



**PATIENT**

Remy Wund

**SPECIES**

Canine

**BREED**

Standard Poodle

**SEX**

Intact Male

**AGE**

11 Years

**WEIGHT**

59 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Farview AC

**REFERRING VET**

Dr. Mosaad

**INVOICE**

36349

**DATE**

3/23/26

**PRESENTING CLINICAL SIGNS**

- Urinary issues, enlarged spleen
- Radiographs show irregular shaped and enlarged spleen
- Meds: Trazadone 100 mg

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The **urinary bladder** revealed multiple calculi with chronic cystitis pattern. A minimal amount of urine was present at the time of the sonogram. Wall thickness measured 0.9 cm.

The **prostate** was uniformly enlarged (6.5 cm) 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 moderate and 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. No evidence of urethral calculi was noted.

The **testicles** were imaged and found to be uniform, no evident pathology.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 right kidney measured 7.16 cm. The left kidney measured 7.4 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. The left adrenal gland measured 2.4 cm x 0.72 cm at the cranial pole and 0.79 cm at the caudal pole. The right adrenal gland measured 2.58 cm x 1.26 cm at the cranial pole and 0.54 cm at the caudal pole.

*Spleen*

The **spleen** revealed multiple hypoechoic disruptive nodules and an overt parenchymal mass (8.5 cm) without cavitation. No evidence of rupture.

*Liver*

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



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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. 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.

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Standard Poodle

**Pancreas**

**SEX**

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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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**Other**

A rapid view of the **heart** revealed no evident pathology in the right auricle or pericardium.

**WEIGHT**

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Chest radiographs were free of evident pathology.

**ULTRASONOGRAPHIC FINDINGS**

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Eric Lindquist, DMV,  
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- BPH prostate
- Chronic cystitis pattern with multiple bladder calculi
- Splenic mass and nodules- strong concern for round cell neoplasia or hemangiosarcoma
- Age-related renal and hepatic changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Rebecca Hamilton

Exploratory surgery with expectation towards splenectomy, cystotomy, and neutering are all indicated in this patient. Differentials on the splenic masses include hemangiosarcoma, benign hyperplasia, round cell neoplasia. Stone analysis, culture and bladder wall biopsy are indicated. Very minor potential for underlying bladder carcinoma, though the pattern is most consistent with cystitis.

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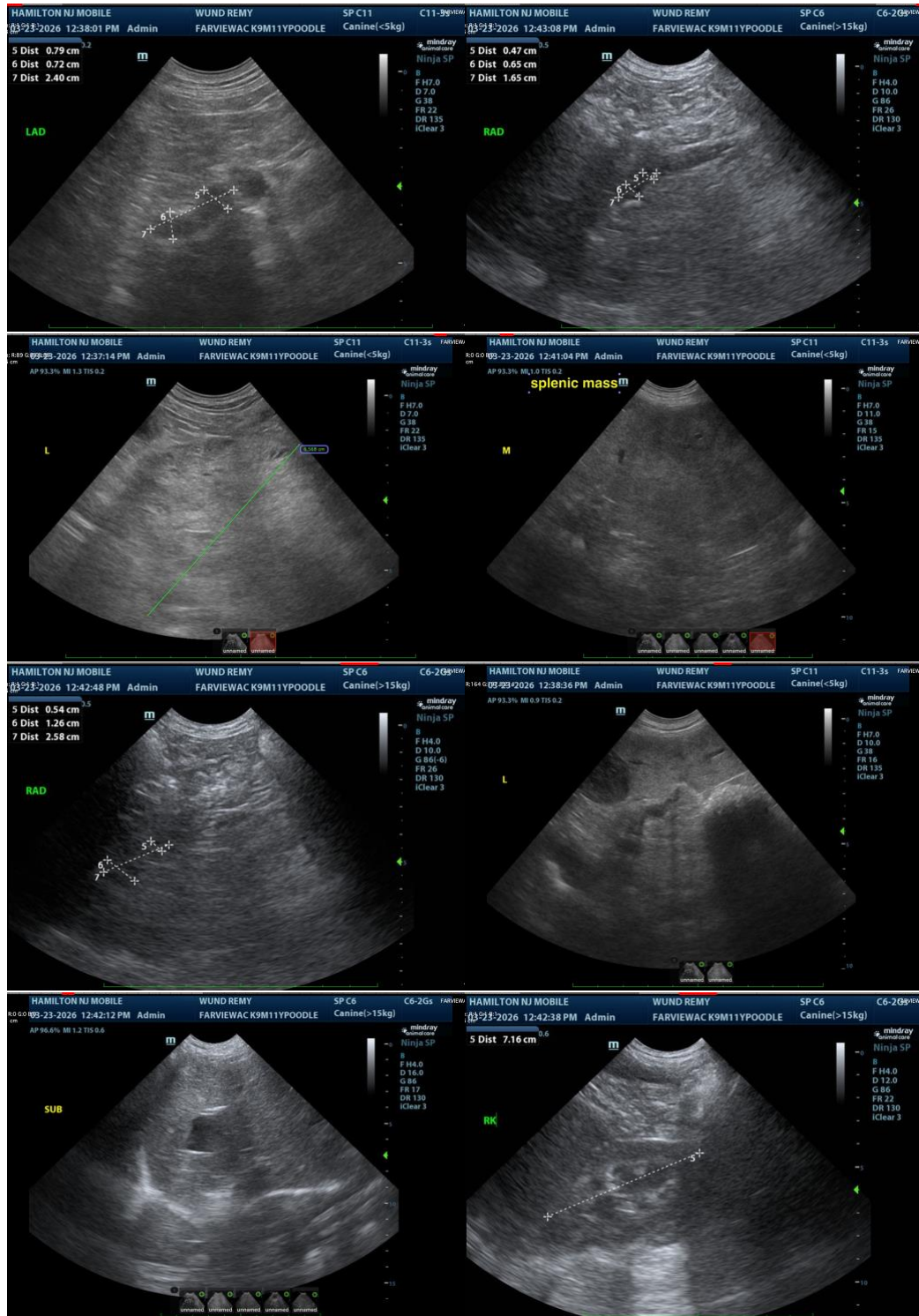
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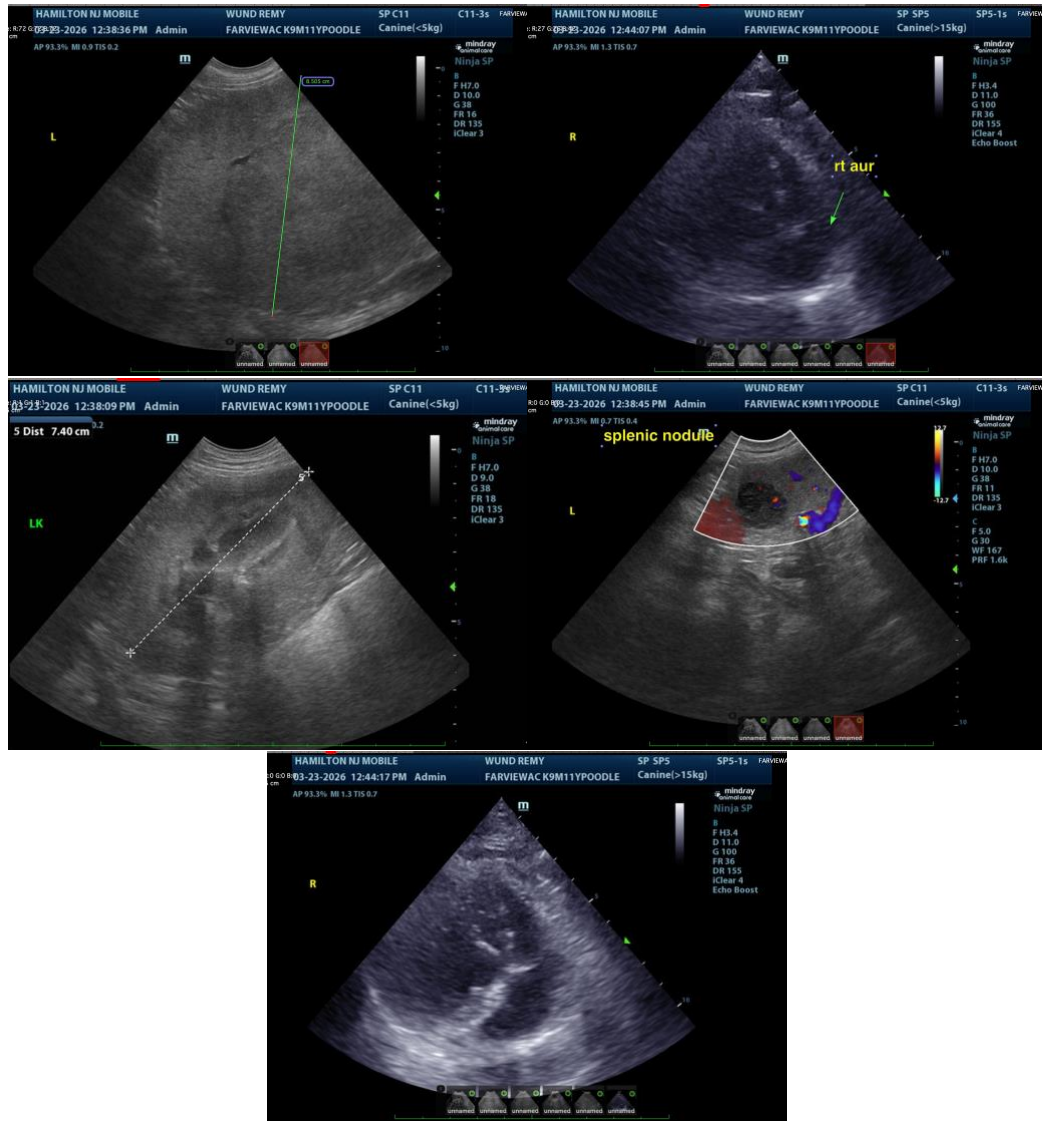
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,**  
 CEO, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)