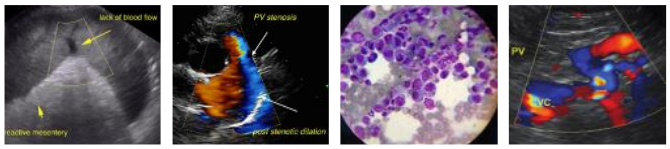
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Grady Fox

SPECIES
Canine

BREED
Rat Terrier

SEX
Neutered Male

AGE
14 Years

WEIGHT
31 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Carlos Abdul-Chani

HOSPITAL NAME
Byram AH

REFERRING VET
Dr. Maria Cruz

INVOICE
37869

DATE
5/23/22

PRESENTING CLINICAL SIGNS

Reason for U/S: R/O Prostatic neoplasia / hypertrophy / infection / painful urination / trouble urinating / diarrhea Current meds: Metronidazole
Abnormal PE/Chem/CBC/UA Results: Chem: all WNL besides slight elevation SGPT / Alk Phos UA Results: submitted today Urine Specific Gravity: N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a large amount of debris, both suspended and dependent. The majority of the bladder wall itself unremarkable. However, polypoid changes were noted at the cystourethral junction with kissing lesions measuring up to 1.0 cm each, appeared to be deriving from the submucosal layer and continuing into the cystourethral junction.

The prostate revealed multifocal areas of mineralizations and cysts or possible abscessation. The prostatic pathology continued into the post-prostatic urethra, strongly consistent with cystic carcinoma.

Iliac lymph nodes were mildly enlarged, reactive, measuring 1.5 cm x 0.50 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.27 cm.

Adrenal Glands

Both **adrenal glands** were 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 2.18 cm x 0.51 cm at the cranial pole and 0.57 cm at the caudal pole. The left adrenal gland measured 2.07 cm x 0.49 cm at the cranial pole and 0.52 cm at the caudal pole.

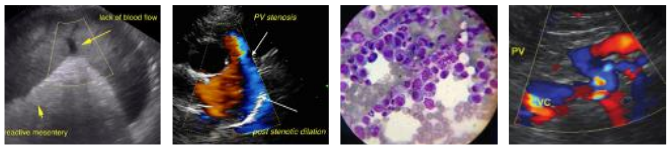
Spleen

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.

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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Grady Fox

SPECIES

Canine

BREED

Rat Terrier

SEX

Neutered Male

AGE

14 Years

WEIGHT

31 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carlos Abdul-Chani

HOSPITAL NAME

Byram AH

REFERRING VET

Dr. Maria Cruz

INVOICE

37869

DATE

5/23/22

Gastrointestinal

Some retention of ingesta noted in the **stomach**. The small intestine and colon were unremarkable.

Pancreas

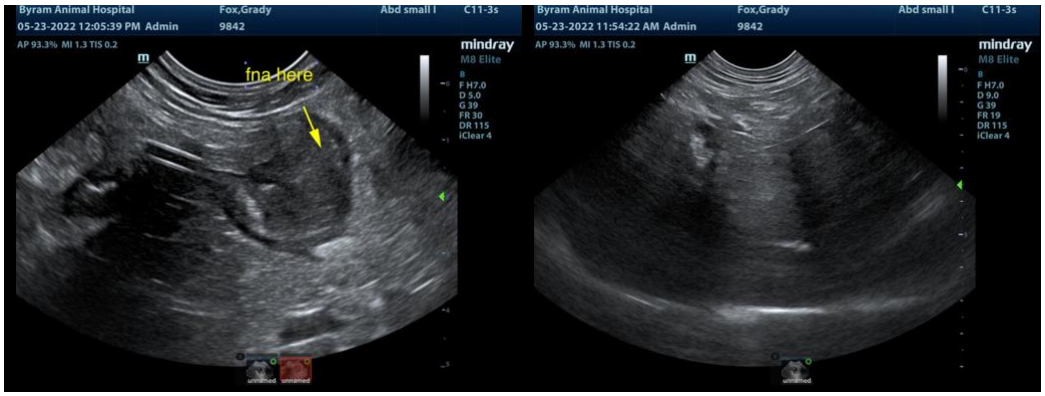
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

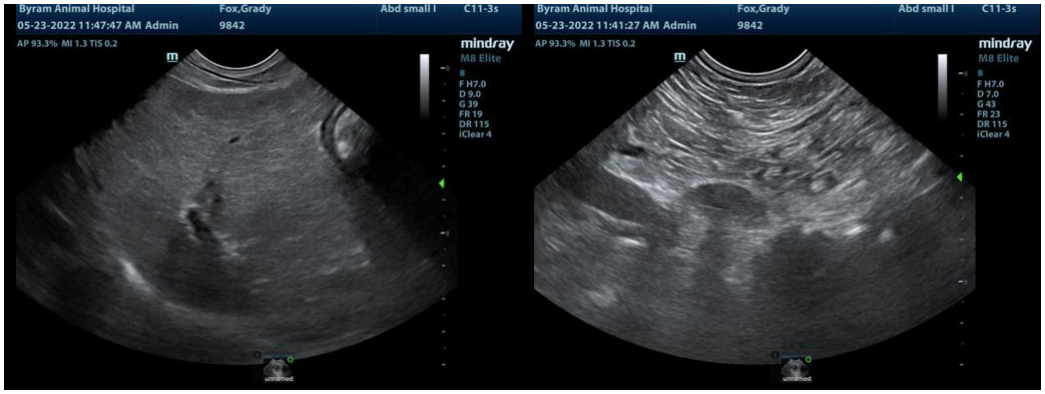
ULTRASONOGRAPHIC FINDINGS

- Mineralized and cystic prostate with polypoid bladder lesions – strong concern for carcinoma.

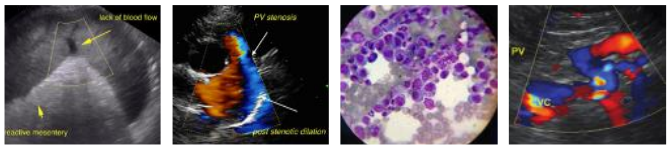
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided drainage of the cystic component and FNA of the parenchymal components could be considered, or traumatic catheterization to obtain samples to confirm suspicion of carcinoma. If ultrasound guided FNA is performed, there is minor potential for tumor trailing. However, given the positions of the pathology, I'm concerned about not being able to obtain an adequately diagnostic sample with traumatic catheterization, as most of the pathology appears to be lobar within the prostate, and minimal pathology is luminal.





SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Grady Fox

SPECIES

Canine

BREED

Rat Terrier

SEX

Neutered Male

AGE

14 Years

WEIGHT

31 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carlos Abdul-Chani

HOSPITAL NAME

Byram AH

REFERRING VET

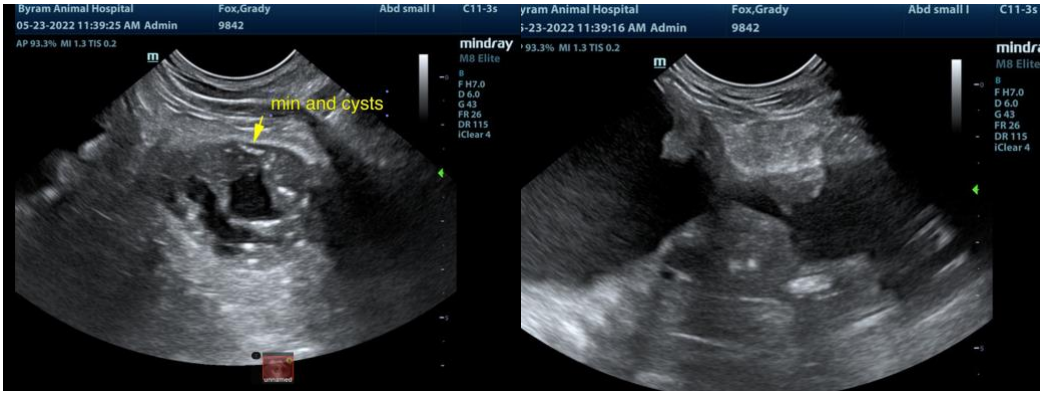
Dr. Maria Cruz

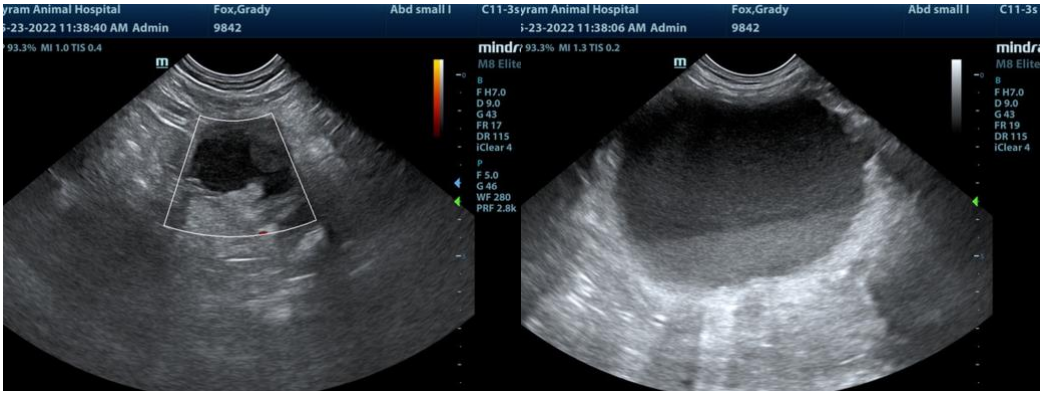
INVOICE

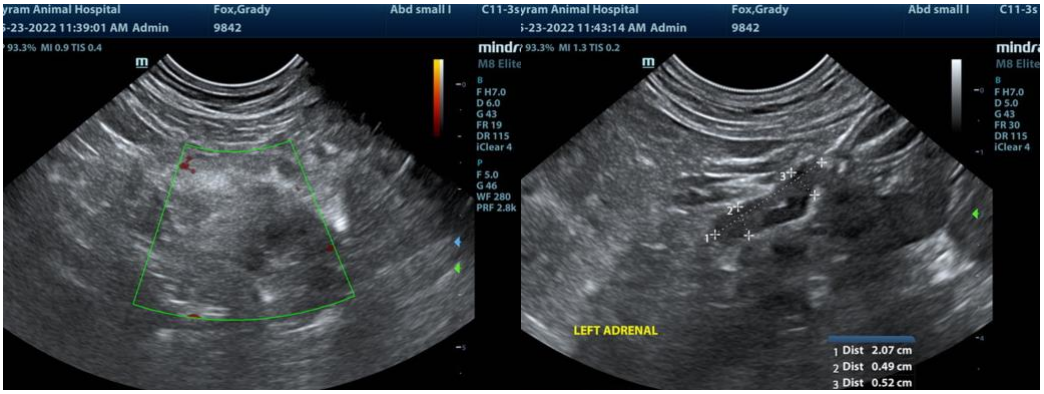
37869

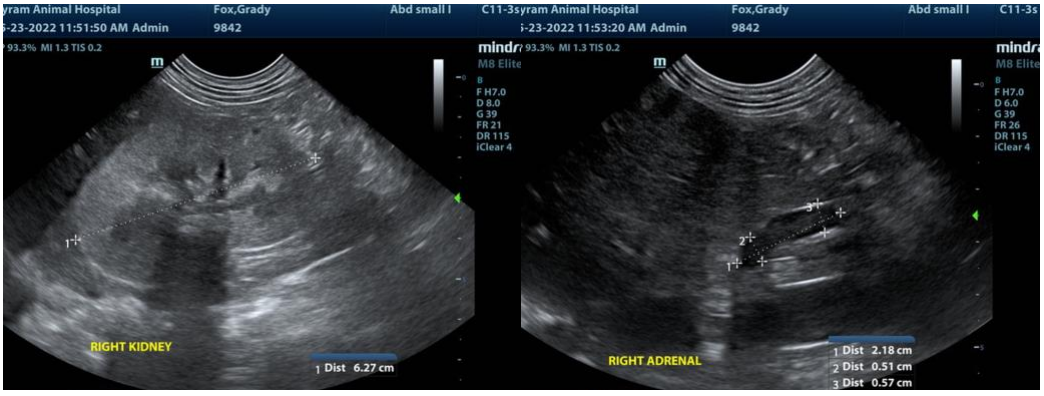
DATE

5/23/22

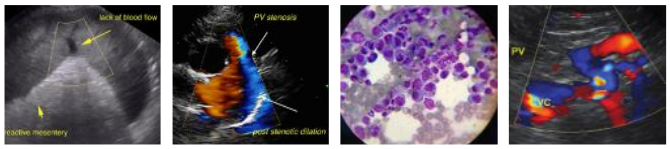








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Grady Fox

SPECIES

Canine

BREED

Rat Terrier

SEX

Neutered Male

AGE

14 Years

WEIGHT

31 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carlos Abdul-Chani

HOSPITAL NAME

Byram AH

REFERRING VET

Dr. Maria Cruz

INVOICE

37869

DATE

5/23/22

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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com