



## PATIENT

Tyson Pacheco

## SPECIES

Canine

## BREED

Maltese

## SEX

Intact male

## AGE

9 years

## WEIGHT

4 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Nicole Goldstein

## HOSPITAL NAME

Hudson AH

## REFERRING VET

Dr. Goldstein

## INVOICE

73808

## DATE

3/26/26

## PRESENTING CLINICAL SIGNS

- Evaluation for intermittent hematuria without lower urinary tract signs
- history suspected MAP cystolithiasis based on dissolution with urinary diet
- concurrent dentistry with extractions today - imaged after general anesthesia
- 3/21/26 CBC/Chem/T4 NSF UA 1.046, pH 5.5, 1+ protein, gross hematuria, sperm present, CaOx dihydrate crystals present Urine culture negative Radiology: no cystolithiasis, left renal diverticular mineralization, multifocal thoracolumbar IVDD suspected Stage B1 MVD on echo

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. Non-obstructive calculi were noted. The left kidney measured 3.81 cm. The right kidney measured 3.93 cm.

The **prostate** was uniformly enlarged 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. Minor, microcystic changes were noted. These changes are 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. The prostate measured 3.0 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 0.4 cm. The right adrenal gland measured 0.52 cm at the caudal pole and 0.9 cm at the cranial 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



## PATIENT

Tyson Pacheco

## SPECIES

Canine

## BREED

Maltese

## SEX

Intact male

## AGE

9 years

## WEIGHT

4 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Nicole Goldstein

## HOSPITAL NAME

Hudson AH

## REFERRING VET

Dr. Goldstein

## INVOICE

73808

## DATE

3/26/26

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 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

BPH prostate.

Non-obstructive nephrolithiasis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hematuria may be deriving from prostatic infection or BPH, passage of small calculi, UTI or a combination. There was no evidence of significant disease noted at the time of the sonogram. Neutering may be curative.



**PATIENT**

Tyson Pacheco

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

Intact male

**AGE**

9 years

**WEIGHT**

4 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Nicole Goldstein

**HOSPITAL NAME**

Hudson AH

**REFERRING VET**

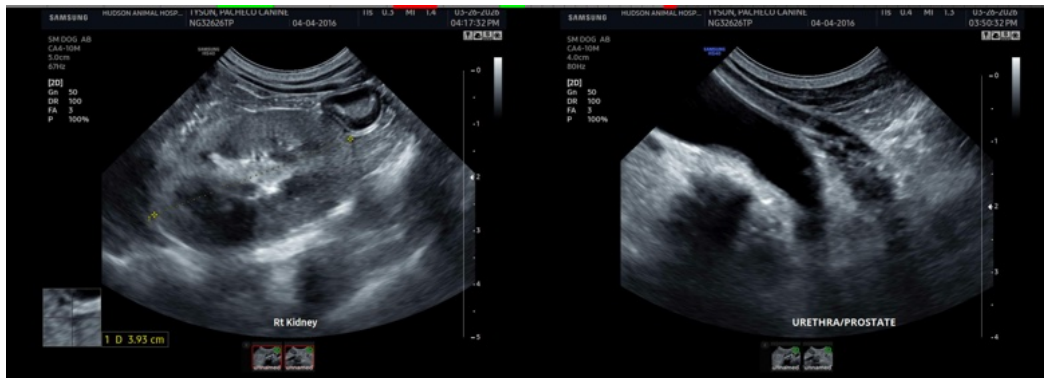
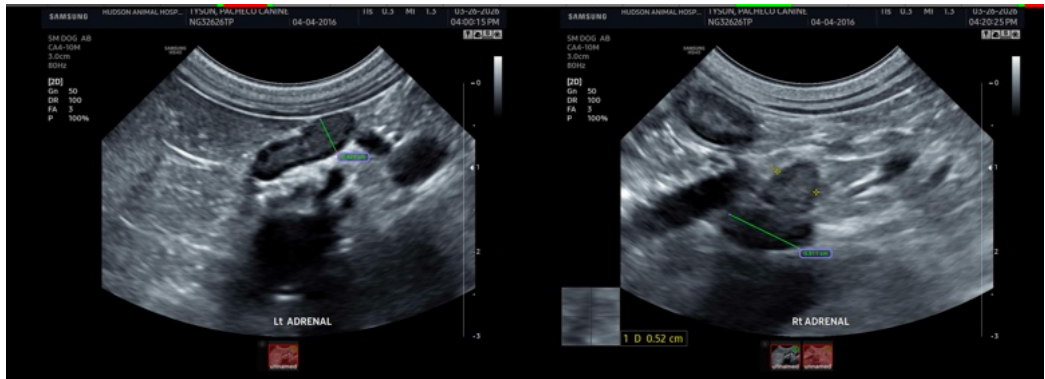
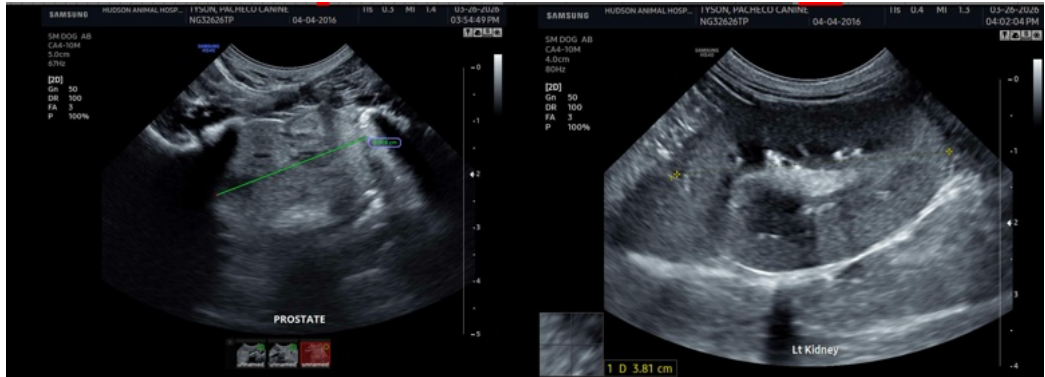
Dr. Goldstein

**INVOICE**

73808

**DATE**

3/26/26





## PATIENT

Tyson Pacheco

## SPECIES

Canine

## BREED

Maltese

## SEX

Intact male

## AGE

9 years

## WEIGHT

4 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Nicole Goldstein

## HOSPITAL NAME

Hudson AH

## REFERRING VET

Dr. Goldstein

## INVOICE

73808

## DATE

3/26/26

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

[info@SonoPath.com](mailto:info@SonoPath.com)