



**PATIENT**

Corduroy Pollman-Rich

**SPECIES**

Canine

**BREED**

Labradoodle

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

40 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING PERFORMED BY**

Amanda Crook SDEP  
Certified Sonographer

**HOSPITAL NAME**

Rivers Edge PMC

**REFERRING VET**

Dr. Gray

**INVOICE**

76020

**DATE**

7/7/23

**PRESENTING CLINICAL SIGNS**

History: Presented 5 days ago with history of 2-3 weeks of straining to urinate 5 days ago, prostate enlarged upon rectal exam -- Neuter history 8+ years ago. No current medications. Radiographs - 1V thoracic film shows no obvious abnormalities (FYI -radiographs from FB surgery 2 years ago show no sign of prostomegaly)

Abnormal PE/Chem/CBC/UA Results: UA 7/5 showed inflammation-- RBC 4-10/hpf, WBC 4-10/hpf, no crystals/struvites seen, USG 1043

**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 was noted. Ureteral papillae were normal.

The prostate in this patient revealed a mineralizing mass that measured 3.7 cm. Pericapsular inflammatory pattern and cystic changes were noted in the prostate. This is consistent with prostatic carcinoma and appears to be invading the pre-prostatic urethra as well. The prostatic mass is significantly vascular on Power Doppler assessment.

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 iliac lymph node measured 1.72 x 0.59 cm and was reactive.

**ULTRASONOGRAPHIC FINDINGS**

Mineralizing prostate mass with pericapsular inflammatory pattern and cystic changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound-guided FNA can be considered to confirm prostatic carcinoma. However, there is some minor potential for tumor trailing. Otherwise, traumatic catheterization can be considered.



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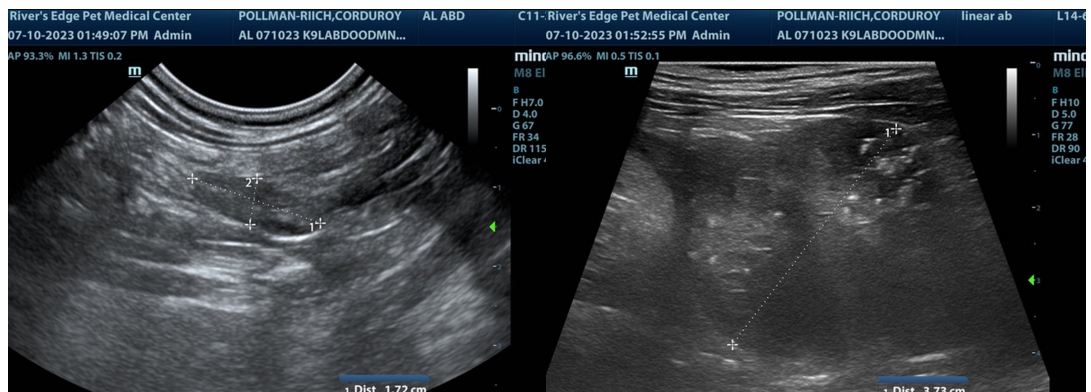
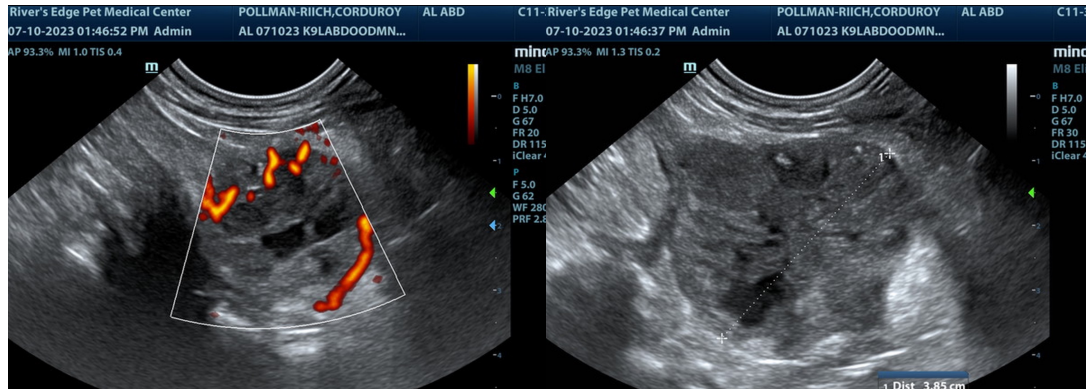
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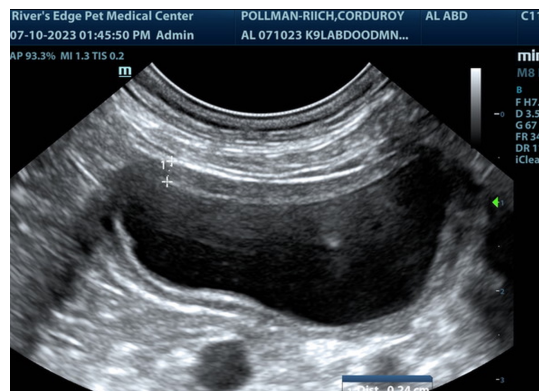


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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