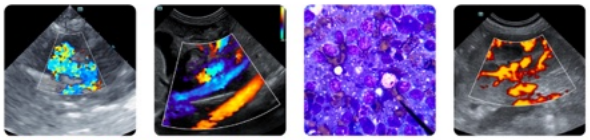


PATIENT

Buddy Tominac

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered male

AGE

6 ½ years

WEIGHT

38 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Christensen

HOSPITAL NAME

Tranquility VC

REFERRING VET

Dr. Castellani

INVOICE

68656

DATE

11/13/25

PRESENTING CLINICAL SIGNS

History: PU/PD. Urinary incontinence. Asymmetric prostate palpated on PE
Slight increase in monocytes and ALT/Alk-phos. Slight decrease in chloride.

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. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.07 cm. The left kidney measured 6.42 cm.

The **prostate** was prominent, yet uniform at 2.8 x 1.6 cm. Nodular changes were noted in the prostate without significant disruption of architecture. There was no evidence of capsular expansion. If the patient was neutered at an adult age this would be normal regression of some remodeling.

Adrenal Glands

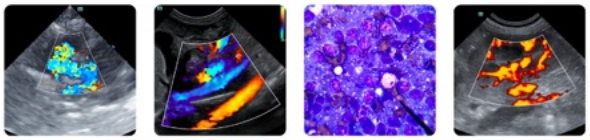
The left **adrenal gland** was slightly swollen and mildly excessive in size measuring 2.88 x 0.91 cm at the caudal pole and 0.92 cm at the cranial pole. The right adrenal gland was uniform and measured 1.97 x 0.52 cm at the cranial pole and 0.45 cm at the caudal pole.

Spleen

The **spleen** revealed a focal, hypoechoic nodule that measured 1.09 cm.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver had macronodular changes in the left cranial liver. This is most consistent with hyperplasia. However, the macronodular change measured up to 5.8 cm. Other nodular changes in the left cranial liver measured 1.8 cm and 1.5 cm. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.



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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

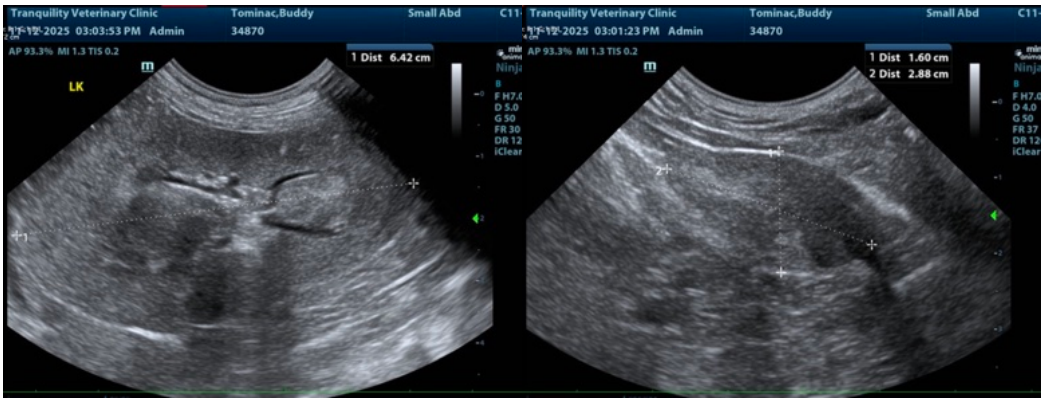
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Undefined splenic nodule
- Nodular hyperplasia, vacuolar hepatopathy liver pattern
- Prominent left adrenal gland, upper limits of normal on the right

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the splenic nodule is indicated. I recommend monitoring with recheck sonogram in a month. FNA of the hepatic nodules are indicated to assess for hepatoma versus carcinoma. Suspect, low-grade benign disease.



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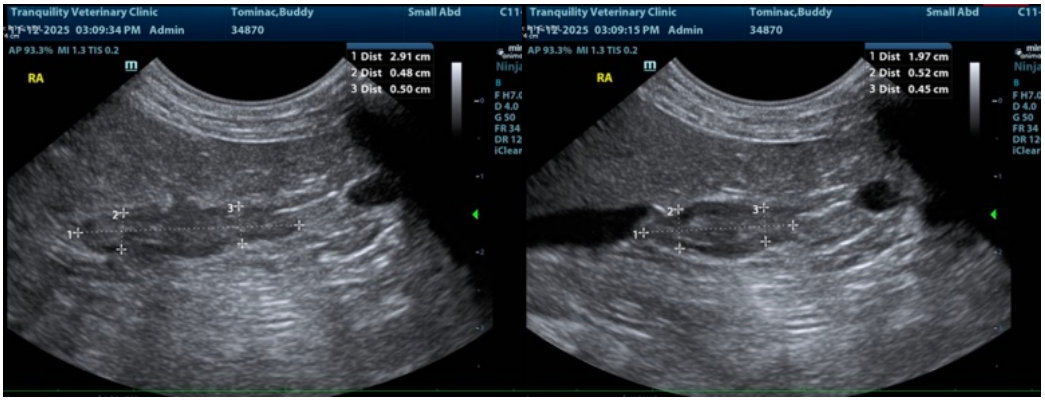

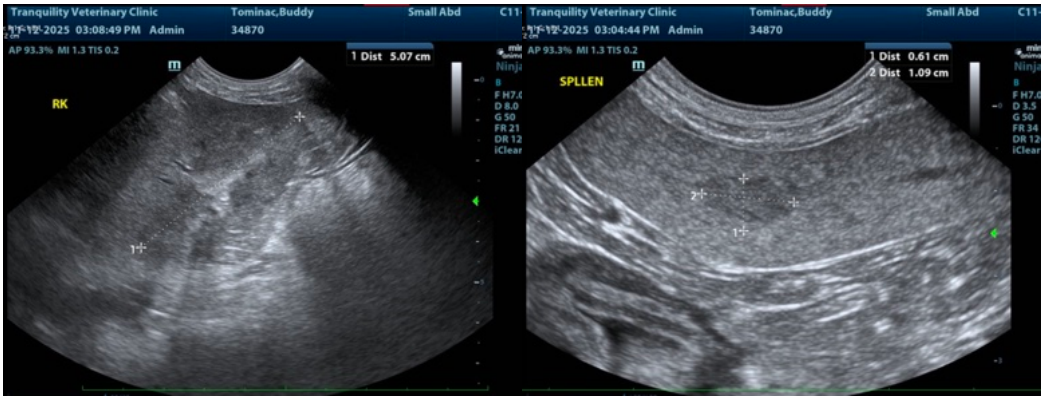

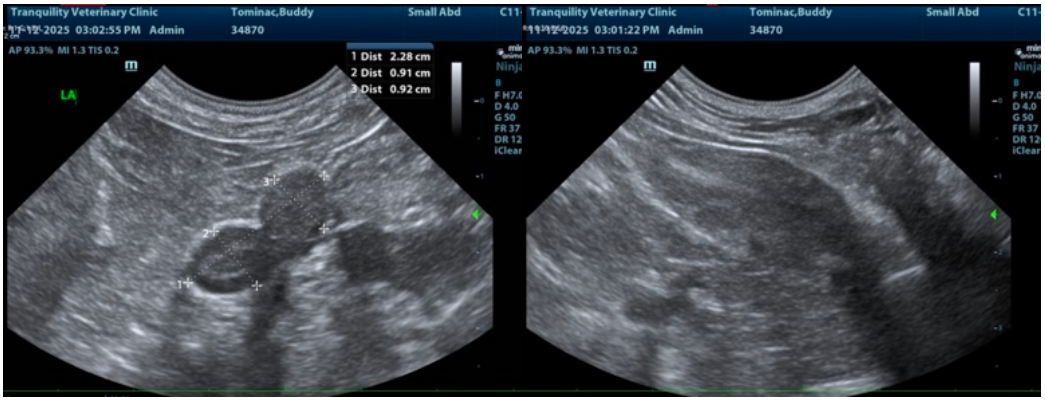

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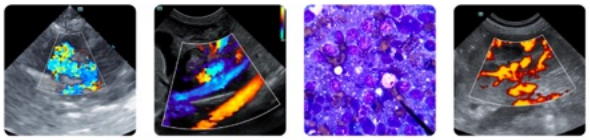

Clinical Sonography & Telecytology
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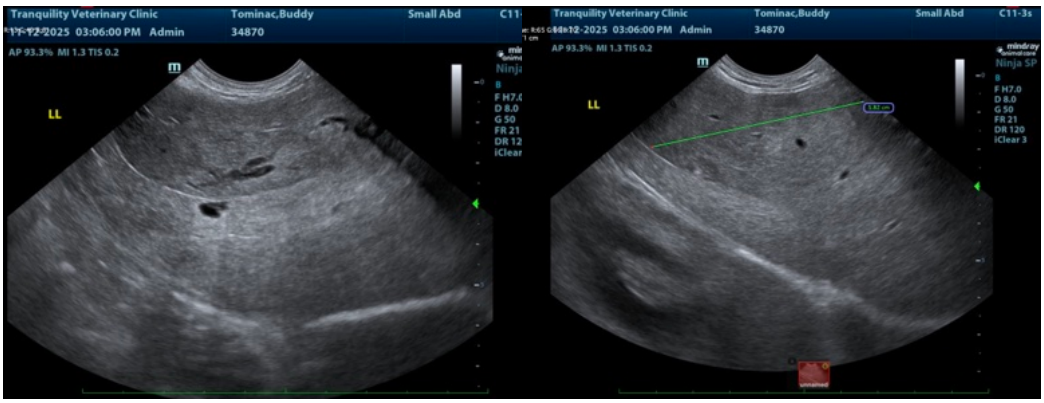

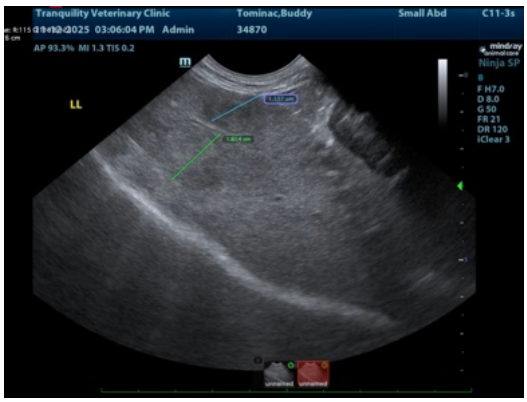

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com