



## PATIENT

Norman Richards

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Intact Male

## AGE

8 Years

## WEIGHT

36.7 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Gira

## HOSPITAL NAME

Royal Loop VC

## REFERRING VET

Dr. Pineo

## INVOICE

13760

## DATE

02/13/26

## PRESENTING CLINICAL SIGNS

- Presented to emergency clinic on Saturday Feb 7th with a concern of not urinating properly, specifically straining to urinate in small volumes.
- Palpable abdominal mass on exam. On x-ray, there is a mid-abdominal spherical mass that may be associated with the spleen.

## 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 moderately 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 5.35 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 6.6 cm in length. The right kidney measured 8.0 cm in length.

### 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 0.63 cm width at the cranial pole and 0.53 cm width at the caudal pole. The right adrenal gland measured 0.82 cm width at the cranial pole and 0.81 cm width at the caudal pole.

### Spleen

The **spleen** revealed a mixed hypoechoic target type nodule at the mid caudal body measuring 1.3 cm x 0.90 cm. The spleen also revealed a 9.0 cm parenchymal mass.

### 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. No evidence of metastatic disease.



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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

The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. An example measured 3.4 cm x 1.17 cm.

## Heart

Rapid view of the **heart** revealed no evident pathology with normal contractility and volumes. Trivial aortic insufficiency was present. No evidence of pericardial effusion or masses. Trivial mitral insufficiency was also noted.

## ULTRASONOGRAPHIC FINDINGS

- Splenic mass and nodule.
- Mesenteric lymphadenopathy.
- BPH prostate.
- Aortic/mitral valve insufficiency-may be secondary to sedation.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs are warranted followed by exploratory splenectomy. Neutering may be a best option at the time of the surgery. Otherwise, if neutering is not an option, the following protocol may prove effective. No contraindications to anesthetic procedures.



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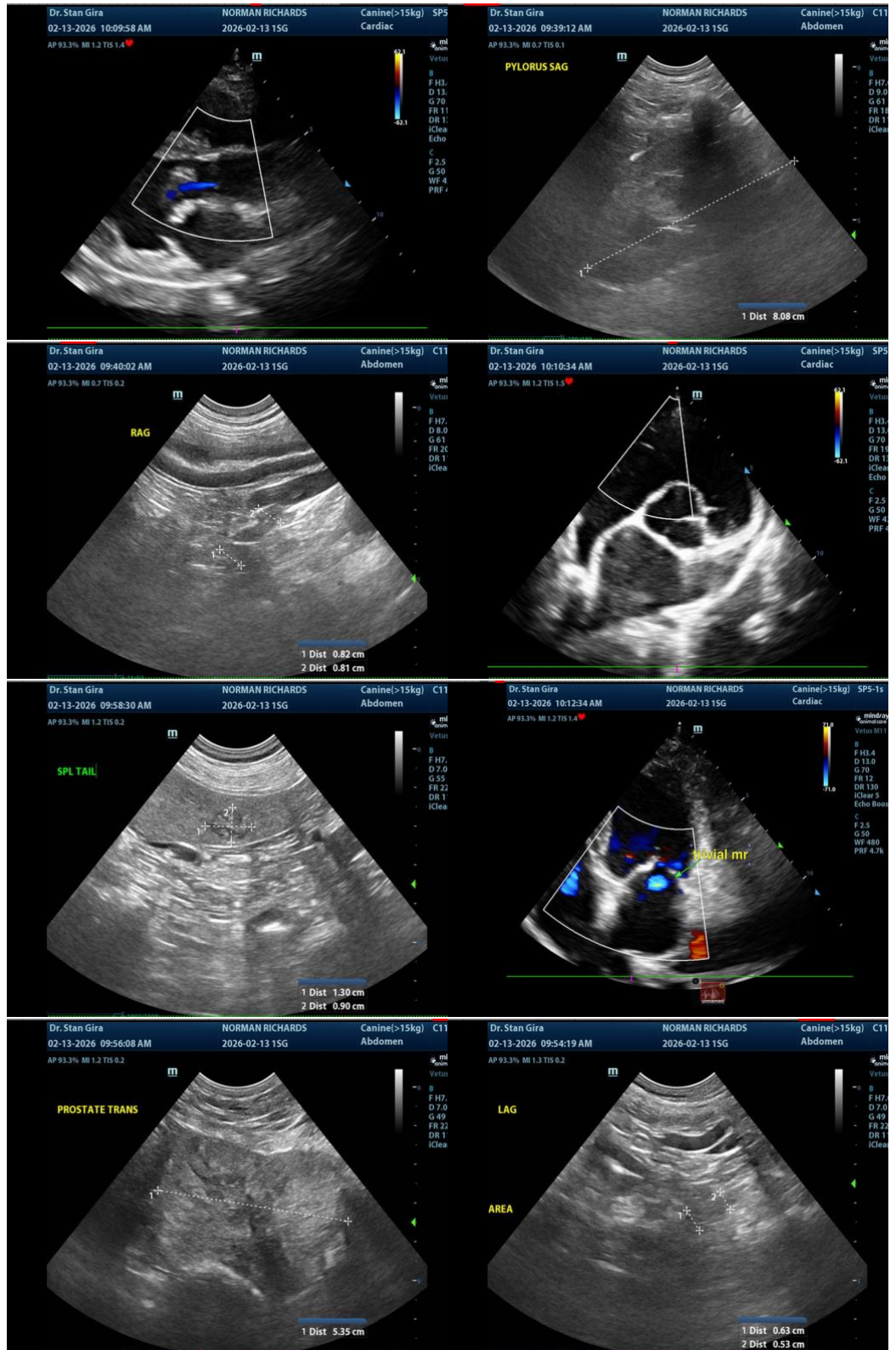
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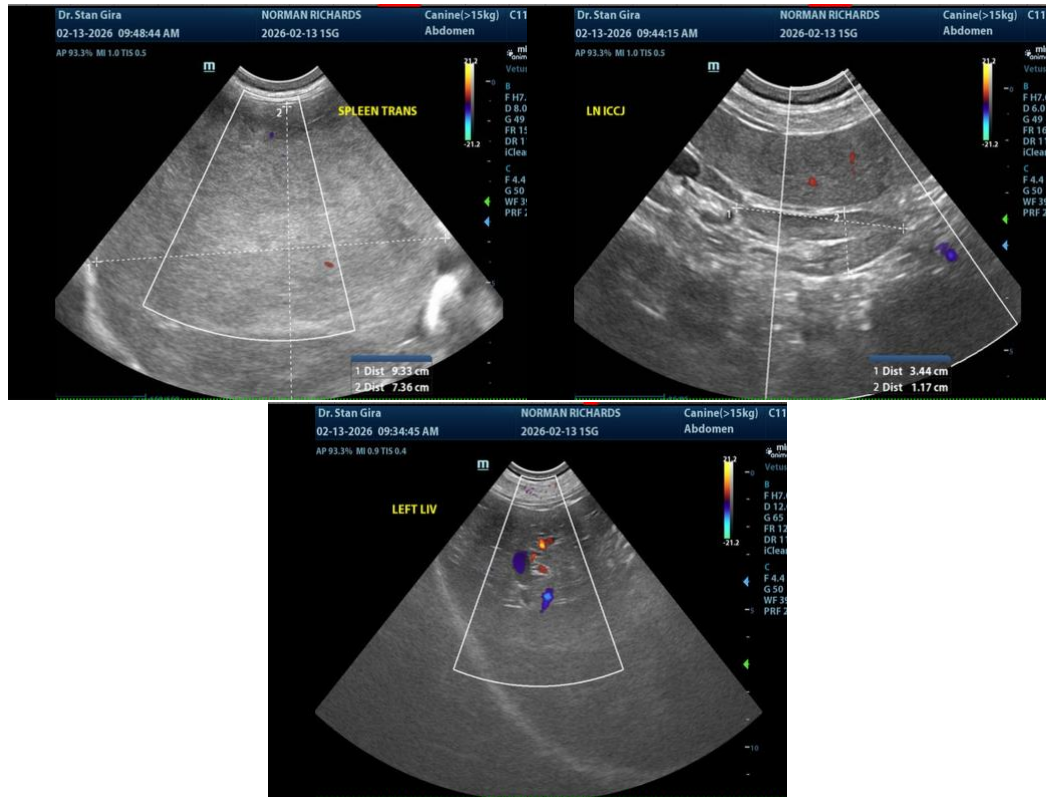
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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