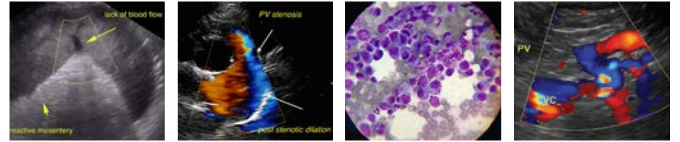


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sammy Tashakorinia

SPECIES

Canine

BREED

Corgi

SEX

Intact Male

AGE

6 Years 7 Months

WEIGHT

34.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Sorbo

HOSPITAL NAME

Back Bay VC

REFERRING VET

Dr. Sorbo

INVOICE

33820

DATE

12/29/21

PRESENTING CLINICAL SIGNS

Incidental finding during a visit for conjunctivitis. Will cock his leg without urinating sometimes. Aggression towards other male intact dogs.
Abnormal PE/Chem/CBC/UA Results: Marked discomfort and sensitivity during caudal abdominal palpation. AUS spot exam: CUJ lesion: TCC vs BPH vs other.

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 were noted. Ureteral papillae were normal.

The prostate was severely enlarged with a cystic component and echogenic luminal material, possible gas. The prostate measured approximately 6.0 cm. Other cystic changes noted.

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 kidneys measured 6.0 cm each.

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 0.40 cm. The right adrenal gland measured 0.40 cm.

Spleen

The **spleen** revealed multifocal hypoechoic target nodules up to 1.0 cm with capsular expansion.

Liver

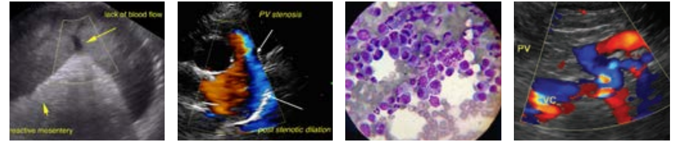
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls 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. A large amount of upper gastrointestinal gas noted. 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

Minimal **pancreas** visualized, yet appeared unremarkable.



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Free Abdomen

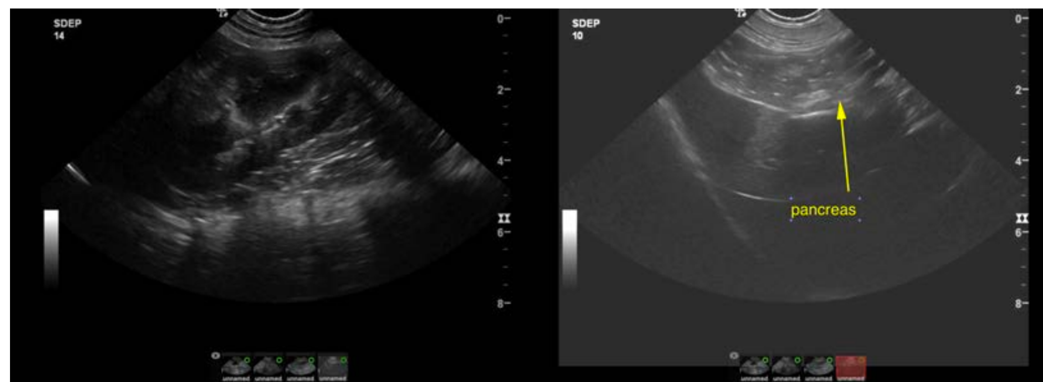
A cystic sublumbar lymph node was noted in this patient measuring 1.8 cm x 1.0 cm.

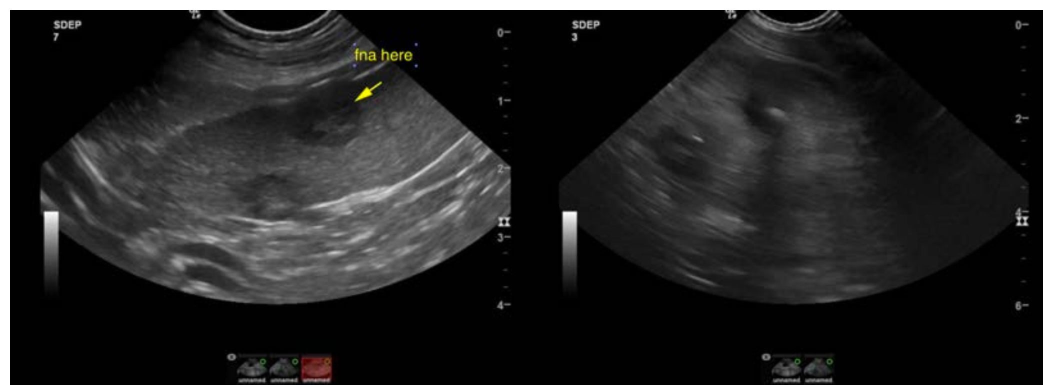
ULTRASONOGRAPHIC FINDINGS

- Severe BPH prostate with cysts or abscesses and possible air accumulation – possible anaerobic infection
- Cystic sublumbar lymph node
- Undefined splenic nodules with target type appearance – round cell neoplasia, hemangiosarcoma, hyperplasia or abscessation all possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend with ultrasound guided drainage of the sublumbar lymph node and cystic components of the prostate as well as neutering. If purulent debris is present within the prostatic cyst, then injection of Enrofloxacin directly into the prostate could be considered. FNA of the splenic nodules indicated. Prognosis is guarded primarily with regards to the splenic nodules, which are concerning given the capsular expansion.





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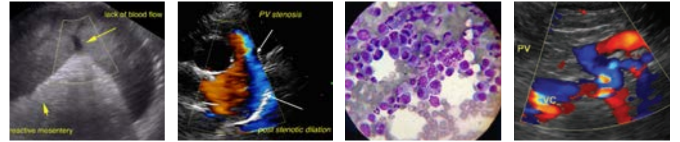

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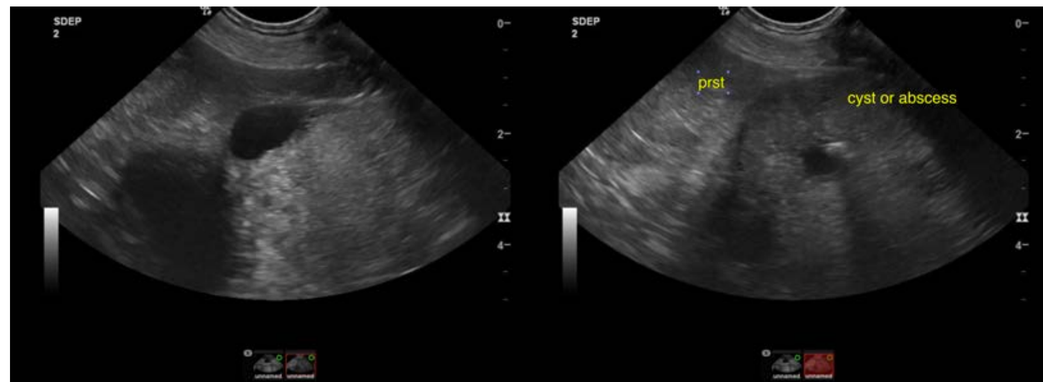

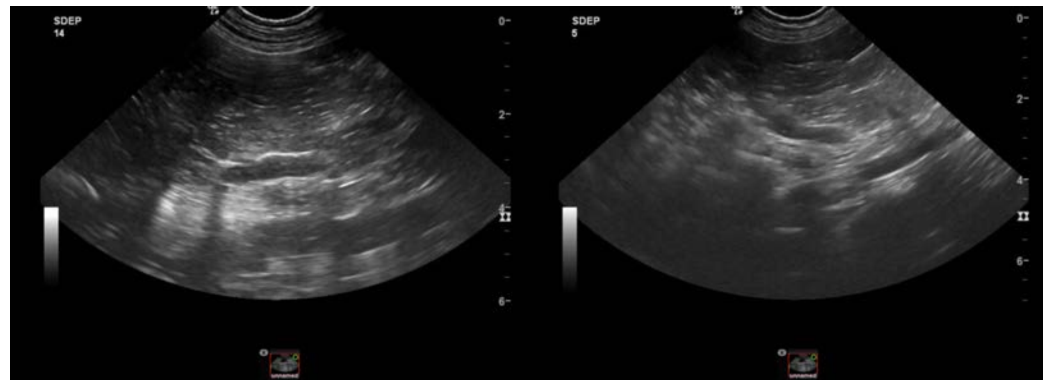

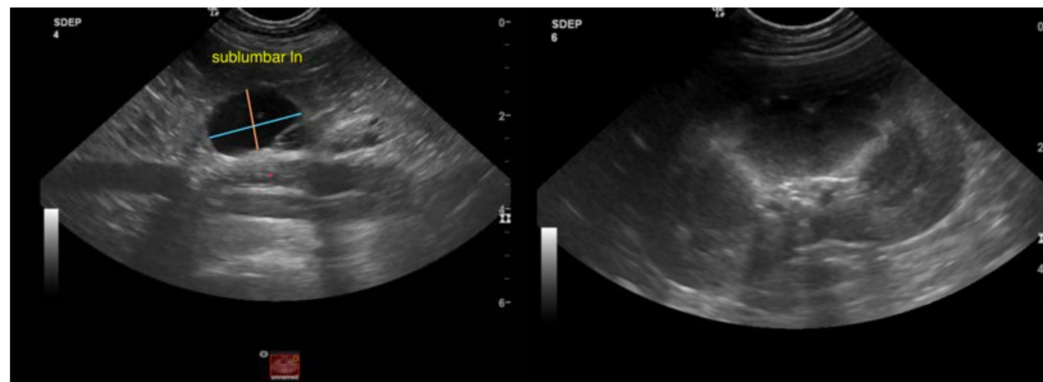

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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