



PATIENT

Rocky Besade

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered male

AGE

5.4 years

WEIGHT

89.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Neuhaus

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Neuhaus

INVOICE

42573

DATE

1/9/23

PRESENTING CLINICAL SIGNS

History: Performed targeted abd ultrasound 1/3/23 concern for prostatic Carcinoma . Hx of chronic thrombocytopenia since 2018 that recently resolved. Today PLT WNL but evidence of leukopenia. Abnormal PE/Chem/CBC/UA Results: WBC:4.6k/uL, Neu:2.51K/uL all other values WNL.

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 and a small calculus was noted and measured 0.2 cm with minor acoustic shadowing. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The prostate was enlarged, irregular and mineralization with deviation of the descending colon. The prostate measured 3.3 cm with mild peripheral inflammation.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.56 cm. The right kidney measured 7.3 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 0.5 cm. The right adrenal gland measured 0.8 cm at the cranial pole and 0.4 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 was noted.

Liver

The **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.



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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.

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

The iliac lymph nodes were unremarkable with no evidence of metastatic disease.

ULTRASONOGRAPHIC FINDINGS

Enlarged, mineralized, irregular prostate with mild colonic deviation. This is strongly consistent with prostatic carcinoma.

Bladder calculus is more definitive compared to the minor debris noted on the prior sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of leukopenia is unclear in this patient. Prostatic presentation is largely the same, yet somewhat reduced in size compared to the prior sonogram. This may be a positional variant. No evidence of metastatic disease. Traumatic catheterization of FNA should be considered if not already performed for confirmation. Oncological intervention is recommended. Given the leukopenia CBC path review +/- bone marrow aspirate would be appropriate.





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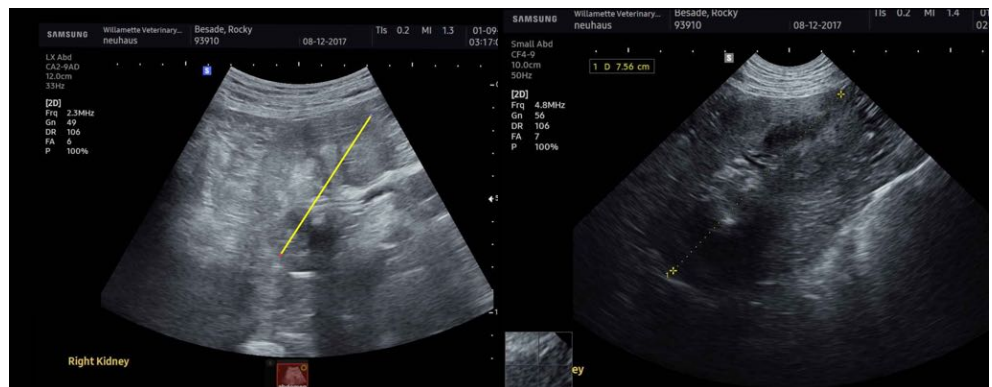
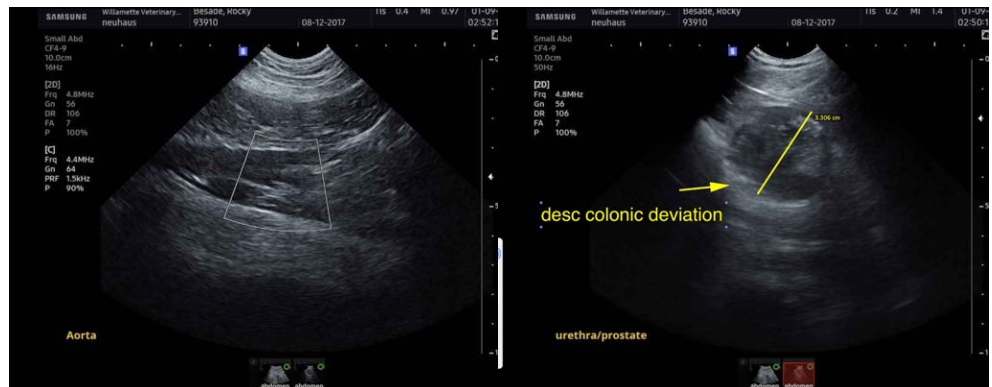
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com