**PATIENT**

Tucker Judd

SPECIES

Canine

BREED

Poodle X

SEX

Neutered Male

AGE

13 Years

WEIGHT

40.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Hartmann

INVOICE

35160

DATE

1/28/22

PRESENTING CLINICAL SIGNS

Vomit/ diarrhea. no eating

Abnormal PE/Chem/CBC/UA Results: ALKP 233 Amylase > 2500 Lipase 5662 CPL - abnormal Rads - large gas in colon, decreased detail in cranial abdomen, large soft tissue opacity in area of prostate, large bladder

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A minor amount of debris present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The prostate was enlarged and irregular with a mineralizing mass and cystic component. The prostatic mass measured 4.2 cm x 3.0 cm and was moderately vascular. Approximately ½ of that was cystic.

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. An anechoic 5.0 mm cyst was noted in the caudomedial cortex of the left kidney. The right kidney measured 5.92 cm. The left kidney measured 6.13 cm.

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 2.27 cm x 0.52 cm at the cranial pole and 0.66 cm at the caudal pole. The right adrenal gland measured 2.7 cm x 1.14 cm at the cranial pole and 0.59 cm at the caudal pole.

Spleen

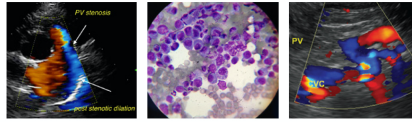
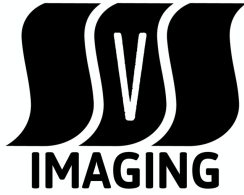
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or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

Liver

The **liver** presented a vacuolar hepatopathy pattern with multifocal hypoechoic nodules noted, possibly metastatic versus prominent nodular hyperplasia. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

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.



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Pancreas

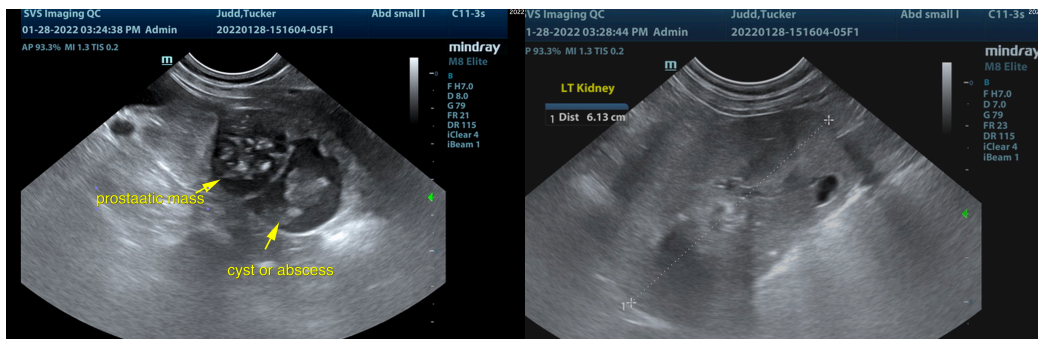
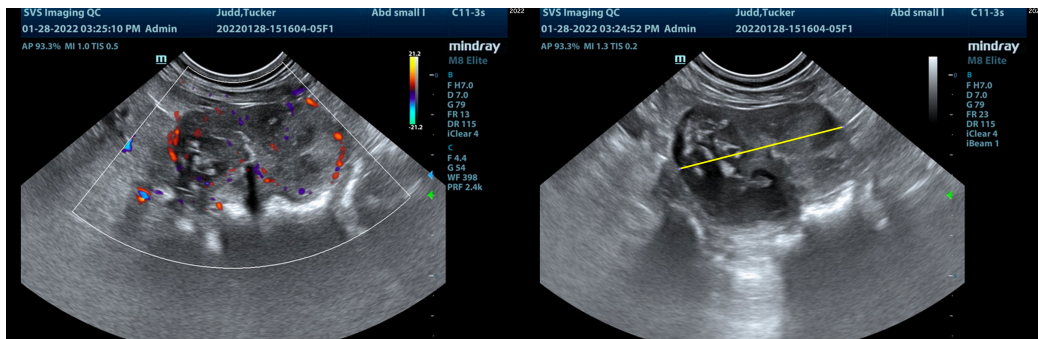
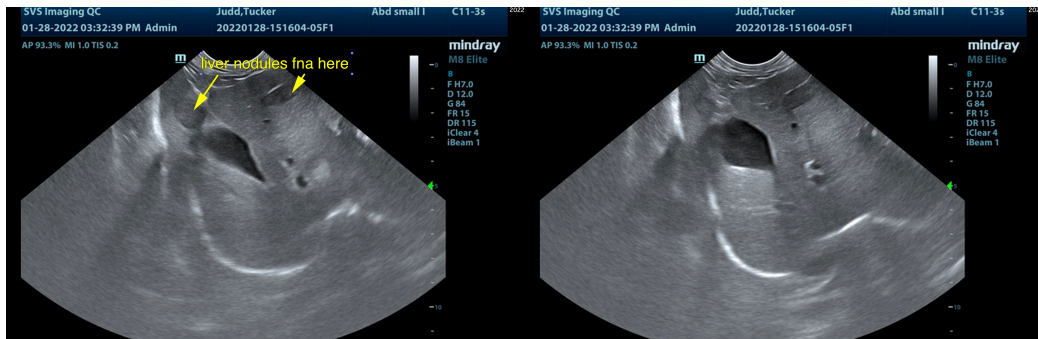
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

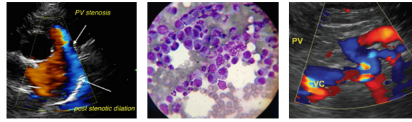
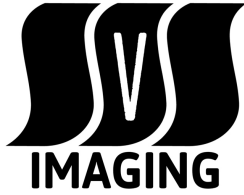
ULTRASONOGRAPHIC FINDINGS

- Prostatic mass with cyst or abscess
- Nodular hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the prostate and drainage of the cystic component could be considered both from a definitive cytological and therapeutic drainage standpoint. FNA of the liver nodules warranted to assess nodular hyperplasia versus metastatic disease or separate neoplasia. Sampling of the prostate may bring the possibility of trailing. However, the prostatic pathology appeared to be lobar and may not be amenable to sampling with traumatic catheterization.





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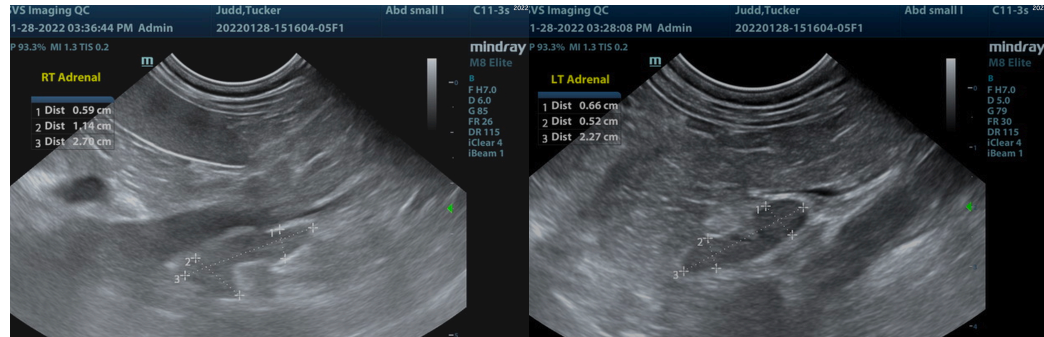
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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