

**DATE**

5/10/22

**PATIENT**

Speedbump Sanders

**SPECIES**

Canine

**BREED**

Pit Bull Terrier

**SEX**

Neutered Male

**AGE**

5/9/12

**WEIGHT**

54 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**Stephanie Pearce  
RDCS, RVT**HOSPITAL NAME**

Banfield Abingdon

**REFERRING VET**

Dr. Williams

**INVOICE**

37590

**PRESENTING CLINICAL SIGNS**

Presents for straining to defecate O requests anal gland expression. When he does defecate it is watery and not formed. O reports that when he gave pumpkin the stool improved for a short period and then returned to being very soft and sometimes watery. RECTAL: 3-4 cm x 1 cm tubular firm swelling on ventral floor of rectum, painful on palpation for pet.

Current Medications: None.

Lab Results: CBC/Chem: WBC 5.37 (6.00-17.00), MON 0.06 (0.20-1.50), HWT: Ehrlichia +  
Date of Previous IntraPet Ultrasound: 5/5/20. See attached.

Sedation: Dexdomitor/Torbugesic IM prior to sonographer arrival.

Stat Report: Not requested.

**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 progressively enlarged at 6.12 cm, nodular and irregular.

Iliac lymph nodes were unremarkable, measuring up to 1.8 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.36 cm. The right kidney measured 6.52 cm.

**Adrenal Glands**

The **right adrenal gland** was 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 right adrenal gland measured 2.91 cm x 0.60 cm at the caudal pole and 0.75 cm at the cranial pole.

The **left adrenal gland** presented generalized enlargement and a nodular change at the cranial pole measuring 0.76 cm x 0.62 cm. The left adrenal gland measured 2.69 cm x 0.73 cm at the caudal pole and 1.07 cm at the cranial pole.

**Spleen**The **spleen** presented heterogeneous changes.**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

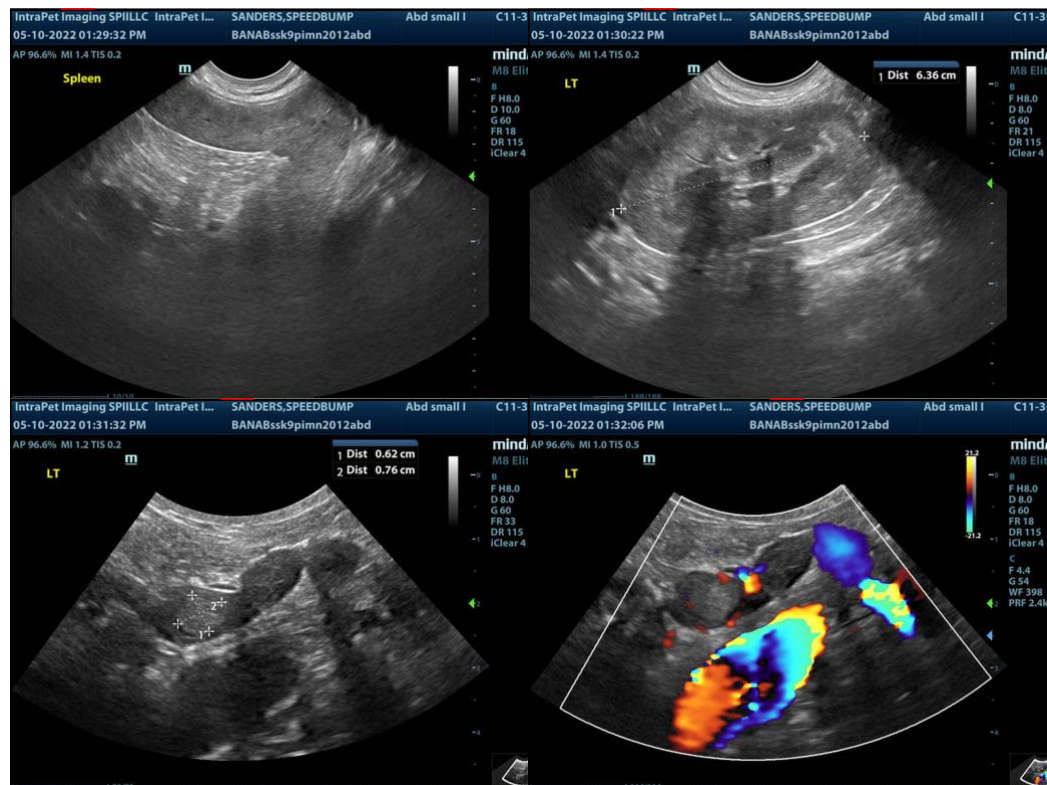
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

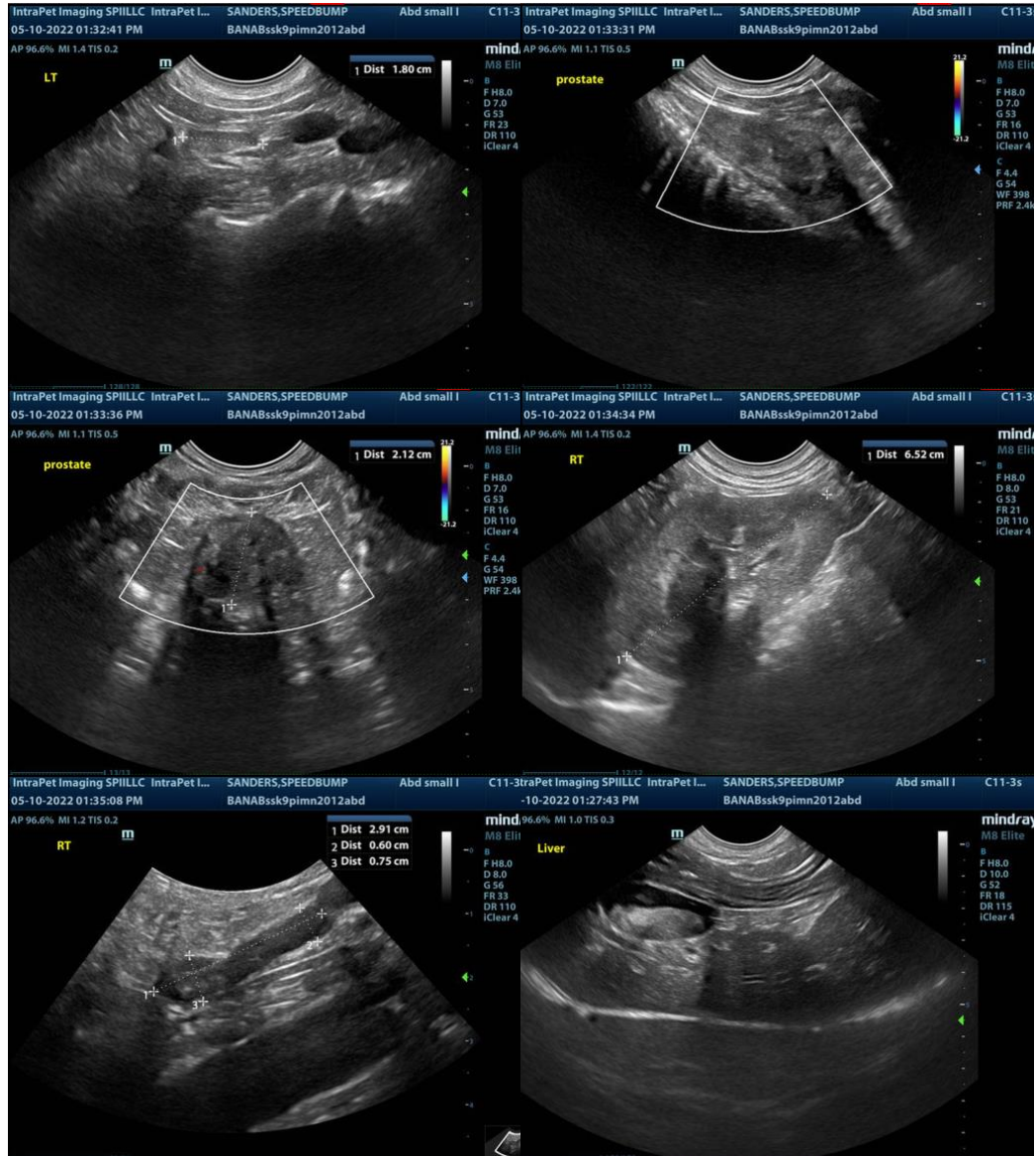
### ULTRASONOGRAPHIC FINDINGS

- Left adrenal nodule – likely adenoma, mild potential for emerging carcinoma or pheochromocytoma.
- Nodular, irregular prostate – progressed from prior sonogram.
- Heterogeneous spleen

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Traumatic catheterization or FNA of the prostate indicated if any straining to urinate is an issue. If hypertension is present, urine catecholamine would be indicated +/- left adrenalectomy. Follow up sonogram strongly recommended in one month of the prostate and left adrenal gland to assess for any progressive growth. Note that the prostate is only mildly enlarged and not likely to the point of causing any clinical signs regarding difficulty defecating. However, it could justify pollakiuria in this patient. However, the palpation would be consistent with prostatic enlargement.





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.

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