



**PATIENT**

Tyson Peterman

**SPECIES**

Canine

**BREED**

American Bull Terrier

**SEX**

Male

**AGE**

12 Years

**WEIGHT**

68 Lbs.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Bailes

**HOSPITAL NAME**

All Creatures Great &  
Small VC, Corvallis, OR

**REFERRING VET**

Jessica Bailes

**INVOICE**

13870

**DATE**

2/10/22

**PRESENTING CLINICAL SIGNS**

History: Hx of intermittent vomiting w/ poor appetite; significant weight loss noted on exam; Elevated renal values w/ hematuria/proteinuria noted on bloodwork/UA. Renal values improved w/ SQF, clavamox, doxycycline. Then bruising/edema noted prepuce/R inguinal body wall. PT/PTT WNL; platelet count WNL.

Abnormal PE/Chem/CBC/UA Results: Edema prepuce/scrotum; bruising R of prepuce ventral inguinal area. Re - drew blood today - pending Aspirated prostatic lesions - cytology pending.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **bladder** in this patient was mildly thickened (0.91 cm wall thickness at moderate repletion) with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. This is a moderate change. Free fluid was noted around the urinary bladder.

The **prostate** was uniformly 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. This is a moderate change. The prostate measured 4.35 cm. Edema lines were noted in the prostate, consistent with prostatitis.

The **right kidney** 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 right kidney measured 7.96 cm.

The **left kidney** revealed moderate hydronephrosis (3.0 cm x 4.0 cm). The left kidney was swollen. Slight pyelectasia was noted. The left kidney measured 9.0 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 right adrenal gland measured 2.95 cm x 0.35 cm at the caudal pole and 0.56 cm at the cranial pole. The left adrenal gland measured 2.88 cm x 0.67 cm at the caudal pole and 0.63 cm at the cranial 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



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congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**Liver**

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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**

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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.

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**Other**

The **testicles** were imaged and found to be uniform. The epididymis around both testicles appeared thickened.

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**Free Abdomen**

An iliac **lymph node** was mildly enlarged, measuring 1.5 cm x 1.0 cm.

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Jessica Bailes

**ULTRASONOGRAPHIC FINDINGS**

- Left kidney hydronephrosis and pyelectasia
- Mildly enlarged iliac lymph node
- Epididymis around both testicles appeared thickened
- BPH prostate with edema lines noted in the prostate
- Age-related urinary bladder changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The pyelectasia and hydronephrosis in the left kidney is likely secondary to bladder and prostatic pathology. No overt hydroureter noted. Pyelonephritis is also a potential. I recommend assessment of the cytology of the prostate. Ideally, FNA of the iliac lymph node would also be performed. If no evidence of neoplasia, then neutering recommended. Urine culture and prostatic culture indicated. Recheck sonogram 4 weeks post-treatment. Enrofloxacin or similar antibiotic recommended. The cause of weight loss is not evident, unless neoplasia is found on the aspirates. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered. Full coagulation panel warranted given the patient history of bruising prior to neutering.

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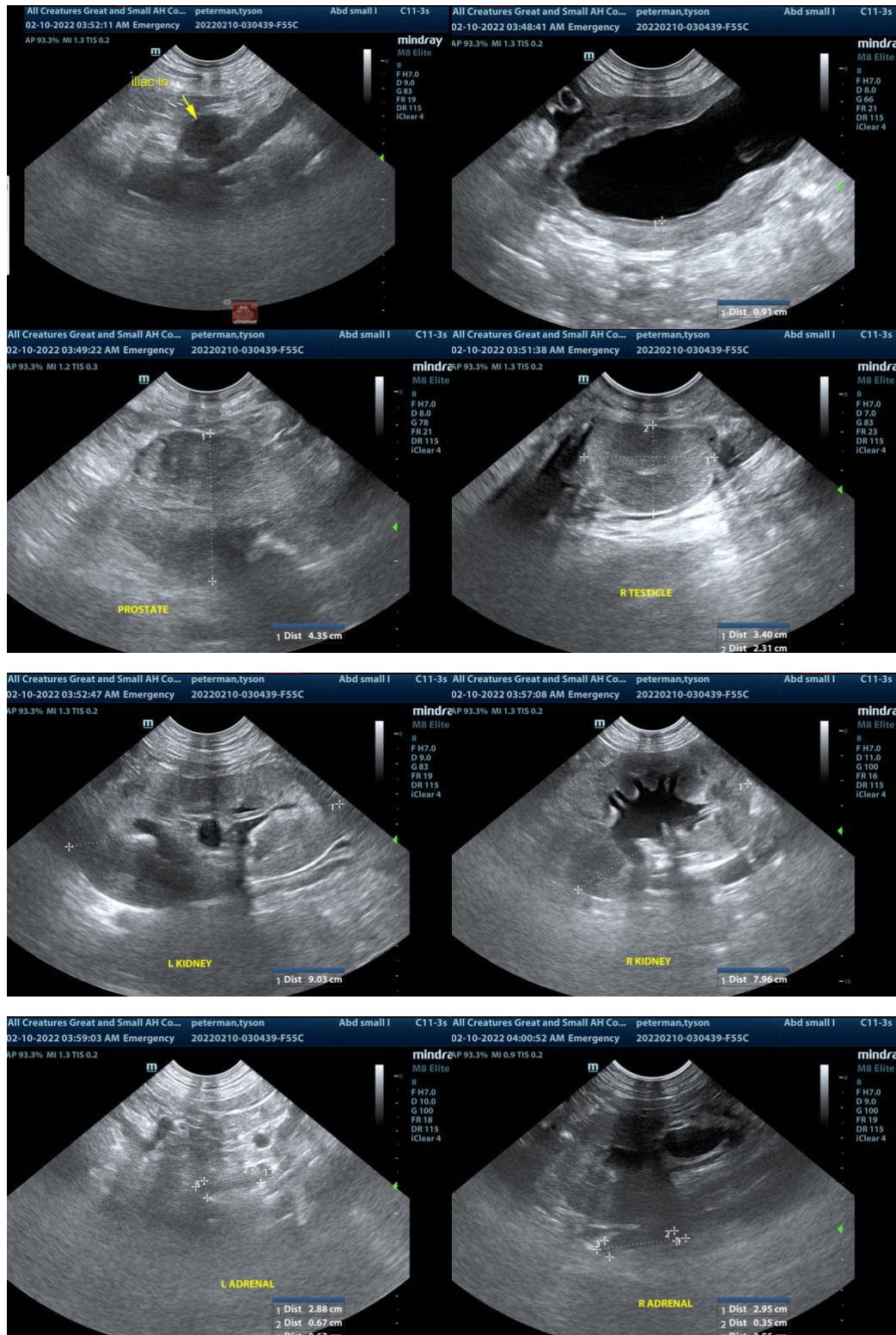
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



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**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.

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info@SonoPath.com

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