



PATIENT

Bailey Santore

SPECIES

Canine

BREED

Maltipoo

SEX

Intact Male

AGE

14 Years 1 Month

WEIGHT

8.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Rosen

HOSPITAL NAME

South Bellmore
Veterinary Group

REFERRING VET

Dr. Regan Franko

INVOICE

74680

DATE

4/22/26

PRESENTING CLINICAL SIGNS

Noticed he is slowing down, dark possible bloody tinged liquid coming from mouth on bed sheet still eating well no c/s no v/d but mouth area uncomfortable when touched, general check up and work up drinking more and urinating more, previously telmisartan for hx hypoalbuminemia & proteinuria- has not been receiving.

Abnormal PE/Chem/CBC/UA Results: chem17, CBC hct 39% BUN >130 mg/dL r/o pre-renal vs renal-progressive renal disease, from ingestion of high protein meal (blood from oral cavity) vs other creat: 1.6 mg/dL glob: 5.7 g/dL plt: 498 K/uL usg 1.025 assessment: PUPD dental disease geriatric heart murmur 1-2/6 left-sided systolic NSOU/LSOU OA Intact male hx hypoalbuminemia, proteinuria

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 significantly enlarged at 2.5 cm, deviating the descending colon. Prostatic parenchyma was diffusely hypoechoic to surrounding fat. No cavitations noted.

Testicles were imaged and found to be uniform, no gross pathology.

Abnormal tissue was noted dorsal to the urinary bladder at the level of the prostate, measuring approximately 3.0 cm x 1.3 cm. Contrast resolution did not allow for exact origin of this tissue. This may be prostatic or possibly colonic.

The iliac trifurcation was unremarkable.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Calculi noted in both kidneys, non-obstructive. Left kidney measures 3.6 cm. Right kidney measures 3.6 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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 were noted.



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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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 minor excessive debris and minor overdistention, not to the level of mucocele formation.

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

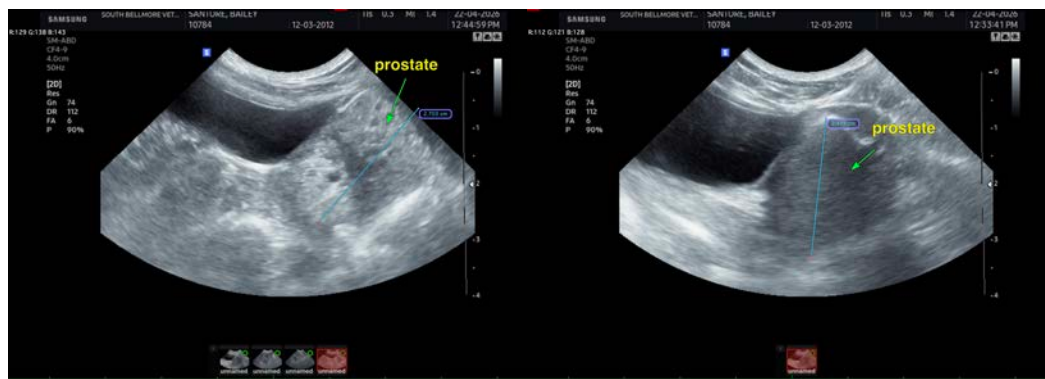
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- BPH prostate, mild potential for underlying neoplasia.
- Undefined abnormal tissue dorsal to the urinary bladder – Possible prostatic or colonic origin.
- Moderate degenerative renal changes with calculi, non-obstructive.
- Age related hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend ultrasound guided FNA to ensure BPH versus potential prostatic neoplasia. CT evaluation of the abnormal tissue dorsal to the urinary bladder would be warranted. If accessible, FNA of the abnormal tissue also warranted.





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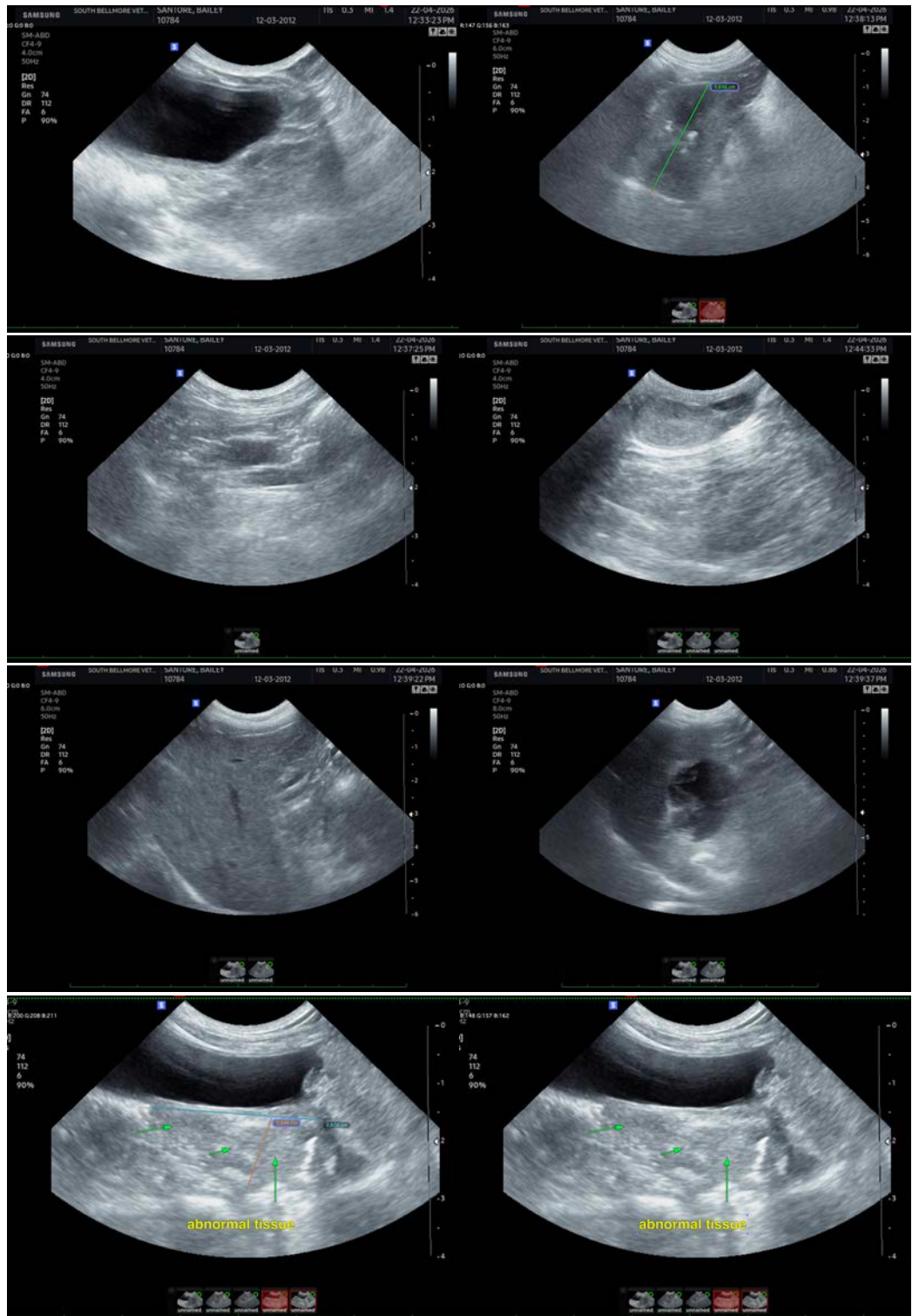
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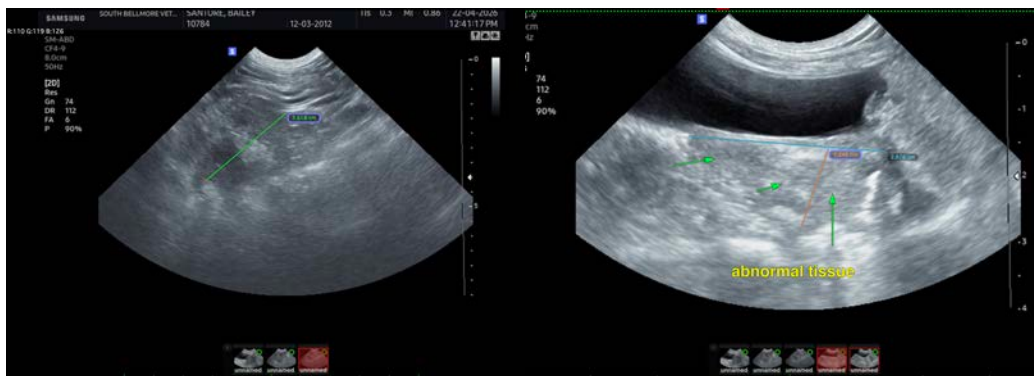
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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