



**PATIENT**

Lodhar Zhikov

**PRESENTING CLINICAL SIGNS**

History: Recurring hematuria. Elevated SDMA, gynomastia, R/O neoplasia, prostatic issue, cryptorchid testicular tumor?

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: SDMA 44, creat. 3.3, BUN 87, P 6.5, albumin 2.6, amylase 2328, lipase 945. U/A: pH 7.0, 15-20 WBC, 20-30 RBC, USG 1.011.

**BREED**

Boxer

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed concentric and polypoid wall thickening, occupying the cranial 2/3 of the urinary bladder, most consistent with chronic cystitis. Anechoic urine was present.

**SEX**

Male

The **prostate** was enlarged, measuring 4.45 cm.

**AGE**

9 Years

The **kidneys** revealed moderate degenerative changes and chronic interstitial nephrosis pattern. A cortical cyst was also noted in the kidneys. The left kidney measured 4.91 cm. The right kidney measured 5.23 cm.

**Adrenal Glands**

**WEIGHT**

76 Lbs.

The **left adrenal gland** was 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 left adrenal gland measured 2.0 cm x 0.72 cm at the caudal pole and 0.65 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The region of the **right adrenal gland** revealed no evident pathology.

**Spleen**

**IMAGING PERFORMED BY**

Kelly Vazquez

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**HOSPITAL NAME**

Ringwood AH

**Liver**

**REFERRING VET**

Dr. Jamie DeSpirito

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some moderate 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.

**INVOICE**

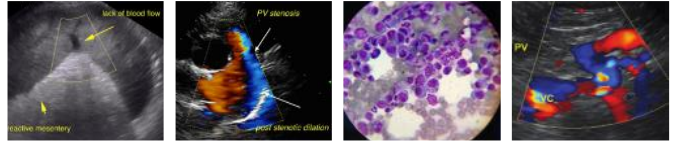
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**Gastrointestinal**

**DATE**

1/21/22

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

## Pancreas

## SPECIES

Canine

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.

## BREED

Boxer

## Free Abdomen

Mixed echogenic **mass** was noted cranial to the urinary bladder. measuring 3.24 cm with disrupted architecture. The undifferentiated mass was suspected to be a Sertoli cell tumor or neoplastic transformation of retained testicle.

## SEX

Male

## ULTRASONOGRAPHIC FINDINGS

## AGE

9 Years

- Severe chronic cystitis bladder pattern
- Caudal abdominal mass, consistent with Sertoli cell tumor or neoplastic transformation of retained testicle, appears resectable.
- Chronic, near end-stage, degenerative renal disease
- Chronic prostatitis/BPH prostate
- Age-related hepatic changes

## WEIGHT

76 Lbs.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend urine culture and sensitivity, 72-hour IV fluid protocol (to correct the azotemia), followed by exploratory surgery/mass removal with renal biopsy at that time, as well as apical bladder resection (cranial 2/3 of the urinary bladder could be removed) may prove effective as the chronic changes will serve as persistent nidus of infection. Minor potential for bladder carcinoma. Prognosis long-term is guarded, primarily regarding the mass and renal presentation.

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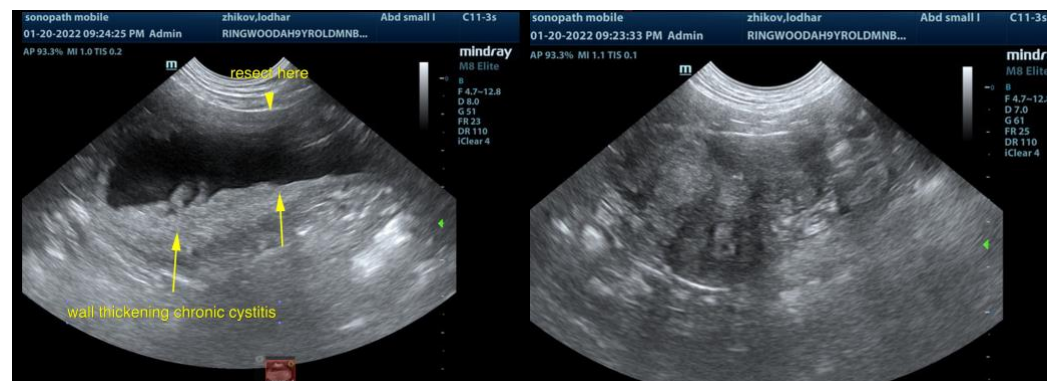
Dr. Jamie DeSpirito

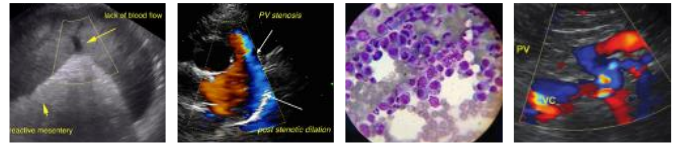
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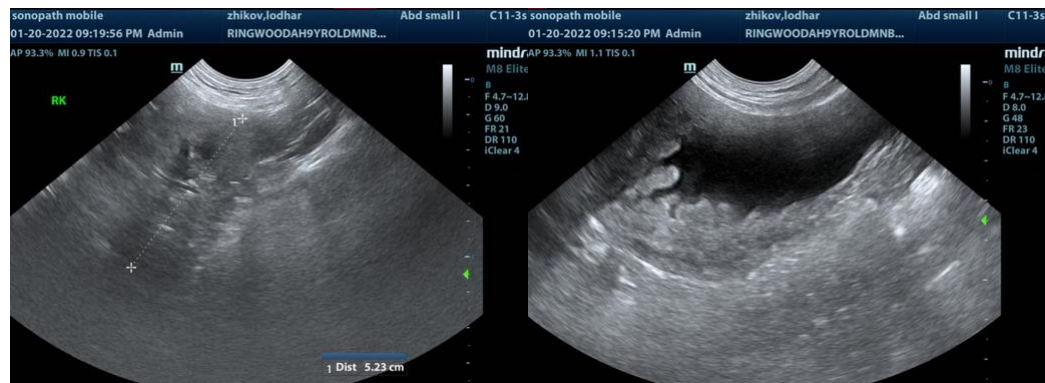
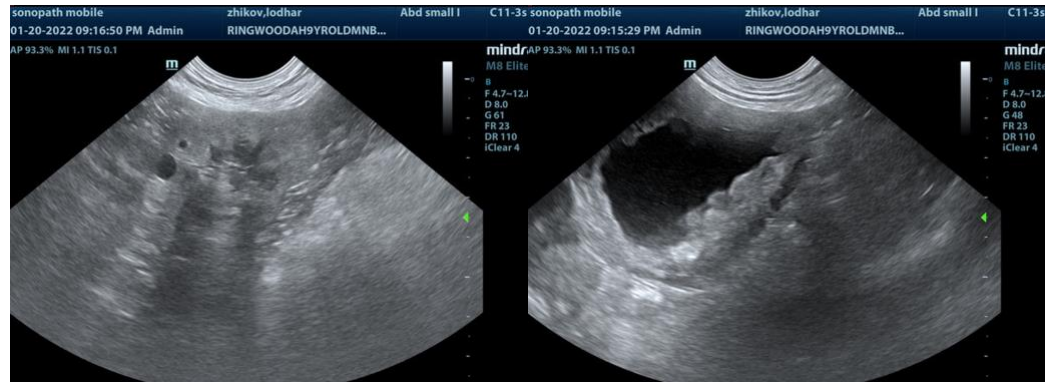
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**AGE**

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**WEIGHT**

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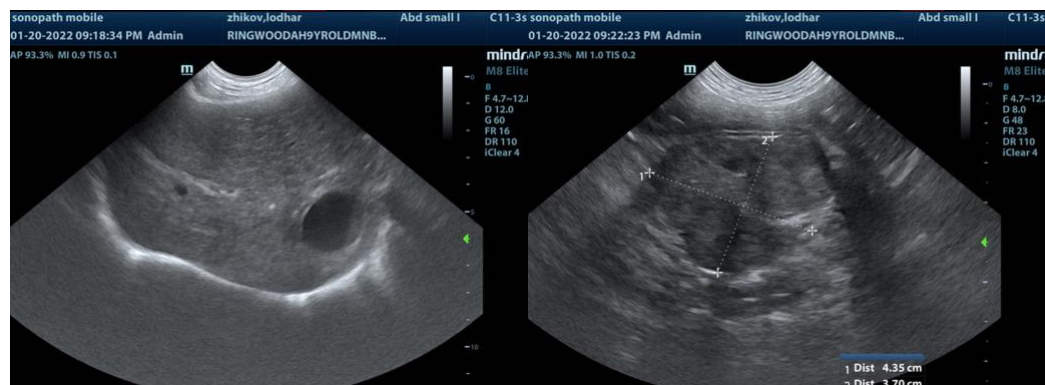
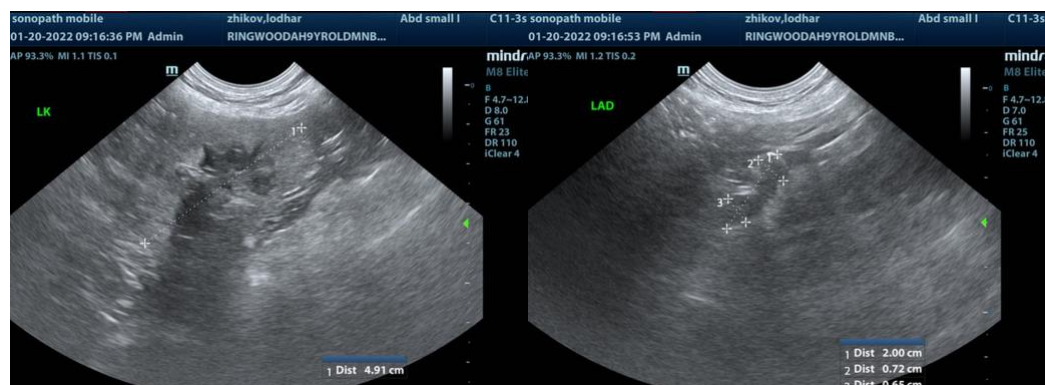
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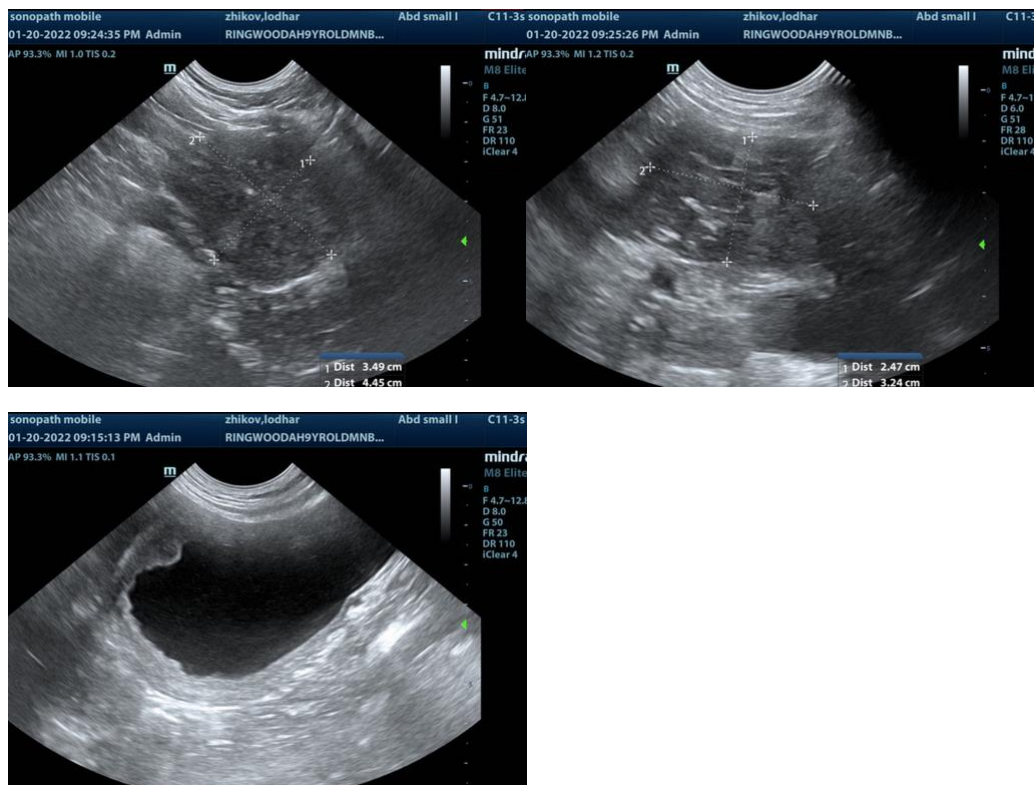
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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