



PATIENT

Junior Duran

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

14 Years

WEIGHT

7.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Englewood Veterinary
Center

REFERRING VET

Dr. Ezik

INVOICE

72043

DATE

11/21/25

PRESENTING CLINICAL SIGNS

Renal check based on recent BW abnormalities, pet has severe periodontal dz, otherwise WNL
Abnormal PE/Chem/CBC/UA Results: WBC 17, Neu 13, Lymph 1, Mono 2.5, Creat 2, BUN 50 U/A: pH 9, USG 1.012

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented normal thicknesses and normal tone. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The prostate was enlarged, with areas of mineralization, and pre-prostatic urethral dilation. The prostate measured 3.0 cm. Hypoechoic nodular changes noted within the prostate as well. The prostate was moderately vascular.

The iliac trifurcation was unremarkable.

The **kidneys** presented mild to moderate degenerative changes with pyelectasia. The left kidney measured 4.08 cm. The right kidney measured 4.31 cm. Both ureters were dilated.

Adrenal Glands

The **right adrenal gland** comprised a mass measuring 2.34 cm x 1.6 cm deriving from the cranial body of the right adrenal.

The **left adrenal gland** also comprised a mass measuring 2.75 cm x 2.29 cm.

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** 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.

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

- Enlarged, irregular, mineralized prostate – Strong concern for prostatic carcinoma.
- Chronic ureteral dilation owing to prostatic pathology, likely complicating the issue.
- Bilateral adrenal masses, may be benign. Adenoma, adenocarcinoma, pheochromocytoma possible for both lesions.
- Moderate degenerative renal changes.

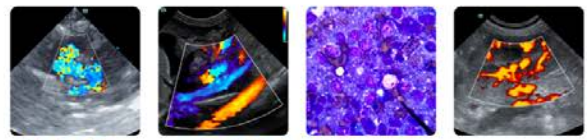
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Serial blood pressures warranted. Ultrasound guided FNA of the prostate under heavy sedation recommended. Prognosis is very guarded. The kidneys do not appear end stage. Underlying systemic hypertension and renal effector organ issues may be caused by adrenal disease depending upon further adrenal workup. If hypertension is an issue, urine metanephrine level indicated to assess for pheochromocytoma.

For an additional charge an internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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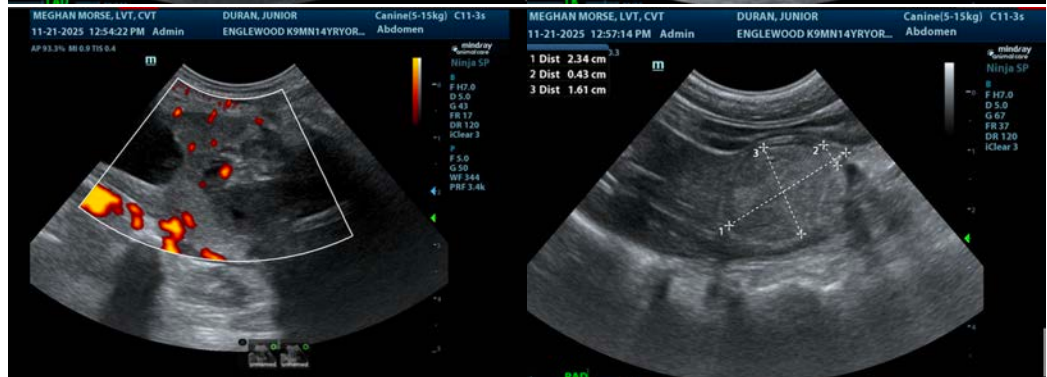
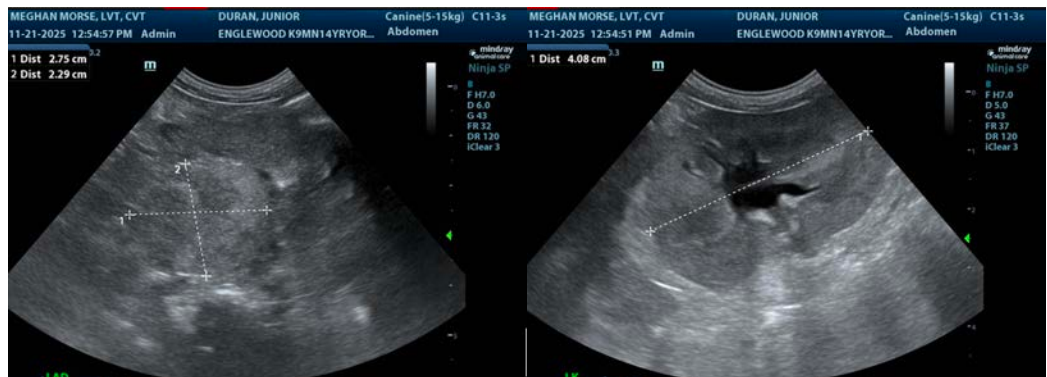
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com

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