



PATIENT

Longaver Chevy

SPECIES

Canine

BREED

Pitbull

SEX

Neutered male

AGE

10 years

WEIGHT

32 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS

HOSPITAL NAME

Resolution Veterinary
Ultrasound

REFERRING VET

Dr. Rix

INVOICE

14534

DATE

3/25/22

PRESENTING CLINICAL SIGNS

History: Hx of TCC. Now recurrence. Assess for size/shape/metastases. Now on immunocidin. Prostate cancer in Hx.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **prostate** in this patient was enlarged, mineralized and irregular, measuring 2.65 cm at maximum width. The mass continued from the prostate into the dorsal aspect of the cystourethral junction and bladder wall, extending for 4.6 cm within the bladder. The mass was intramural within the wall of the bladder.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 7.67 cm. An anechoic cyst was noted at the caudal pole of the left kidney, measuring 0.45 cm. The left kidney measured 7.67 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.6 cm.

The region of the **right adrenal gland** revealed no evident pathology.

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 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 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



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Some minor retention of ingesta was noted in the **stomach**. The small intestine and colon were unremarkable.

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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Pitbull

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered male

- Extensive bladder mass, involving the urethra and dorsal bladder wall
- Stomach ingesta
- Age-related hepatic changes
- Age-related renal changes with anechoic cyst in the caudal pole of the left kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

10 years

Referral for stent placement as well as oncological intervention recommended.

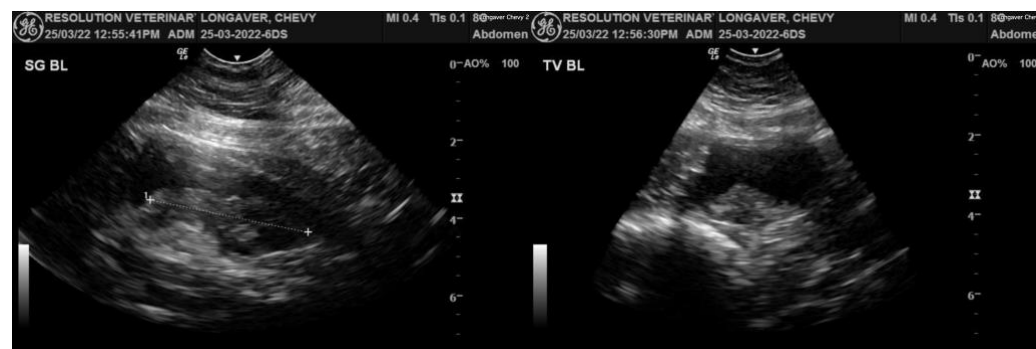
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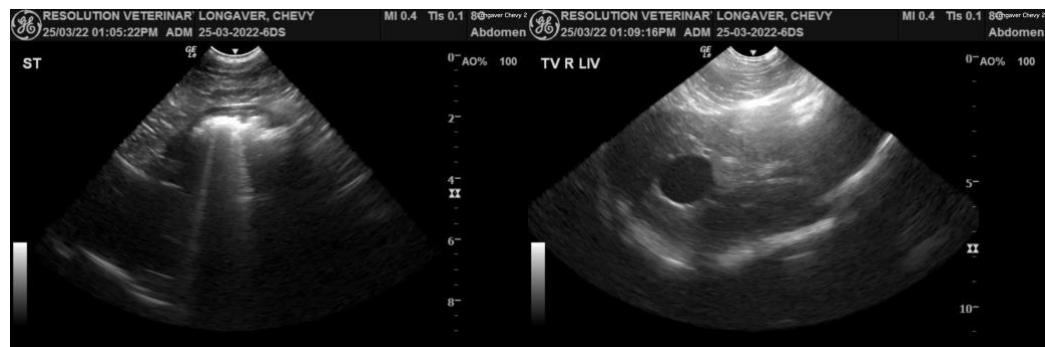
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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info@SonoPath.com

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