



PATIENT

Freeman Boyd

SPECIES

Canine

BREED

Border Collie

SEX

Neutered male

AGE

10 years

WEIGHT

60 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Wasserman

HOSPITAL NAME

Insight Imaging

REFERRING VET

Dr. Frankerberger

INVOICE

74789

DATE

4/24/26

PRESENTING CLINICAL SIGNS

History: Enlarged mineralized prostate on abdominal radiographs. Changing urinary and BM patterns. Stranguria and dyschezia. Mildly elevated ALT 148. Sedated with 0.1ml Dexdomitor 0.5mg/ml combined with butorphanol 0.2mg/kg IV. Adequate for sonogram. No tension on the abdomen no panting. FNA of the prostate obtained today. FNA of the spleen deferred.

Abnormal PE/Chem/CBC/UA Results: FNA/cytology of prostate pending, Alt mildly elevated 148. free catch urinalysis pending. FNA of spleen deferred. Samples of fluid from prostate obtained for culture and fluid analysis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed an apical ventral polypoid mass measuring 2.8 x 1.5 cm and mineralizing prostatic and urethral mass. The mass is highly vascular and measured 1.9 cm wide x 4.4 cm in length.

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. The left kidney measured 5.83 cm.

Adrenal Glands

The left **adrenal gland** was slightly heterogenous at the caudal pole and measured 0.57 cm at the cranial pole and 0.86 cm at the caudal pole. The right adrenal gland was uniform and measured 0.84 cm at the caudal pole and 1.2 cm at the cranial pole.

Spleen

The **spleen** revealed a mixed hypoechoic microcystic nodule/mass measuring 2.5 cm at the caudal pole and a sperate mass measuring 2.55 cm at the mid body.

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.



PATIENT

Gastrointestinal

Freeman Boyd

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.

SPECIES

Canine

BREED

Border Collie

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.

SEX

Neutered male

AGE

10 years

Heart

Rapid view of the heart revealed no evidence of pathology in the right auricle or pericardium.

WEIGHT

60 lbs

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Comorbidities of prostatic urethral and bladder neoplasia. Strongly consistent with carcinoma.

Splenic masses. Hemangiosarcoma, hyperplasia possible, yet less likely.

IMAGING PERFORMED BY

Dr. Wasserman

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the splenic masses and ultrasound-guided traumatic cauterization of the urinary pathology would be recommended to confirm suspicion of hemangiosarcoma and carcinoma respectively. Oncological referral is recommended.

HOSPITAL NAME

Insight Imaging

REFERRING VET

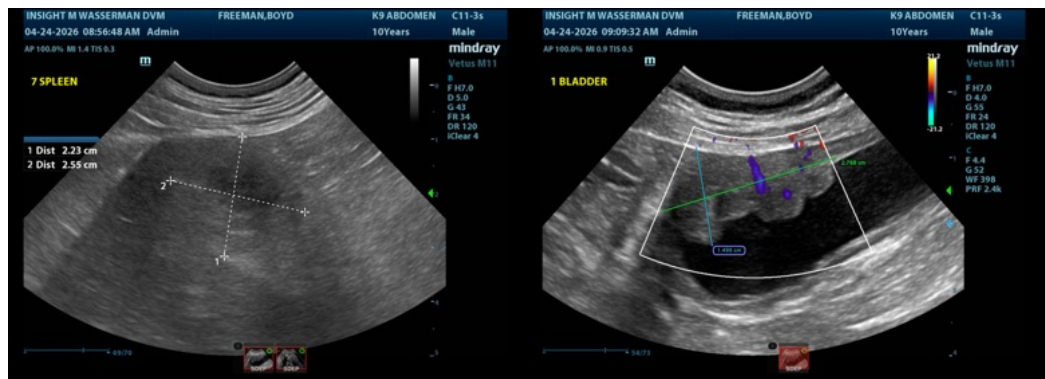
Dr. Frankerberger

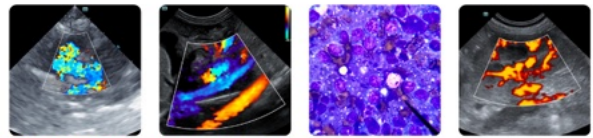
INVOICE

74789

DATE

4/24/26





PATIENT

Freeman Boyd

SPECIES

Canine

BREED

Border Collie

SEX

Neutered male

AGE

10 years

WEIGHT

60 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Wasserman

HOSPITAL NAME

Insight Imaging

REFERRING VET

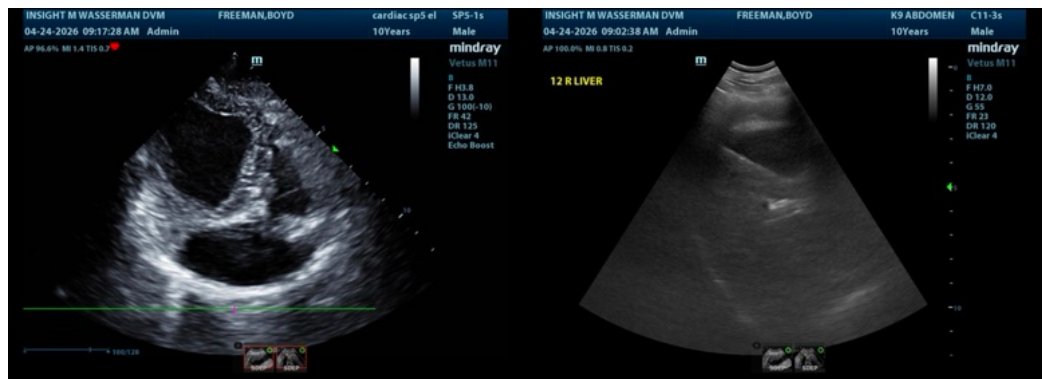
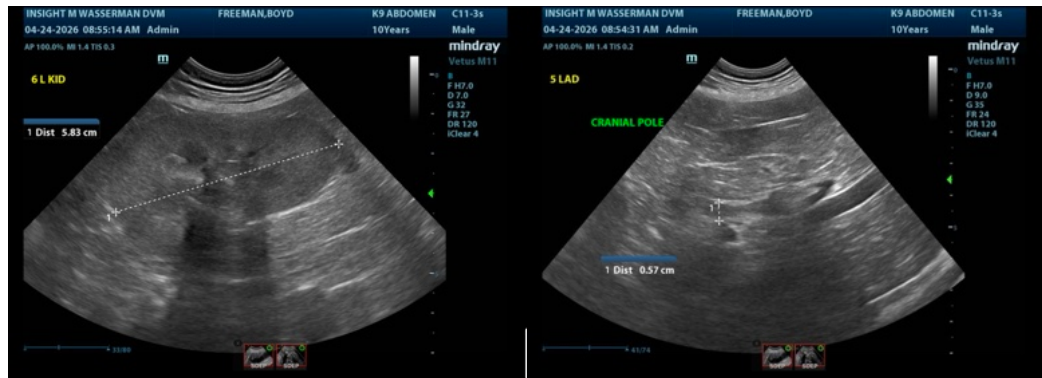
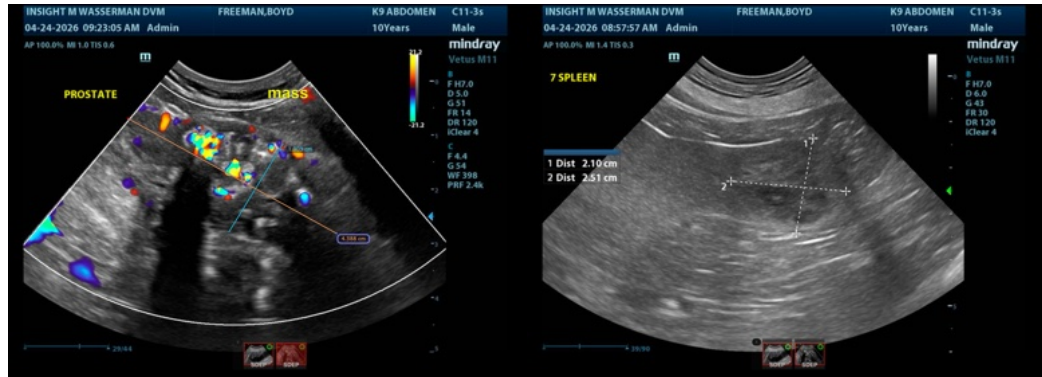
Dr. Frankerberger

INVOICE

74789

DATE

4/24/26



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