



PATIENT

Boone Looney

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

9 Years 10 Months

WEIGHT

93.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Mack

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Mack

INVOICE

38035

DATE

5/26/22

PRESENTING CLINICAL SIGNS

Hematuria for several months. Has been on Enrofloxacin for 3 weeks
Abnormal PE/Chem/CBC/UA Results: Bloodwork was unremarkable FNA samples of spleen and prostate are pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a small calculus measuring 4.0 mm, non-obstructive at the time of the sonogram. The bladder wall itself was unremarkable. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The iliac trifurcation was unremarkable.

The prostate was enlarged, irregular and mineralized, deviating the descending colon, consistent with prostatic neoplasia. The prostate measured 3.2 cm.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 7.7 cm. The left kidney measured 7.5 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 left adrenal gland measured 0.50 cm. The right adrenal gland measured 0.60 cm at the cranial pole and 0.40 cm at the caudal pole.

Spleen

The **spleen** in this patient revealed an expansive nodule with mild disruption of architecture. The spleen measured 3.0 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.

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.



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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.

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ULTRASONOGRAPHIC FINDINGS

- Splenic nodule – nodular hyperplasia, metastatic disease, emerging round cell neoplasia, abscessation, hemangiosarcoma all possible.
- Enlarged, irregular prostate.

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Mixed

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

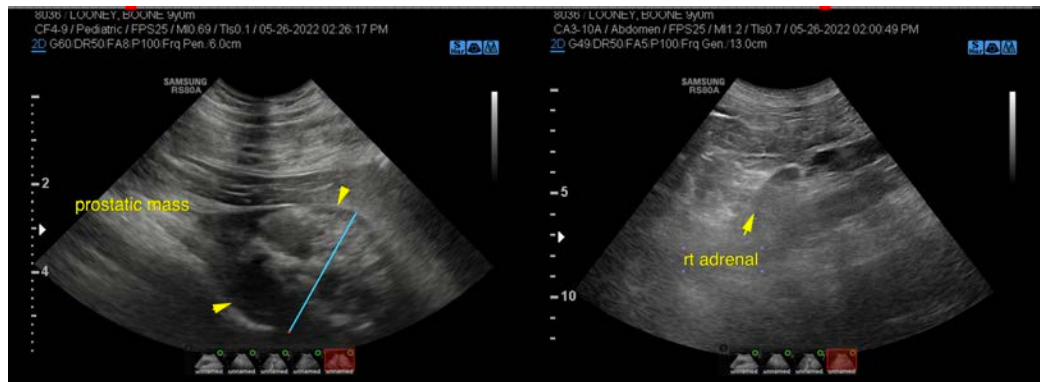
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Ultrasound guided FNA could be considered with mild potential for trailing. Otherwise, traumatic catheterization indicated.

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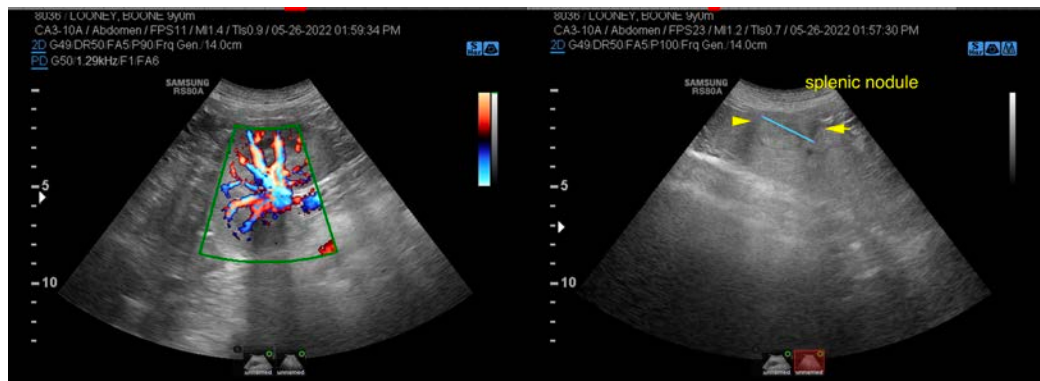
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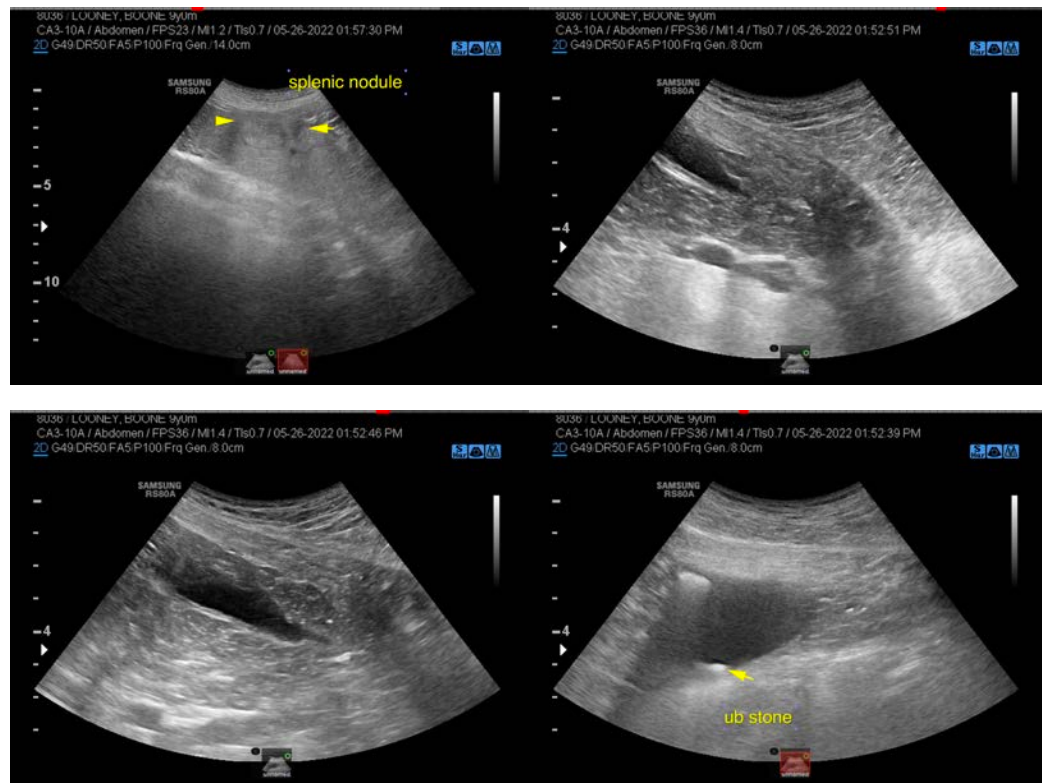
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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