



PATIENT

Igor Brennan

PRESENTING CLINICAL SIGNS

History: Straining to urinate, dribbling. Currently on antibiotics
Abnormal PE/Chem/CBC/UA Results: Blood normal. Urine pending, bladder small on palpation.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Mix

The **urinary bladder** revealed minor apical all thickening. The ureters were not visible which is normal. Dependent and suspended debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

SEX

Neutered male

The prostate was mildly enlarged and slightly irregular measuring 2.71 x 2.3 cm. Areas of mineralization were noted in the prostate. This is strongly consistent with prostatic carcinoma. The prostate was significantly vascular on Power Doppler assessment, which would be abnormal for a regressed prostate in a neutered male.

AGE

9 years

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present.

WEIGHT

18.5 lbs

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 1.95 x 0.47 cm.

IMAGING PERFORMED BY

JK

Spleen

HOSPITAL NAME

Hamburg VC

The **spleen** was folded upon itself caudally creating an artificial thickening and measured approximately 3.0 cm.

REFERRING VET

Dr. Branning

Liver

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The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

DATE

1/13/23



PATIENT

Gastrointestinal

Igor Brennan

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

SPECIES

Canine

BREED

Mix

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Enlarged, irregular prostate.

AGE

9 years

Bladder debris.

Otherwise, age related abdominal changes.

WEIGHT

18.5 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for prostatic carcinoma. Ultrasound-guided FNA with mild potential for tumor trailing would be recommended or traumatic catheterization to confirm carcinoma. If carcinoma is confirmed the following information may prove effective.

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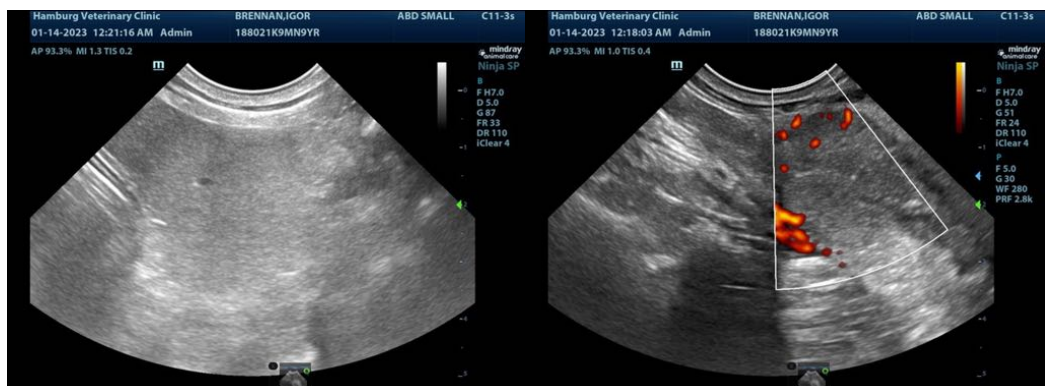
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SPECIES

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BREED

Mix

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Neutered male

AGE

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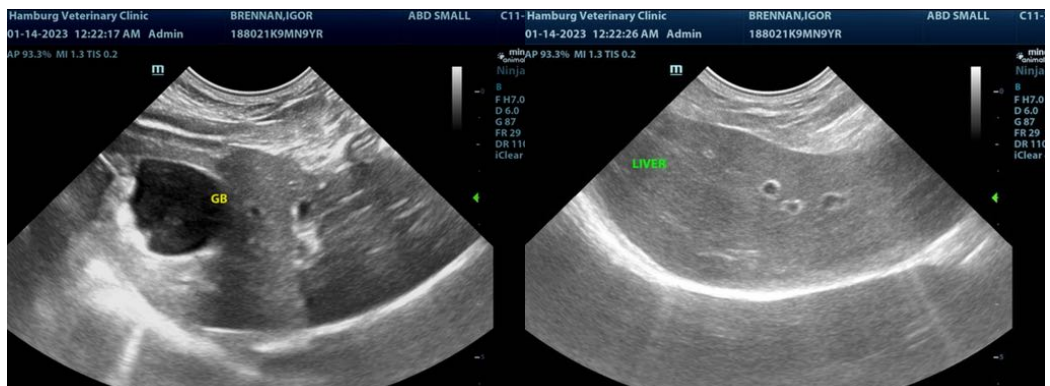
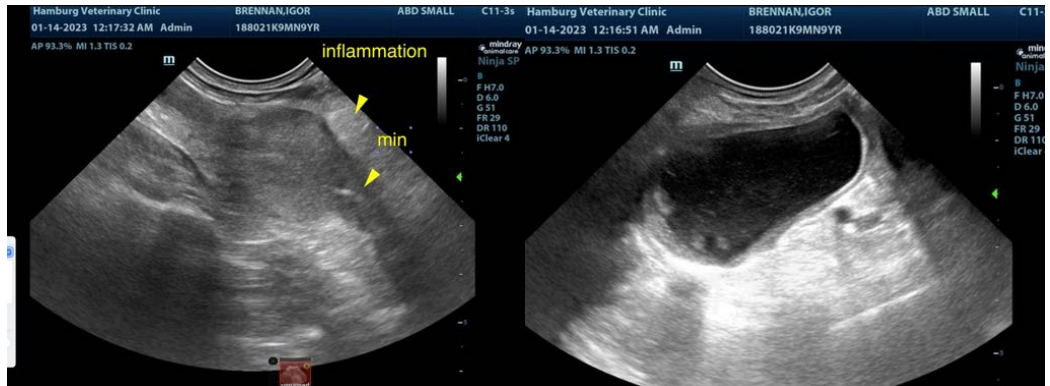
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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