

PATIENT

Winston Damato-Sulzer

SPECIES

Canine

BREED

Retriever Mix

SEX

Male

AGE

13

WEIGHT

84

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

INVOICE

15124

DATE

04/15/26

PRESENTING CLINICAL SIGNS

Vomiting after breakfast for past few weeks Increased thirst Has mass on anus

Abnormal PE/Chem/CBC/UA Results: WBC 4.82 BUN 88 Creat 4.8

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 were noted. Ureteral papillae were normal.

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. 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 6.6 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. Occasional cortical cyst and infarct were noted in the cranial pole of the left kidney. The left kidney measured 7.0 cm in length. The right kidney measured 6.66 cm in length. Slight pyelectasia was present in the left kidney.

Adrenal Glands

The **right adrenal gland** was visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 2.54 cm x 2.0 cm width at the cranial pole and 1.33 cm width at the caudal pole.

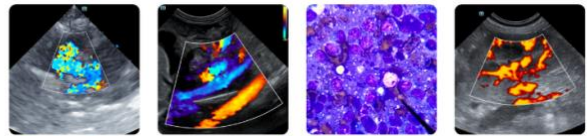
The **left adrenal gland** revealed nodular expansion at the cranial pole measuring 1.4 cm width at the cranial pole and 0.65 cm width at the caudal pole.

Spleen

The **spleen** revealed a focally expansive echogenic mass measuring 3.4 cm.

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



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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

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 intestines demonstrated normal luminal chyme respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted. Deviation of the descending colon was present.

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.

Free Abdomen

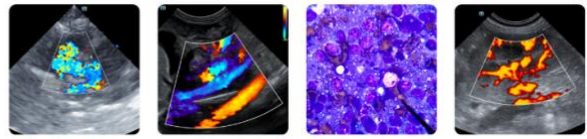
Rapid view of the heart revealed no evident pathology.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass.
- Nodular left adrenal gland.
- Age-related abdominal changes.
- BPH prostate.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenectomy and left adrenalectomy would be recommended in this patient. Neutering should also be considered. Chest radiographs are recommended to assess for underlying disease. Adrenal differentials include adenoma, adenocarcinoma, hyperplasia, pheochromocytoma less likely.



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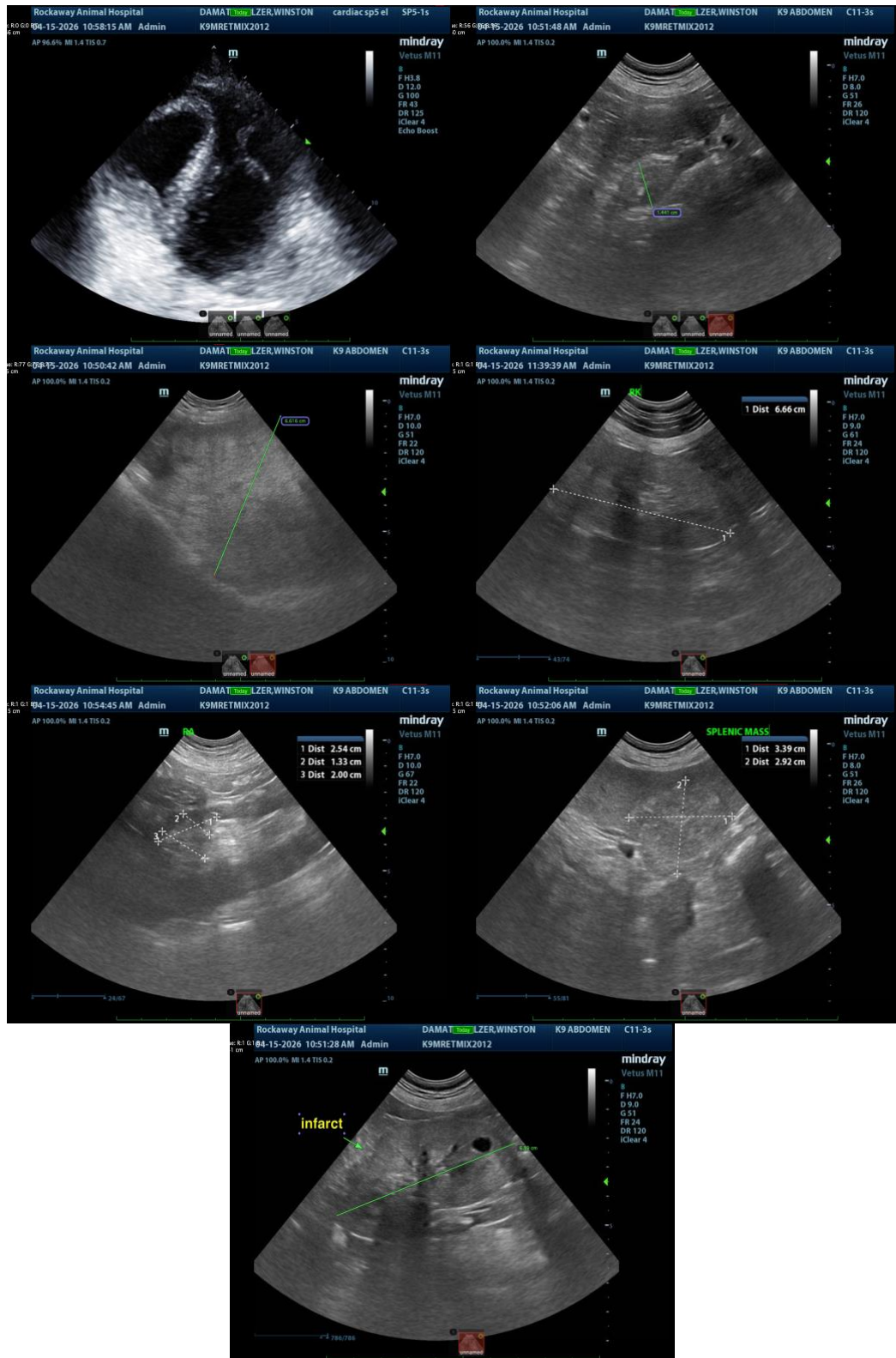
Dr. Maniar

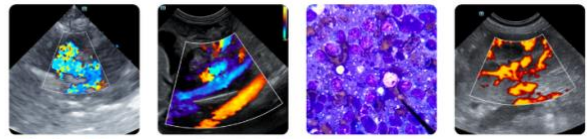
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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