



PATIENT

Cooper Lago

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered male

AGE

14 years

WEIGHT

13 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Marcela Salas

HOSPITAL NAME

Tenafly VC

REFERRING VET

Dr. Salas

INVOICE

74279

DATE

4/7/26

PRESENTING CLINICAL SIGNS

- 14 yr old MN chihuahua mix. 13 lbs. onset of dementia symptoms. also marking more and urinating more. historically has had elevated liver enzymes and gall bladder removal. uti diagnosed few months ago. rad showed hepatomegaly, mild cardiomegaly, and prostatomegaly. today we are following up on chem/CBC/ua with culture if. ultrasound done- thickened urinary bladder wall and prostate enlarged- no palpable abn on rectal exam.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed concentric mild thickening with apical polyps and a trace amount of wall thickness measuring up to 0.53 cm.

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 right kidney measured 4.02 cm. The left kidney measured 4.78 cm.

The residual prostate was mildly enlarged and slightly heterogenous measuring 1.35 cm.

Adrenal Glands

The left **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 left adrenal gland measured 0.64 cm at the cranial pole and 0.52 cm at the caudal pole. The region of the right adrenal gland was 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. Minor splenic mineralization was noted. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted. The spleen measured 1.03 cm.

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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

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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.

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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.

Neutered male

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WEIGHT

ULTRASONOGRAPHIC FINDINGS

13 lbs

Mildly enlarged bladder with thickened irregular prostate, potential emerging carcinoma.

Potential prostatic involvement.

INTERPRETED BY

Minor splenic mineralization.

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DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

BRAF testing is indicated +/- traumatic catheterization, culture and sensitivity. UTI and sand versus emerging carcinoma are the differentials. Ultrasound-guided FNA of the prostate can be considered with potential for tumor spread upon the needle tract. The prognosis is guarded. Free catch urine sample and cytospin may prove effective regarding assessing neoplastic exfoliation.

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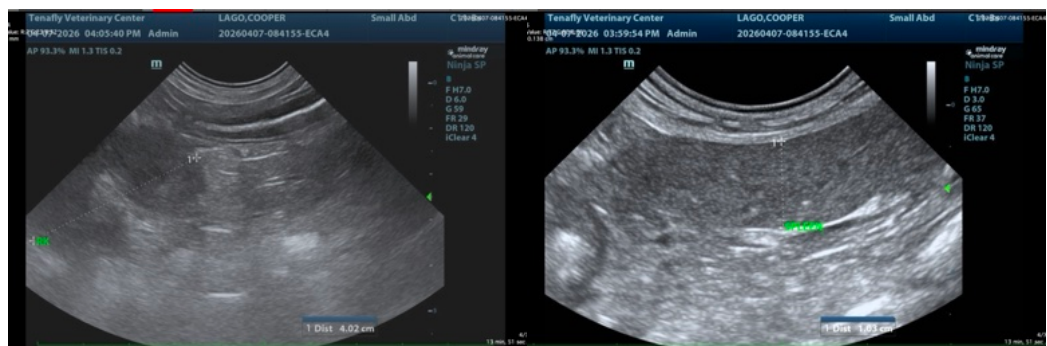
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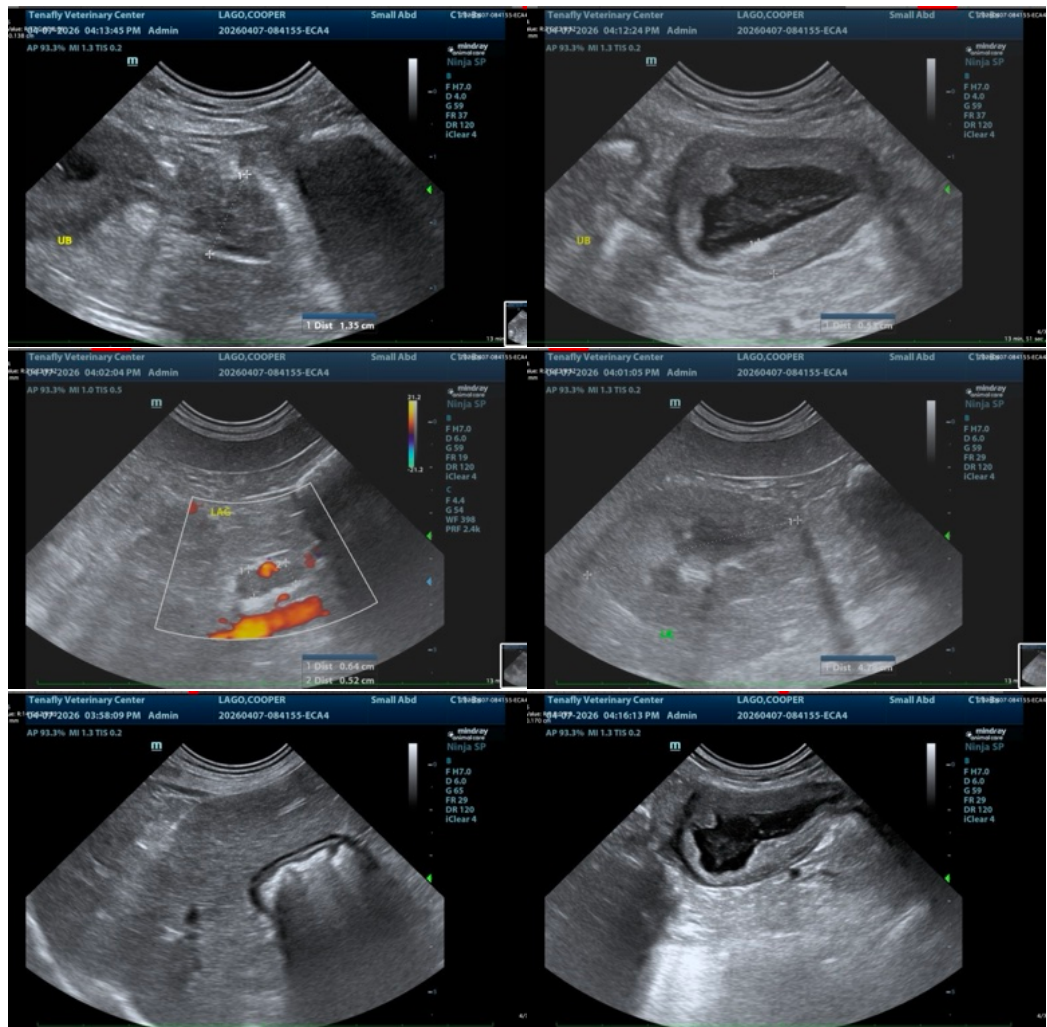
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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