



PATIENT

Cowboy Pellham

SPECIES

Canine

BREED

German Shorthair
Pointer

SEX

Neutered male

AGE

9 years

WEIGHT

48.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. O'Malley

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. O'Malley

INVOICE

71109

DATE

2/2/26

PRESENTING CLINICAL SIGNS

- P seen several times on ER for chronic diarrhea/soft yellow stool, straining to defecate. Seen 9/17/25 for bladder stones, straining to urinate - placed P on RC SO - O moved P back to raw diet. Seen 1/13/25 & 1/28/26 & 2/1/26 for straining to defecate, intermittent decreased eating/drinking, intermittent vomiting. treated w/ supportive care for non-descript enterocolitis, negative fecal send out. Some improvement with metronidazole, pro-pectalin, fortiflora, doxycycline however recurrent straining/soft stool production and discomfort.
- PE: sub lumbar nodes lg, jaundiced skin. large mass effect prostate on rectal exam, significantly compressing rectum. BW: HCT 40%, neutrophilic Leukocytosis 21K, Monocytosis 1.85K, PLT 369K, BUN 5 L (was 5 on 1/28) , Glob 4.6 H (was 4.6 on 1/28), ALT 567 H, (was 90 on 1/28), ALKP did not read, was 254 H.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The caudal aspect of the **urinary bladder** revealed thickening in the dorsal wall and cystourethral junction. There is a strong potential for involvement in the neoplastic process. The iliac lymph nodes are enlarged, hypoechoic and measured up to 2.0 x 1.0 cm. The lymph nodes are regionally inflamed.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.64 cm. The right kidney measured 7.9 cm.

The **prostate** in this patient revealed a cystic and parenchymal mass measuring 7.0 x 6.0 cm. The prostate revealed cystic and parenchymal abnormalities. A significant amount of inflammation was noted around the prostate and cystourethral junction.

Adrenal Glands

The **adrenal glands** were not visualized.

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 was noted.



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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Occasional parenchymal cyst was noted. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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

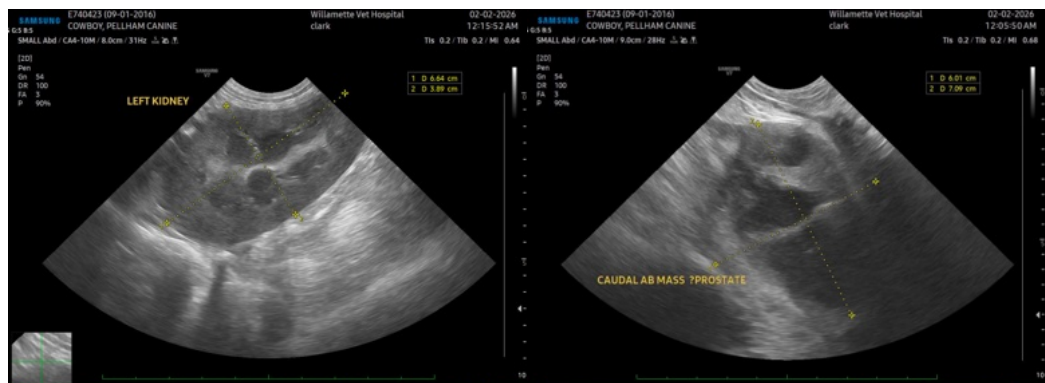
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Prostatic mass with cystic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided drainage of any cystic component and FNA of any parenchymal component is indicated. FNA of the regional iliac lymph nodes are recommended. The presentation is most consistent with prostatic carcinoma with the possibility of prostatic lymphoma. Sampling is essential in this patient.





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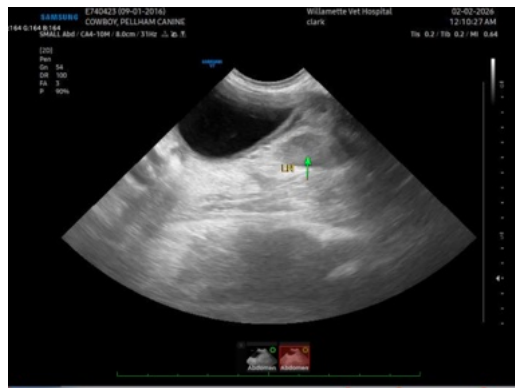
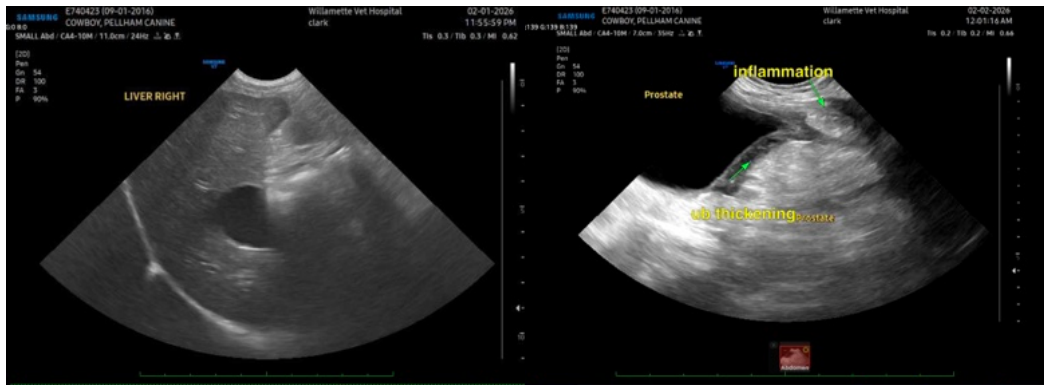
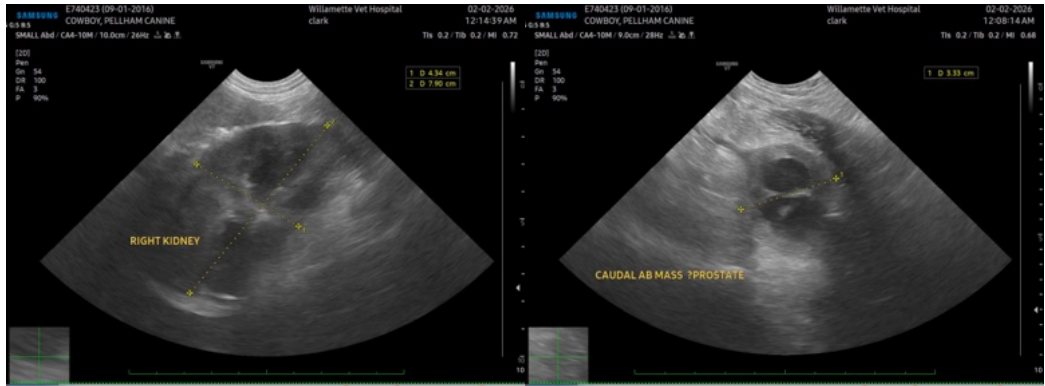
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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