



PATIENT

Monty Piotrowski

SPECIES

Canine

BREED

Beagle X

SEX

Neutered Male

AGE

9 Years

WEIGHT

30.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Basking Ridge AH

REFERRING VET

Dr. Rotella

INVOICE

43126

DATE

6/13/23

PRESENTING CLINICAL SIGNS

Straining, diarrhea. Concern for prostate cancer- large/firm on rectal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented multifocal concentric polypoid changes with bladder sand and suspended debris. The polypoid changes presented echotexture similar to that of the prostate. Bladder wall changes were significantly vascular on color flow assessment.

The prostate is enlarged, irregular, mineralized, and peripherally inflamed, measuring up to 3.0 cm. Proximal urethra infiltration also noted cranial to the prostatic mass.

Slight iliac lymphadenopathy noted at 4.0 mm x 3.0 mm, slightly rounded. Early metastatic disease is a potential.

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. Mineralization noted in both kidneys. The right kidney measured 6.23 cm. The left kidney measured 6.15 cm with slight pyelectasia.

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 2.07 cm x 1.05 cm at the cranial pole and 0.56 cm at the caudal pole. The left adrenal gland measured 2.5 cm x 0.72 cm at the caudal pole and 0.53 cm at the cranial 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.

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

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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.

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ULTRASONOGRAPHIC FINDINGS

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- Lower urinary tract/prostatic neoplasia with possible concurrent UTI and bladder sand – carcinoma pattern.
- Early slight iliac lymphadenopathy – possible early metastatic disease.
- Age related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided traumatic catheterization should prove effective regarding definitive diagnosis. Oncological intervention recommended.

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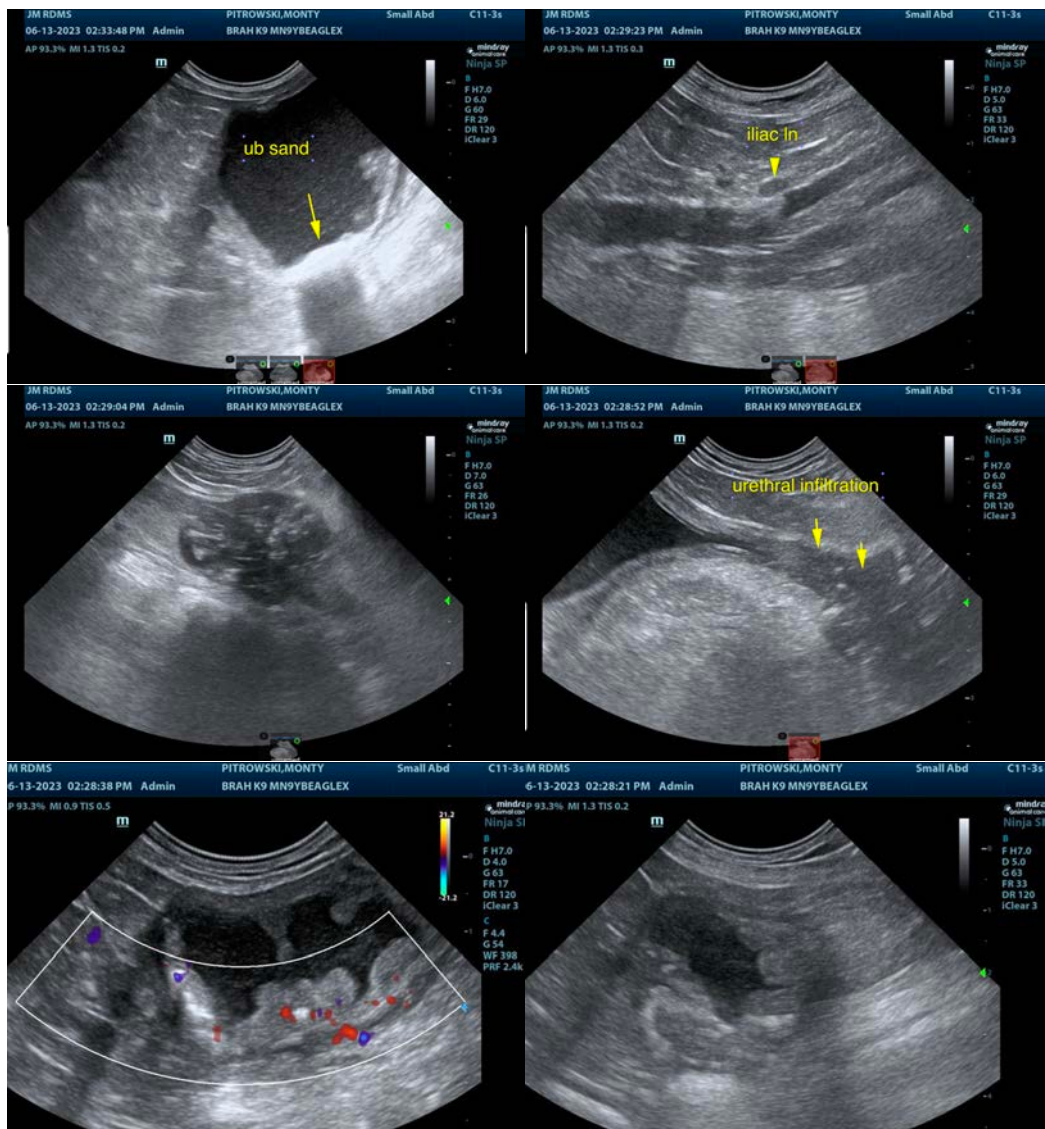
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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