



PATIENT

Johnny Bravo Hawkins

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

10 years

WEIGHT

25.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

HoHoKus VH

REFERRING VET

Dr. Scott

INVOICE

43002

DATE

2/27/23

PRESENTING CLINICAL SIGNS

History: for 3 weeks ADR- started with vomiting after drinking water and then progressed to diarrhea, wasn't eating but now is feeding hills science diet sensitive stomach wet and he is eating that is Pu/PD and has had 2 urinary accidents in the house seems to be almost straining to pee/poop walks hunched over at times licking penis area a lot
Abnormal PE/Chem/CBC/UA Results: weight loss (about 5 lb in 1 year), enlarged prostate on rectal heart murmur grade 2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened 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. A polypoid projection was noted in the cystourethral junction. This is likely deriving from proliferative carcinoma.

The prostate was enlarged, irregular and mineralized. The prostate measured 3.56 cm with pericapsular inflammation. There were areas of hypoechoic, tissue proliferation or cystic component.

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. Each kidney measured 5.0 cm.

Adrenal Glands

The left adrenal gland was visualized obliquely and measured 0.6 cm. The right adrenal gland was visualized obliquely and measured 0.8 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

The **spleen** revealed slight, hypoechoic nodule that measured 0.75 cm and was non-disruptive.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Occasional, hypoechoic nodular change was noted and was non-disruptive. 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.



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Gastrointestinal

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There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

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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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ULTRASONOGRAPHIC FINDINGS

AGE

Prostatic mass with peripheral inflammation, strongly suggestive for prostatic carcinoma with infiltrative pattern into the proximal urethra.

10 years

Concurrent splenic and hepatic nodules, non-disruptive.

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25.8 lbs

With some minor risk of trailing ultrasound-guided FNA of the prostate can be considered to confirm carcinoma or traumatic catheterization. Referral stent placement and chemotherapy is indicated at Animal Medical Center with Dr. Weiss and Dr. Berrent. There was no overt evidence of organ metastasis. FNA of the nodules would be ideal, yet would not be a typical place of metastasis for this type of pathology.

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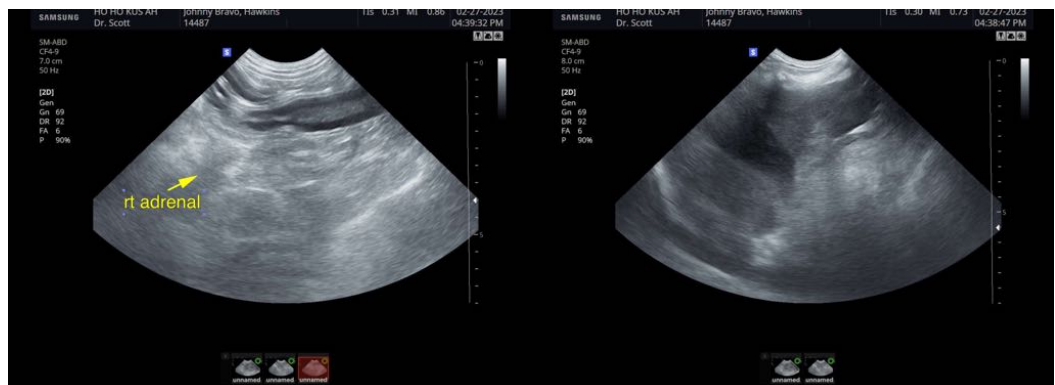
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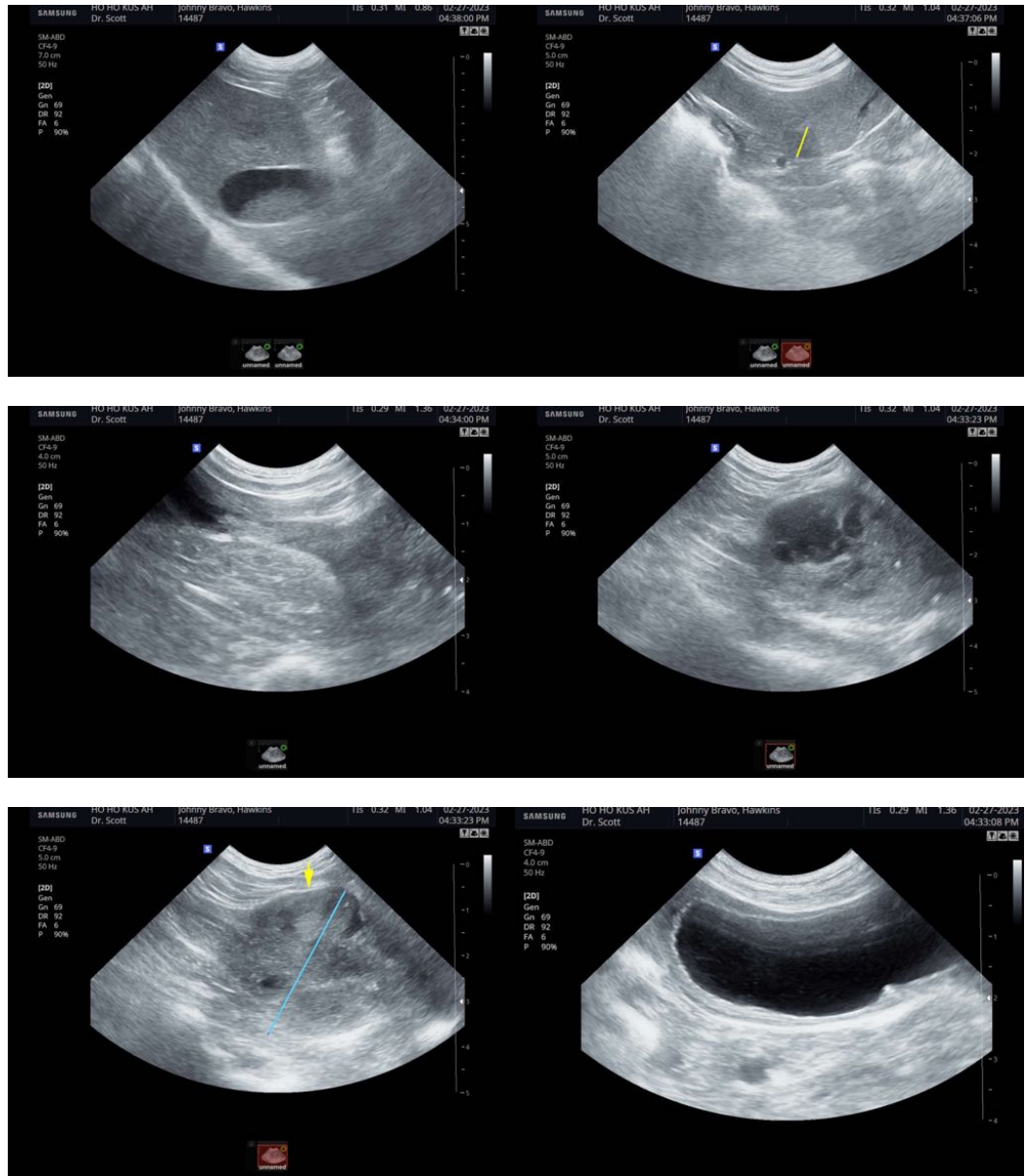
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com