



**PATIENT PRESENTING CLINICAL SIGNS**

Beauregard Peterman

**History:** History of urgency with urination last few weeks. Urine culture was negative and he had a minimal response to antibiotics. Concern for structural disease within the bladder. Rule out neoplasia or other disease. Owner reports also acting ataxic at times. Concern for early signs of DM.  
**Abnormal PE/Chem/CBC/UA Results:** 6/2023--UA-hematuria, chains of cocci found, transitional clumps. Concern for TCC 3/2023--Globulin=4.5 (2.4-4.0) Amylase=1535 (337-1469) the rest of panel was WNL

**SPECIES**

Canine

**BREED**

Boxer Mix

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

73 lbs

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** in this patient revealed multiple, polypoid changes with mineralization in the dorsal wall. Grouping of which measured 3.9 x 1.0 cm. There is a strong concern for carcinoma.

A mixed, echogenic prostatic mass was noted and measured 4.9 x 3.3 cm. The prostate deviated the descending colon. There were areas of mineralization and significant disruption of architecture.

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 left kidney measured 6.68 cm. The right kidney measured 6.39 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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 2.47 x 0.8 cm at the cranial pole and 0.65 cm at the caudal pole.

**IMAGING PERFORMED BY**

M Kermendy CVT

**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 was noted.

**HOSPITAL NAME**

Wauwatosa VC

**REFERRING VET**

Dr. Binor

**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.

**INVOICE**

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**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.

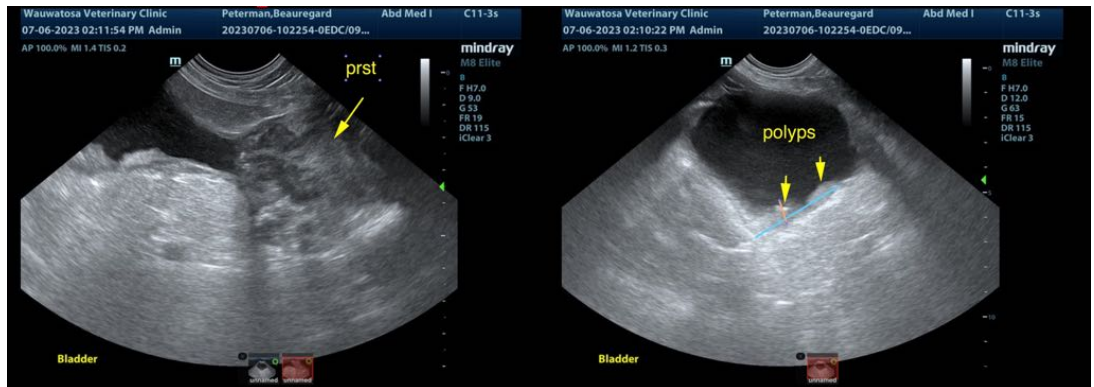
**ULTRASONOGRAPHIC FINDINGS**

Prostatic mass with polypoid bladder changes involving the urethra as well. Bladder and prostatic carcinoma is likely.

Age related renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound-guided traumatic catheterization is warranted or ultrasound-guided FNA with a mild potential for trailing would be warranted to confirm carcinoma.





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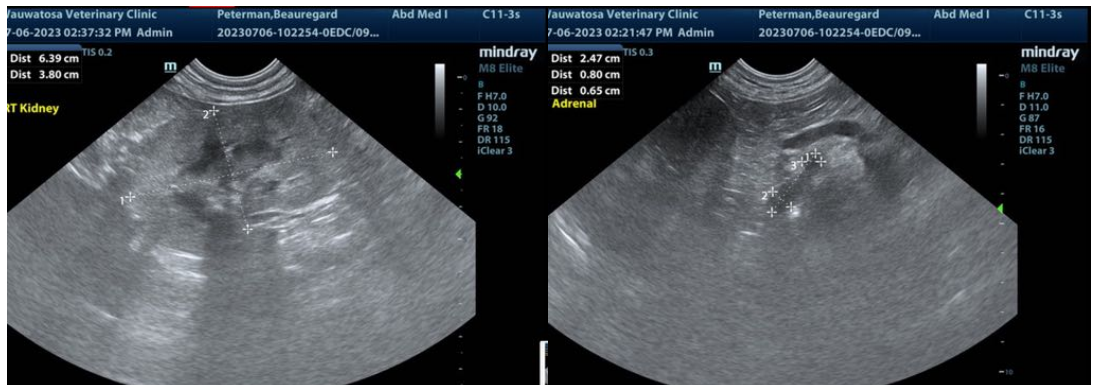
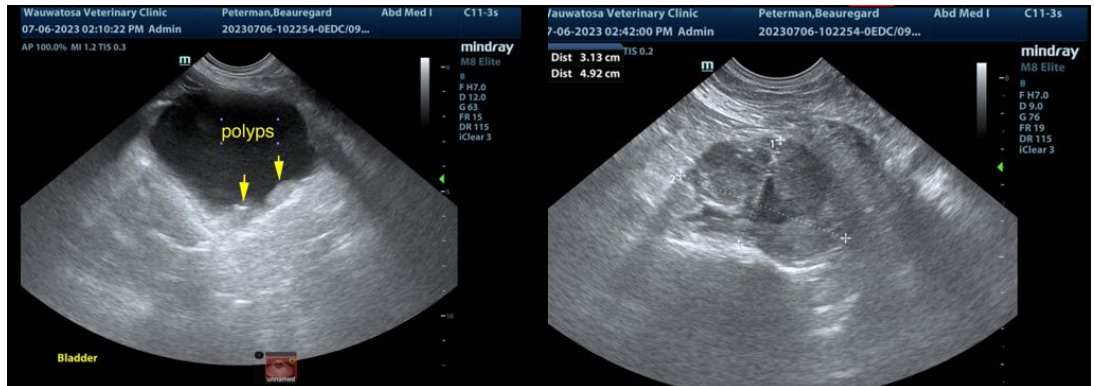
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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