



PATIENT

Watson Ng

SPECIES

Canine

BREED

Mastiff x Cane Corso

SEX

Neutered Male

AGE

10 Years

WEIGHT

126 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General on the Hudson

REFERRING VET

Dr. Vivian Ng

INVOICE

43951

DATE

7/12/23

PRESENTING CLINICAL SIGNS

Patient presents for recheck of urethra; possible inflammation vs. early infiltrative pattern.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a 2.6 cm x 1.4 cm sand accumulation. The pelvic urethra and the inflammation noted in the pelvis appears to have resolved.

The **prostate** is progressively enlarged at 4.0 cm x 3.3 cm with a progressively enlarged cystic component measuring 2.4 cm x 1.7 cm, mineralized.

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 left kidney measured 7.1 cm. The right kidney measured 8.38 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 2.66 cm x 0.51 cm at the caudal pole and 0.58 cm at the cranial pole.

Spleen

The **spleen** was folded upon itself caudally and 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.

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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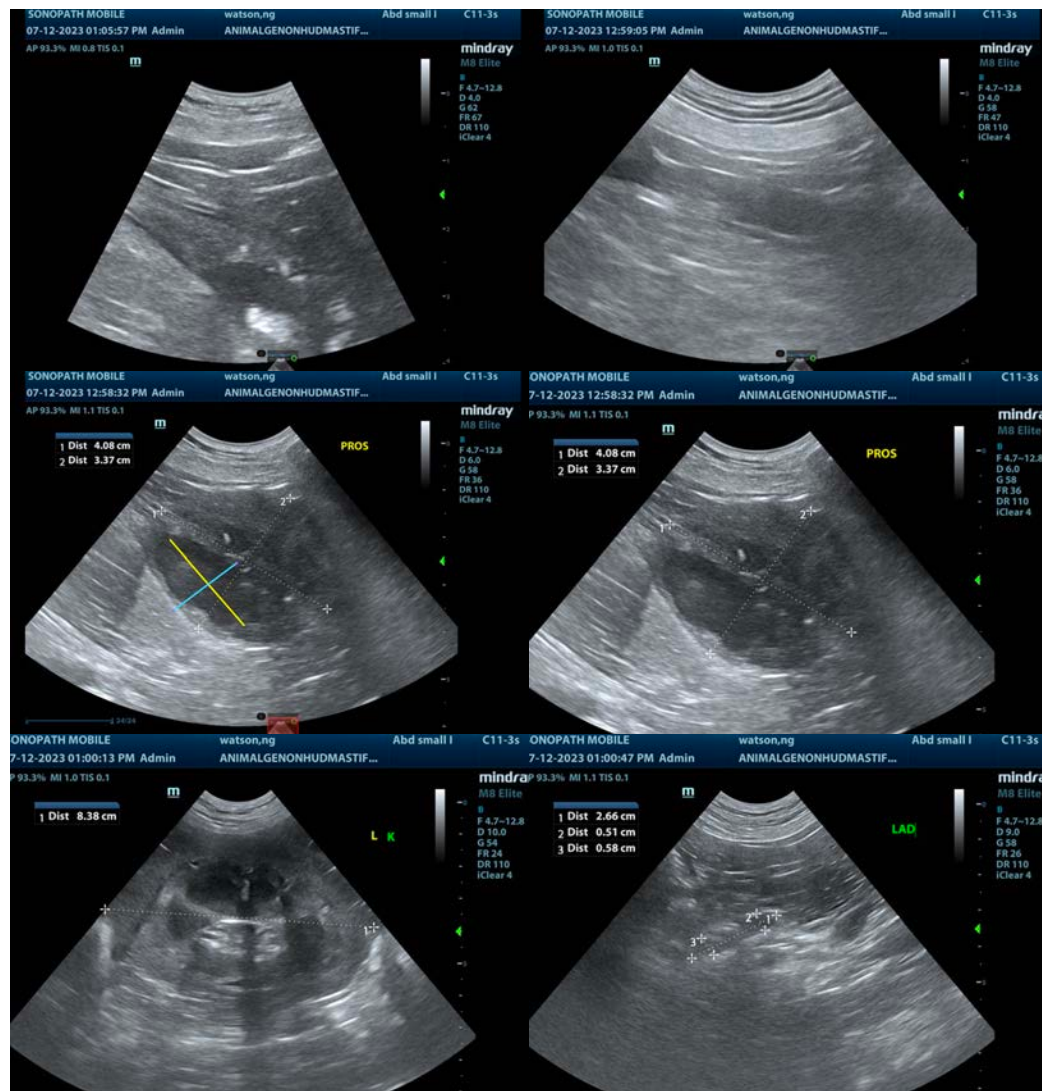
7/12/23

ULTRASONOGRAPHIC FINDINGS

- Progressive prostatic mass with an augmented cystic component – strongly consistent with carcinoma.
- Urinary bladder sand

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided drainage of the cystic component could be considered with culture and sensitivity. Oncological referral for the prostatic presentation recommended. Prognosis is guarded depending upon ability to manage eventual urethral stent placement and chemotherapy, which would be ideal in this patient.





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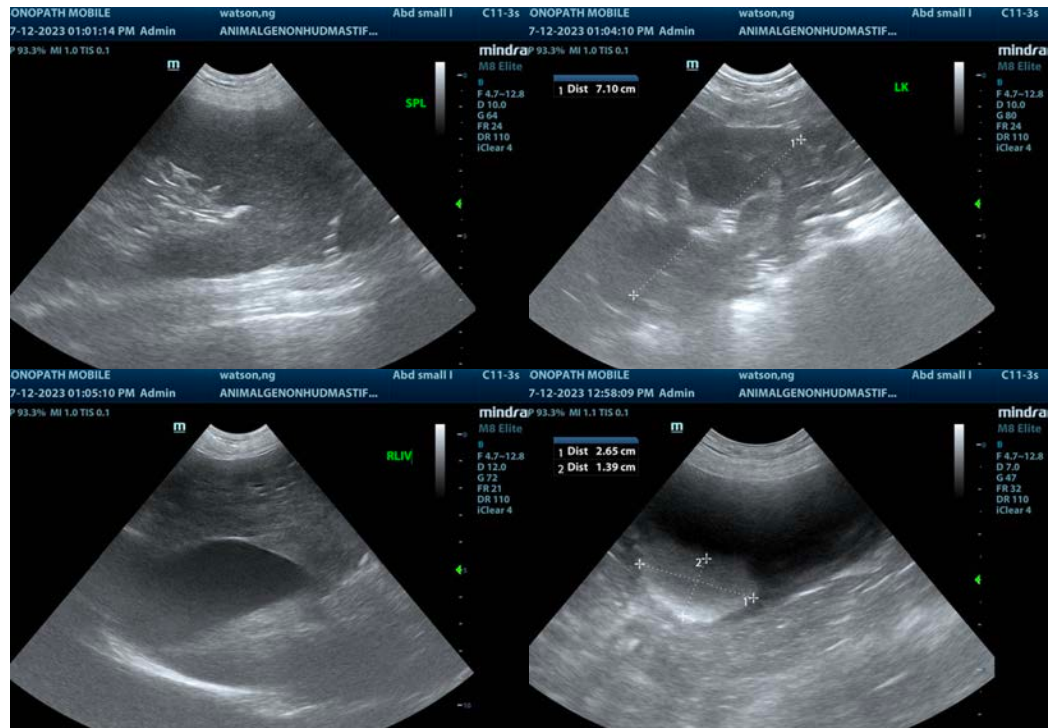
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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