still be considered. Hepatitis and infiltrative neoplasia would be highly unlikely differential diagnoses.

Further assessment would be FNA cytology of the prostate, and possibly FNA cytology of the liver.

Specific therapy would be dependent on an etiological diagnosis.

Management of prostatic neoplasia is palliative therapy using a combination of Palladia and NSAIDs.

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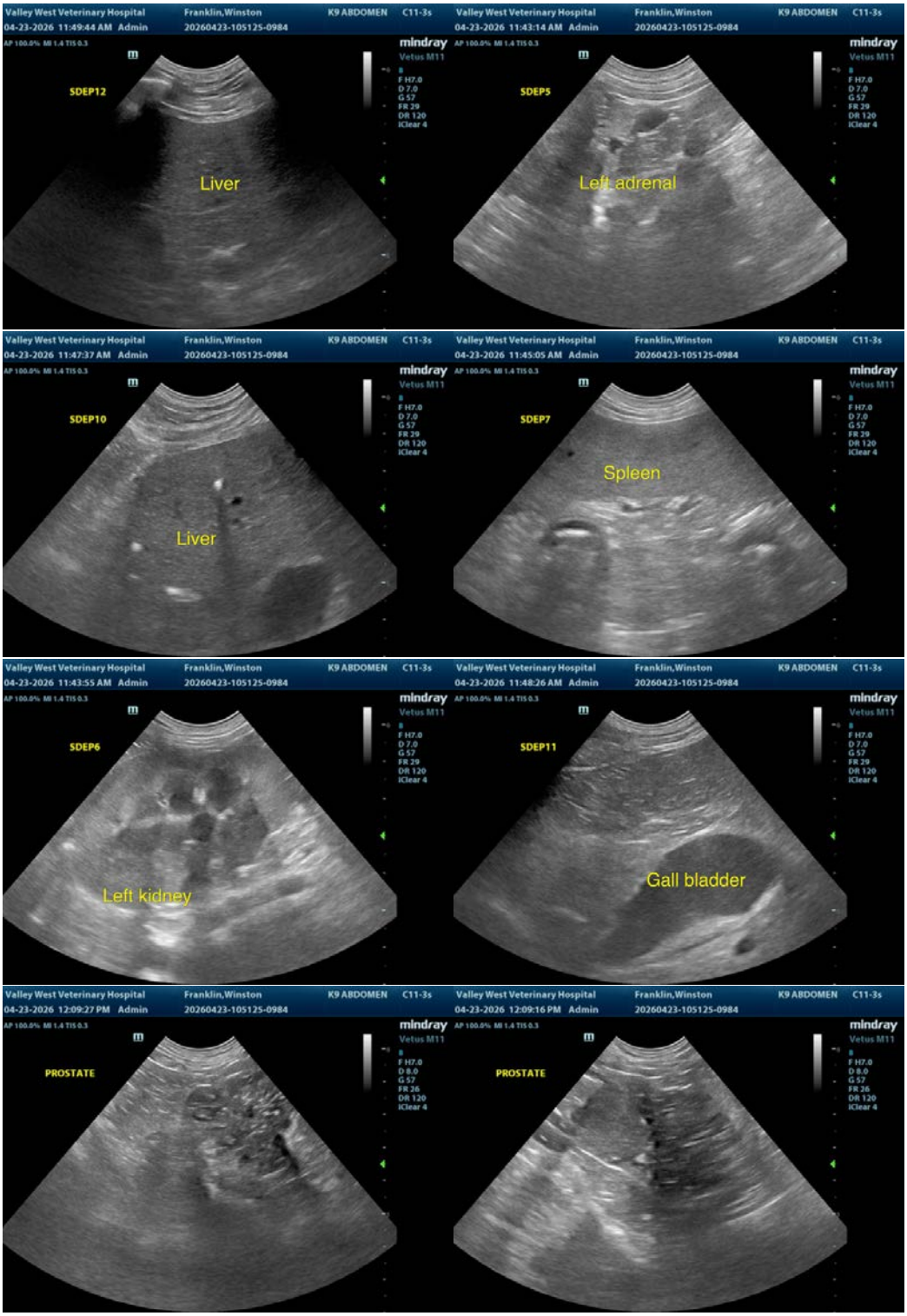

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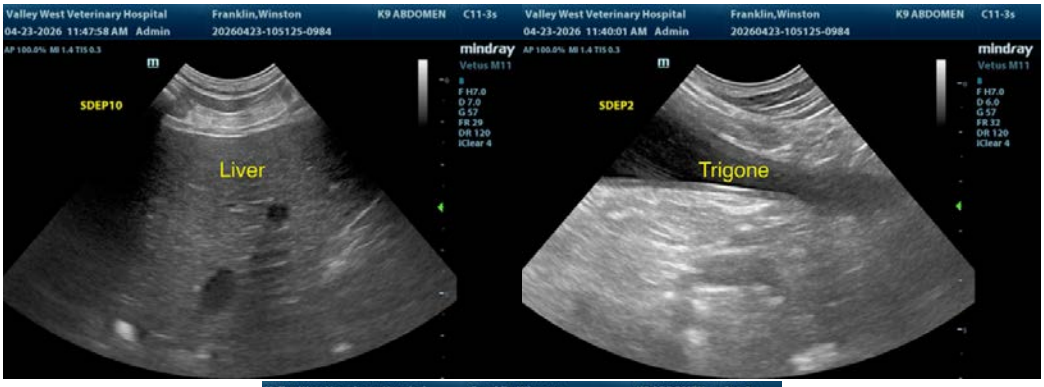

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com