



## PATIENT

Tucker Kreminski  
Biersbach

## SPECIES

Canine

## BREED

Airedale Terrier

## SEX

Intact male

## AGE

7 years

## WEIGHT

76.2 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Jenni Tudini  
MRCVS, SDEP Cert

## HOSPITAL NAME

East Aurora VH

## REFERRING VET

Dr. Huckabone

## INVOICE

71321

## DATE

2/5/26

## PRESENTING CLINICAL SIGNS

- Patient was recently noted to have hematuria but no evidence of ongoing LUTI. Patient appears asymptomatic and there are no other concerns/symptoms to report.
- Owner was keen to pursue further imaging to r/o any prostatic concerns specifically given being intact.
- P/E unremarkable, rectal exam did NOT reveal an enlarged prostate - U/a: Hematuria only (3+), SG 1.038 all other parameters WNL

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 was noted. Ureteral papillae were normal.

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 right kidney measured 7.9 cm. The left kidney measured 6.5 cm with a 0.5 cm anechoic cyst at the dorsal cortex.

Portions of the prostate was visualized, yet appeared to be in the deep pelvis. The prostate measured 5.0 cm. However, further imaging of the deep pelvis would be necessary for further definition.

### 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 2.76 x 0.35 cm at the cranial pole and 0.49 cm at the caudal 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 congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

### 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



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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. 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.

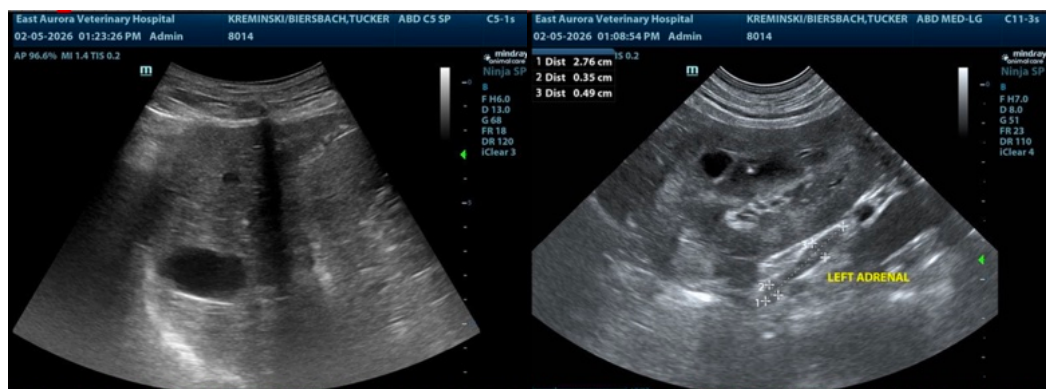
## ULTRASONOGRAPHIC FINDINGS

Benign renal cyst.

BPH prostate.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutering should prove effective as well as management for underlying concurrent prostatitis. Further imaging of the deep pelvic urethra and prostate would be ideal, potentially under sedation as only portions of the prostate appeared to be visible.





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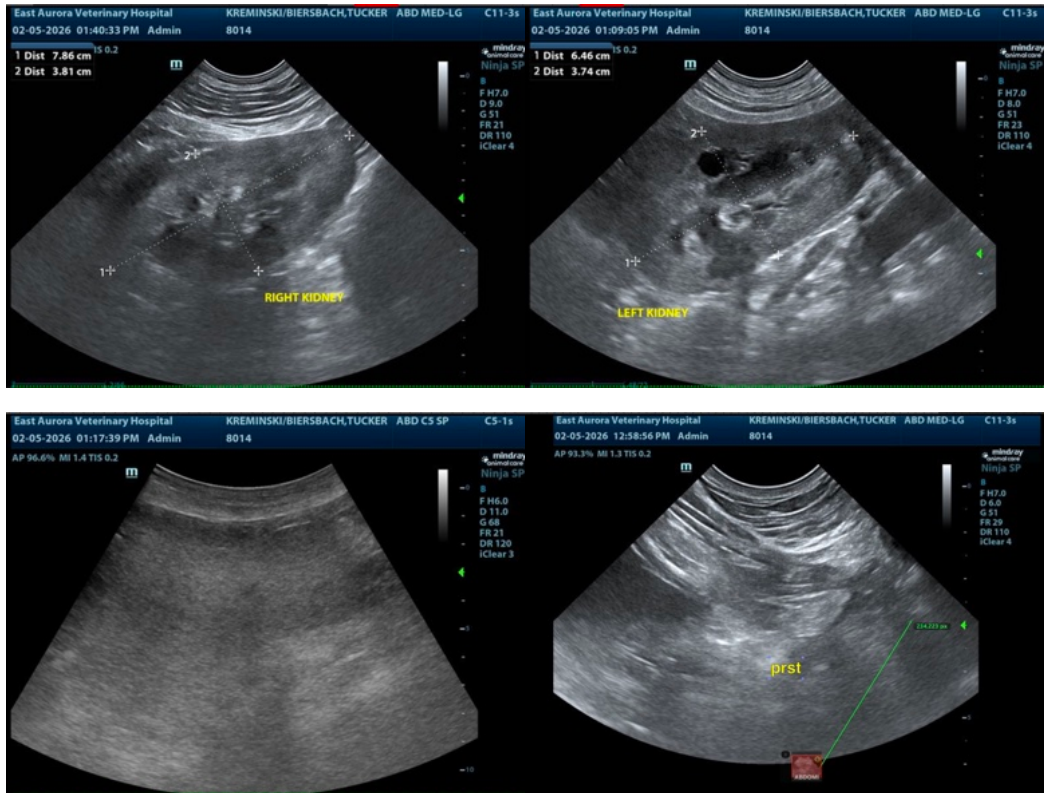
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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