**DATE**

1/28/22

PRESENTING CLINICAL SIGNS

History: Limping. Evaluate prostate gland.

PATIENT

Hurley McClenny

Current Medications: Meloxidyl 1.5mg/ml give dose for 15lb dog QD started 1/26. Dasuquin Advanced started 1/26.

Lab Results: Attached separately.

Radiographs: rads showed enlarged/calcified prostate gland and bladder stones.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Imaging Performed By: Stephanie Pearce RDCS, RVT.

Shih Tzu Mixed Breed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

Urinary SystemThe urethra and **prostate** revealed a mineralizing mass, extending to the trigone and extending at least 3.0 cm caudal into the pelvic inlet. Concurrent bladder calculi and urethral calculi noted.**AGE**

6/17/15

The **right kidney revealed** moderate hydronephrosis. The right ureter was embedded with calculi up to 2.0 cm. The right ureter was dilated at 0.96 cm.**WEIGHT**

17 Lbs.

Hydroureter was noted in the **left kidney**, measuring 0.35 cm. The left kidney was subnormal in size, measuring 3.88 cm. Pelvic calculus (6.0 mm) and pyelectasia were noted in the left kidney.**Adrenal Glands**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 left adrenal gland measured 1.59 cm x 0.48 cm at the caudal pole and 0.4 cm at the cranial pole.**INTERPRETED BY**Eric Lindquist, DMV
DABVP, Cert. IVUSS**Spleen**The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.**HOSPITAL NAME**

Chadwell AH

LiverThe **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.**REFERRING VET**

Dr. Gold

INVOICE

13684

GastrointestinalSome retention of ingesta was noted in the **stomach**. The small intestine and colon were unremarkable.**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.

Free Abdomen

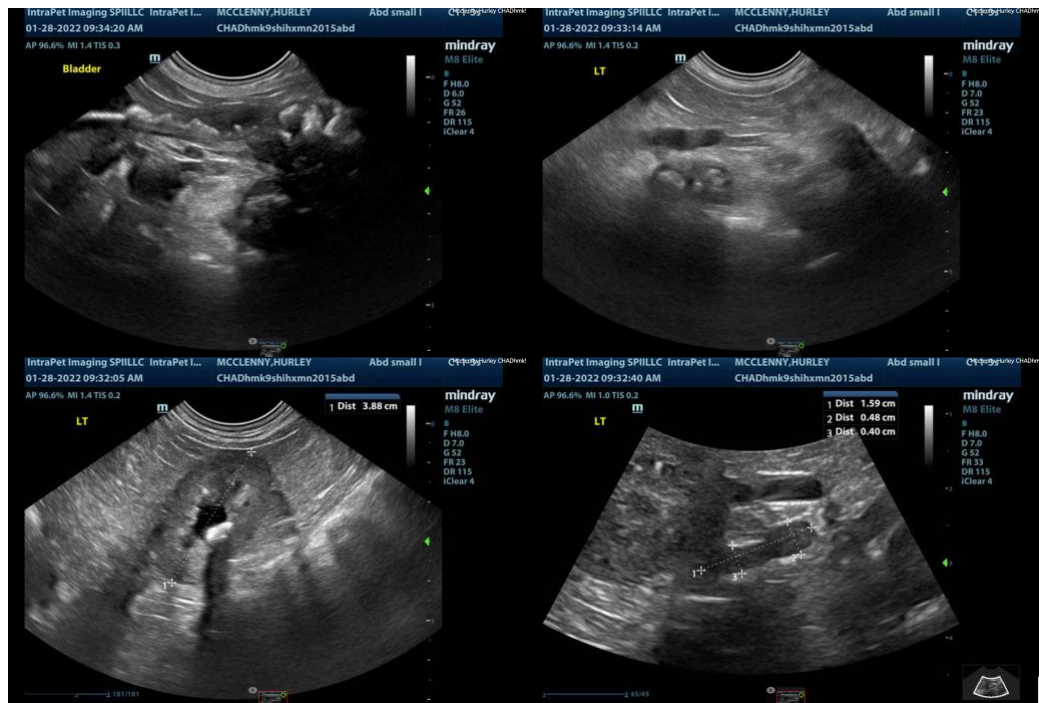
A sublumber lymph node was enlarged, hypoechoic and irregular, measuring 1.73 cm. The iliac lymph nodes were mineralized as well, strongly suggests for metastatic disease.

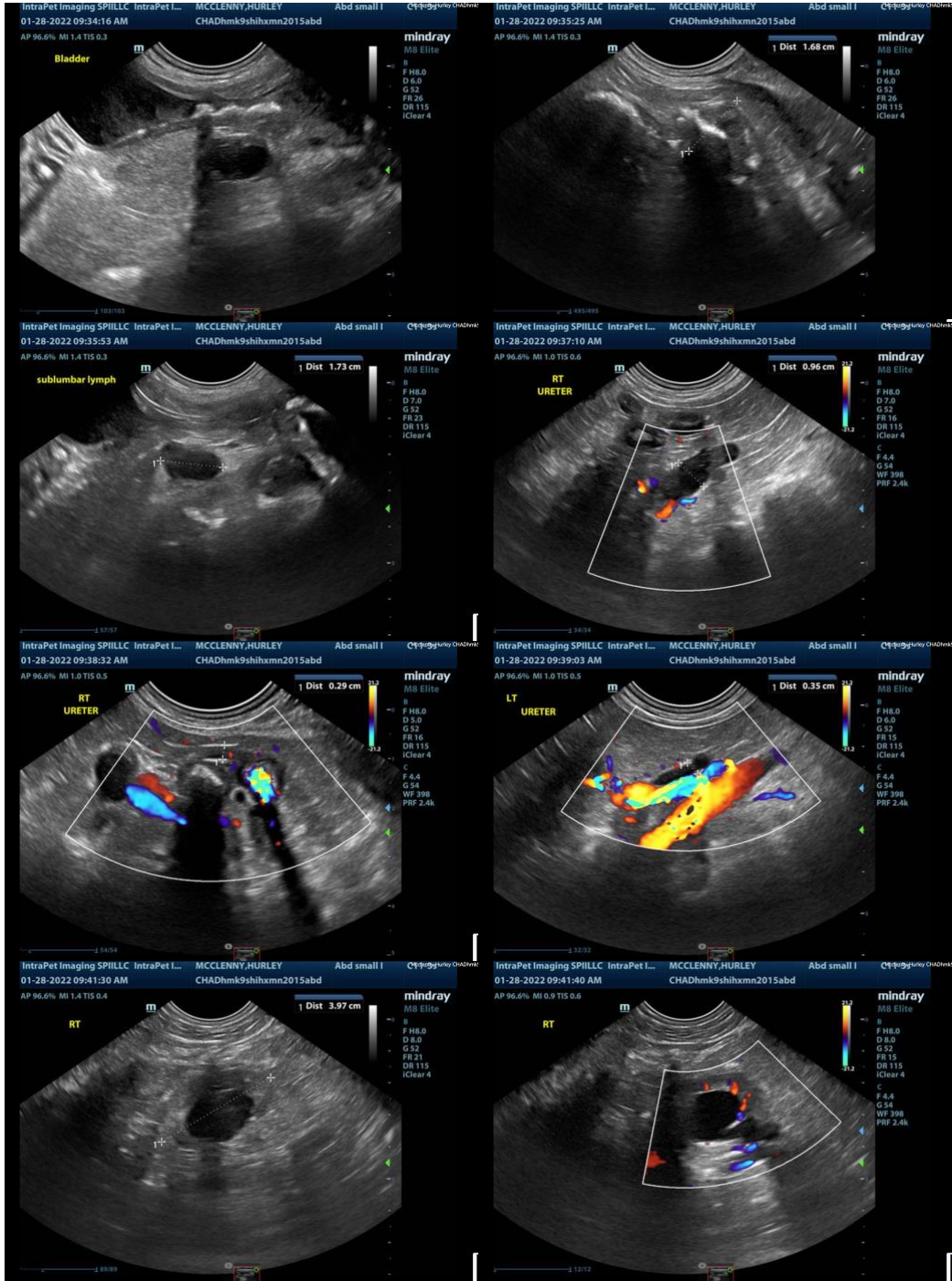
ULTRASONOGRAPHIC FINDINGS

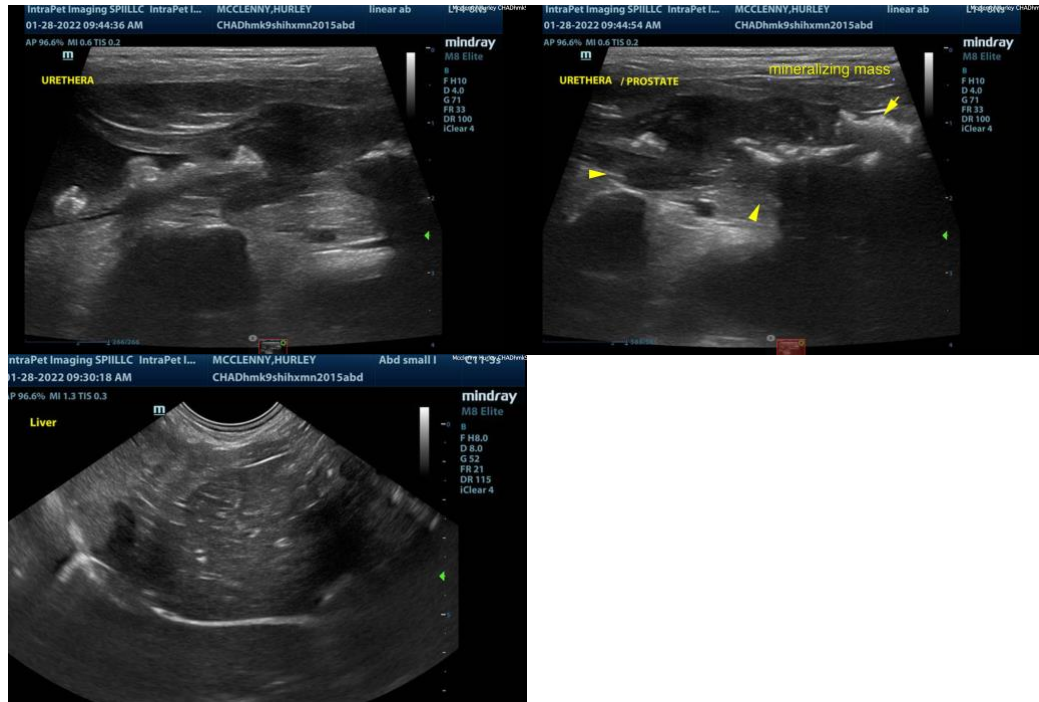
- Bilateral hydroureter and chronic hydronephrosis with obstructive ureteral calculi as well as mineralized urethral mass. Calculi were present in the urethra but also dystrophic mineralization within the urethral and prostatic tissue
- Metastatic lymph node pattern to the iliac and sublumber lymph nodes.
- Volume contracted spleen
- Stomach ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prognosis is poor. Referral for interventional radiology and oncology indicated. Obstructive urolithiasis and urethral and iliac lymph node neoplastic pattern, carcinoma likely, Traumatic catheterization could be considered for further definition.







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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