



**PATIENT**

Floki George

**SPECIES**

Canine

**BREED**

Standard Poodle

**SEX**

Intact Male

**AGE**

12 Years

**WEIGHT**

68.8 pounds

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP(CFM), Cert.  
IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Magnolia Veterinary  
Practice

**REFERRING VET**

Dr. Goldstein

**INVOICE**

12359

**DATE**

11/20/25

**PRESENTING CLINICAL SIGNS**

Hematuria even while on abx., mild prostatomegaly, dental dz; blind. Receiving Baytril 136mg sid.

Abnormal PE/Chem/CBC/UA Results: Non-regenerative anemia, leukocytosis w/neutrophilia + monocytosis. Alb 2.4; Lyme (+); UA: USG 1.028; Proteinuria; hematuria; pyuria. (no bacteria)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed a polypoid mass occupying the ventral wall and entering into the cystourethral junction extending at least 6.3 cm x 2.6 cm.

The **prostate** was uniformly mildly enlarged with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign cystic pathology or both. Underlying neoplasia cannot be completely ruled out but is lower on the differential list. This presentation is most consistent with benign prostatic hyperplasia with possible active prostatitis. Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture. The prostate measured 3.6 cm. The right testicle presented with hypoechoic nodules measuring 0.58 cm, uniform otherwise. The left testicle presented uniform. Both testicles measured 2.5 cm.

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 7.25 cm in length. The right kidney measured 7.37 cm in length.

**Adrenal Glands**

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 2.19 cm x 0.40 cm width.

The **right adrenal gland** was no visualized.

**Spleen**

The **spleen** revealed a focal expansive hypoechoic 1.4 cm nodule and separate hypoechoic nodules measuring up to 8.0 mm.

**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**

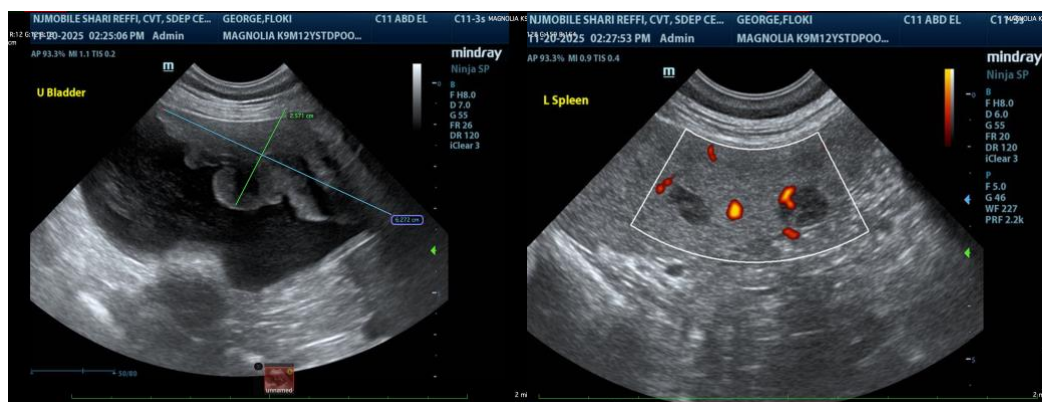
Rapid view of the heart revealed no evident pathology.

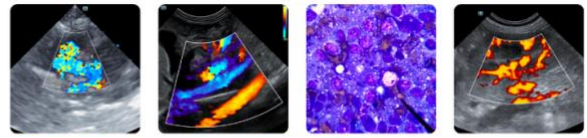
**ULTRASONOGRAPHIC FINDINGS**

- Ventral bladder mass extending into the cystourethral junction.
- BPH prostate.
- Splenic nodules.
- Right testicular nodule.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The hematuria may be deriving both from the mass and the prostate. The mass does not appear resectable. The prostatic pattern is most consistent with BPH/prostatitis. Traumatic catheterization to confirm urothelial carcinoma is recommended. FNA of the splenic nodules is recommended for further definition. Prognosis is extremely guarded to poor. The splenic pathology is likely a comorbidity along the lines of round cell neoplasia and benign hyperplasia possible with hemangiosarcoma less likely.





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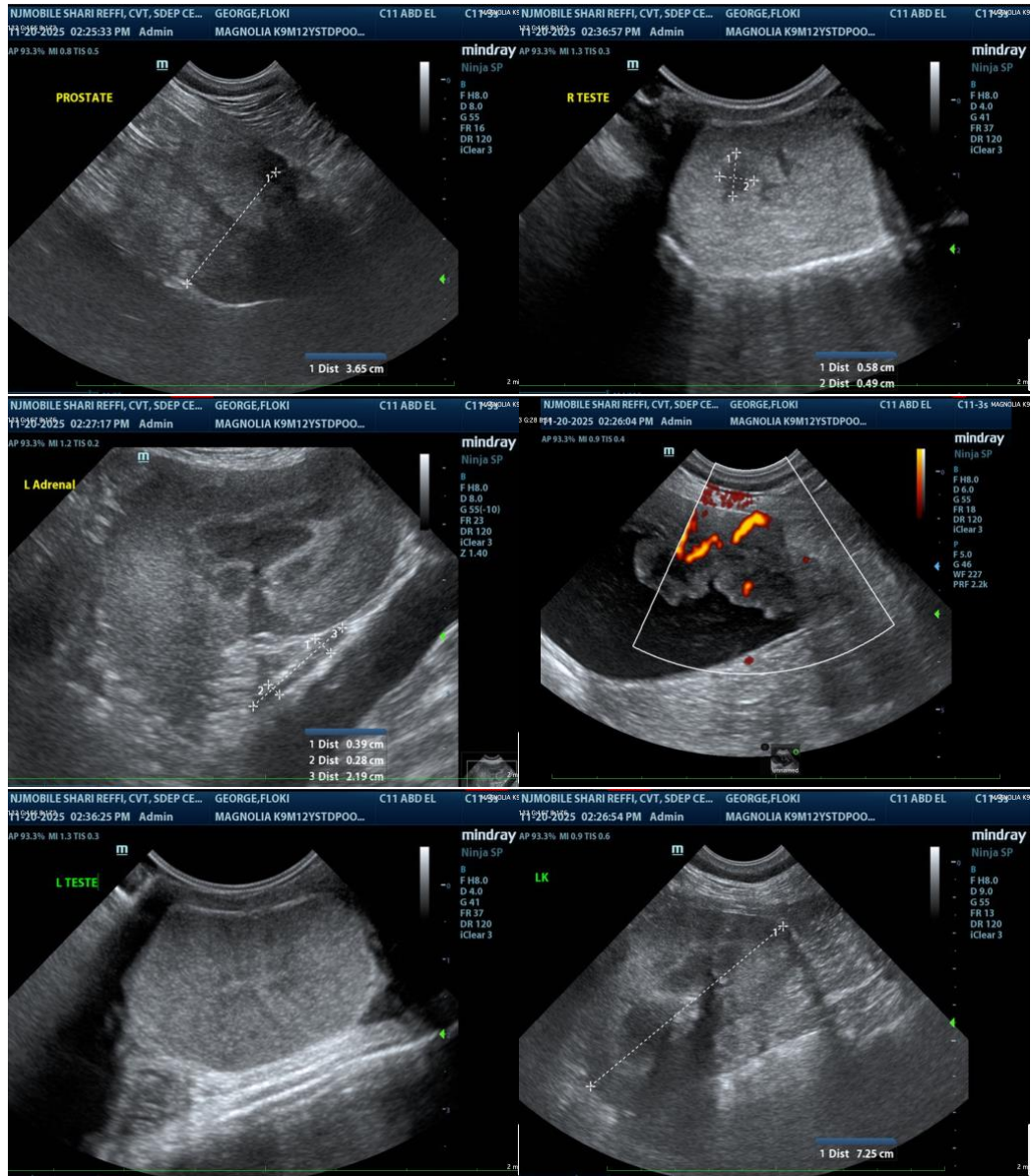
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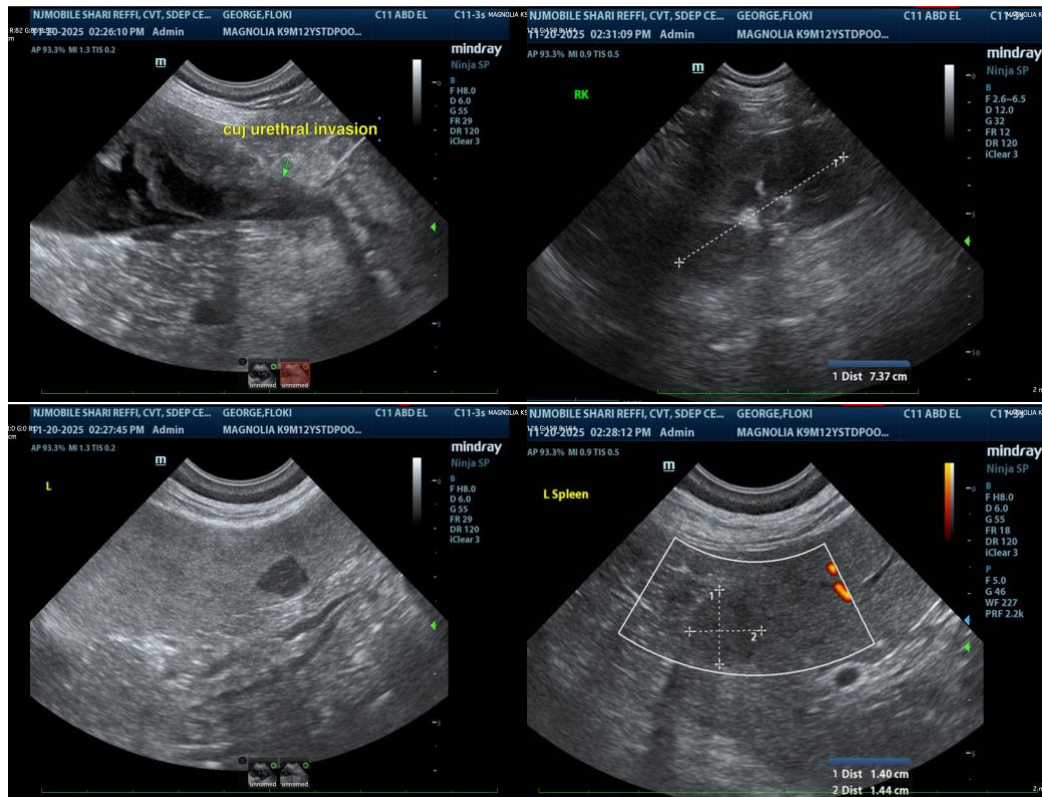
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,**

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