



PATIENT

Archie Mirkovic

SPECIES

Canine

BREED

Golden Doodle

SEX

Intact Male

AGE

4 Years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Farview Animal Clinic

REFERRING VET

Dr. Mosaad

INVOICE

72823

DATE

2/9/26

PRESENTING CLINICAL SIGNS

Mass in abdomen, dribbling urine, vomiting, weight loss

Abnormal PE/Chem/CBC/UA Results: ALP 19, MCH 36, MCHC 48.1, PLT 111, MPV 12.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was overdistended. The prostate revealed a large echogenic cyst or more likely abscess measuring 10.0+ cm. The parenchyma of the prostate was edematous, consistent with inflammation. Paraprostatic cyst noted as well with regional pelvic inflammation.

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. Left kidney measured 7.5 cm. Right kidney measured 7.2 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. Left measured 2.86 cm x 0.20 cm at the cranial pole and 0.62 cm at the caudal pole. Right measured 2.3 cm x 0.90 cm at the cranial pole and 0.46 cm at the caudal pole.

Spleen

The **spleen** was mildly enlarged yet uniform, folded upon itself.

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.

Slight areas of free fluid noted between liver lobes.

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.



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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.

Other

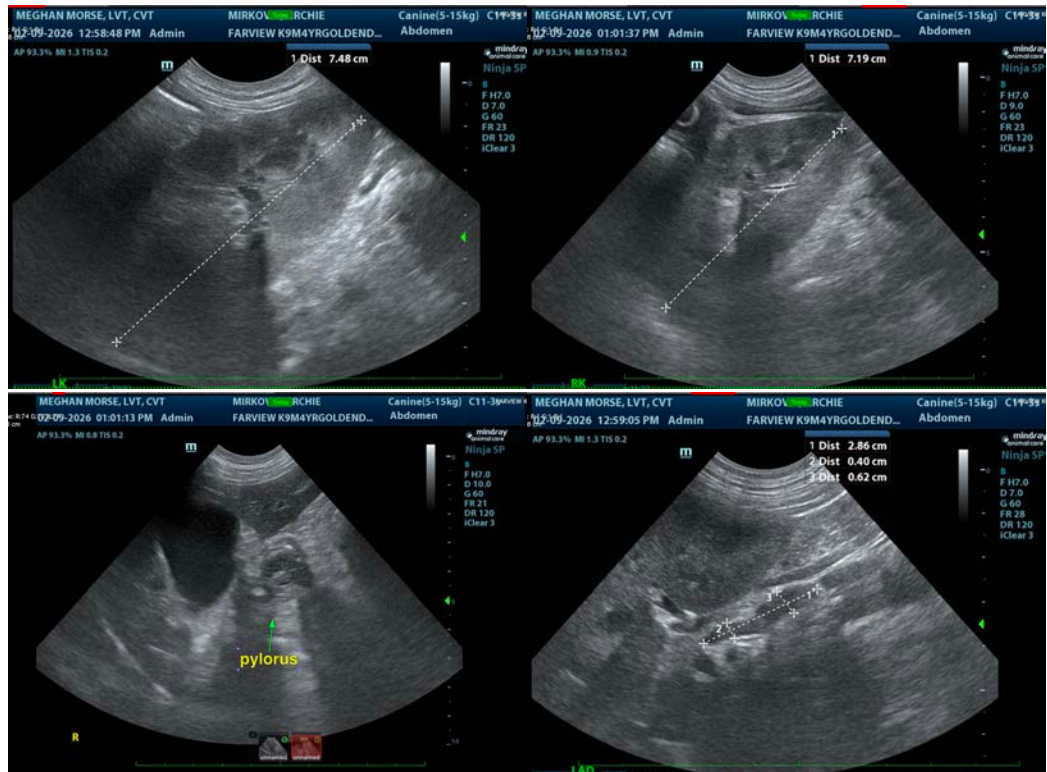
The testicles were imaged and found to be uniform.

ULTRASONOGRAPHIC FINDINGS

- Large prostatic abscess with concurrent prostatitis and regional inflammation.
- Small paraprostatic cyst.
- Mildly enlarged, folded spleen.
- Sight areas of free fluid between liver lobes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutering and ultrasound guided drainage of the abscess recommended with antibiotic injection into the abscess, yet neutering is essential in this patient. Otherwise, surgical marsupialization would be necessary. I do not believe this to be a neoplastic event.





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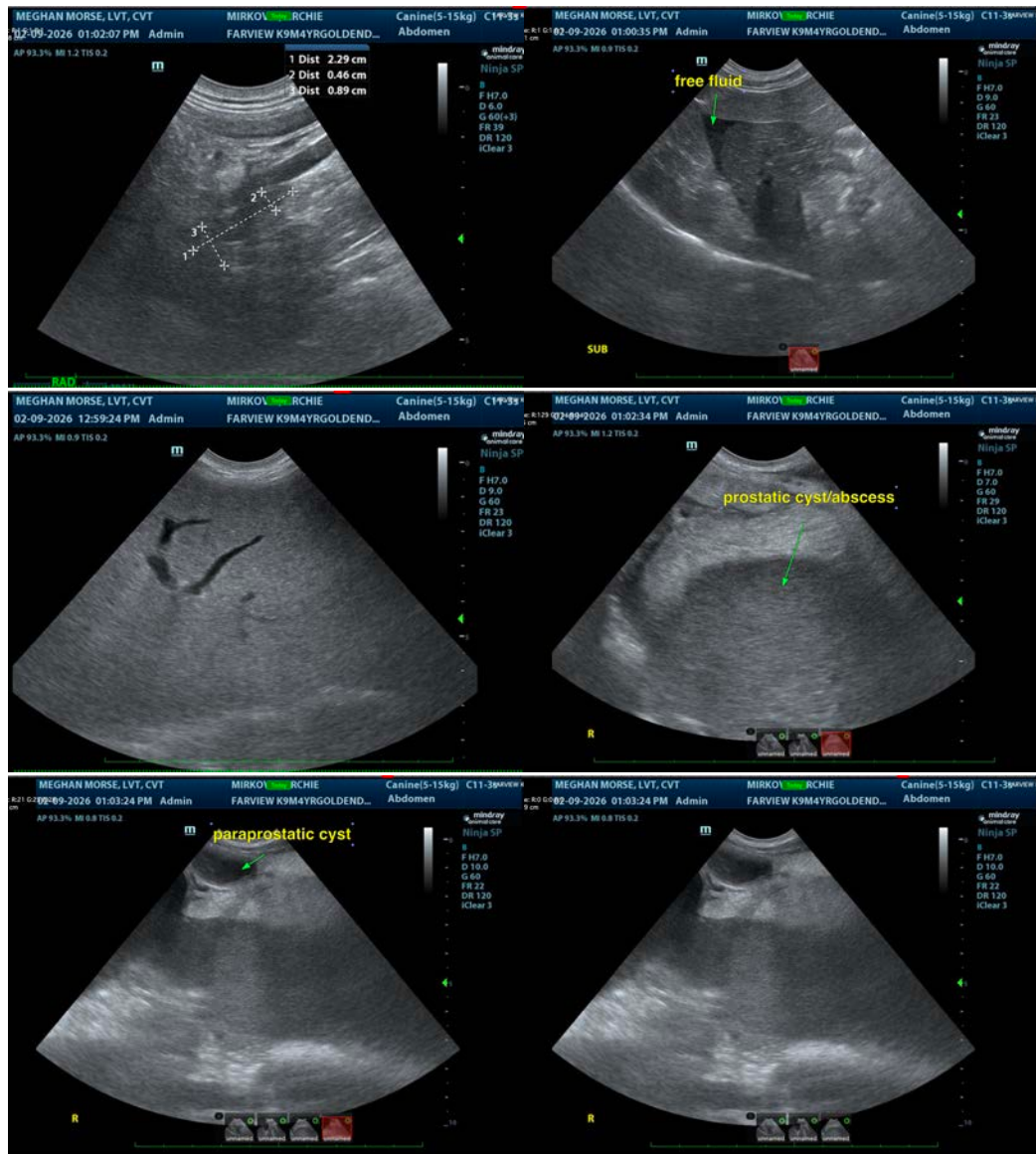
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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