



**PATIENT**

Chuck Northwest  
Dog Rescue

**SPECIES**

Canine

**BREED**

Labrador X

**SEX**

Neutered Male

**AGE**

14 Years

**WEIGHT**

52 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Eugene AH

**REFERRING VET**

Dr. Wiktorowski

**DATE**

7/6/23

**Invoice**

23185

**PRESENTING CLINICAL SIGNS**

History: had abnormal testicle- neutered, waiting for histopath.

Abnormal PE/Chem/CBC/UA Results: Radiographic Findings prostate enlarged and irregular on radiograph.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** itself was normal. The prostate was enlarged, measuring 4.43 cm. The prostate was heterogenous and microcystic.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 8.18 cm. The right kidney measured 6.88 cm.

**Adrenal Glands**

The **left adrenal gland** was enlarged, nodular and irregular, measuring 3.01 cm x 0.92 cm at the caudal pole and 0.84 cm at the cranial pole.

The **right adrenal gland** was enlarged, measuring 1.84 cm at the cranial pole and 0.72 cm at the caudal pole. Areas of dystrophic mineralization were noted, 3.27 cm in length.

**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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**Pancreas**

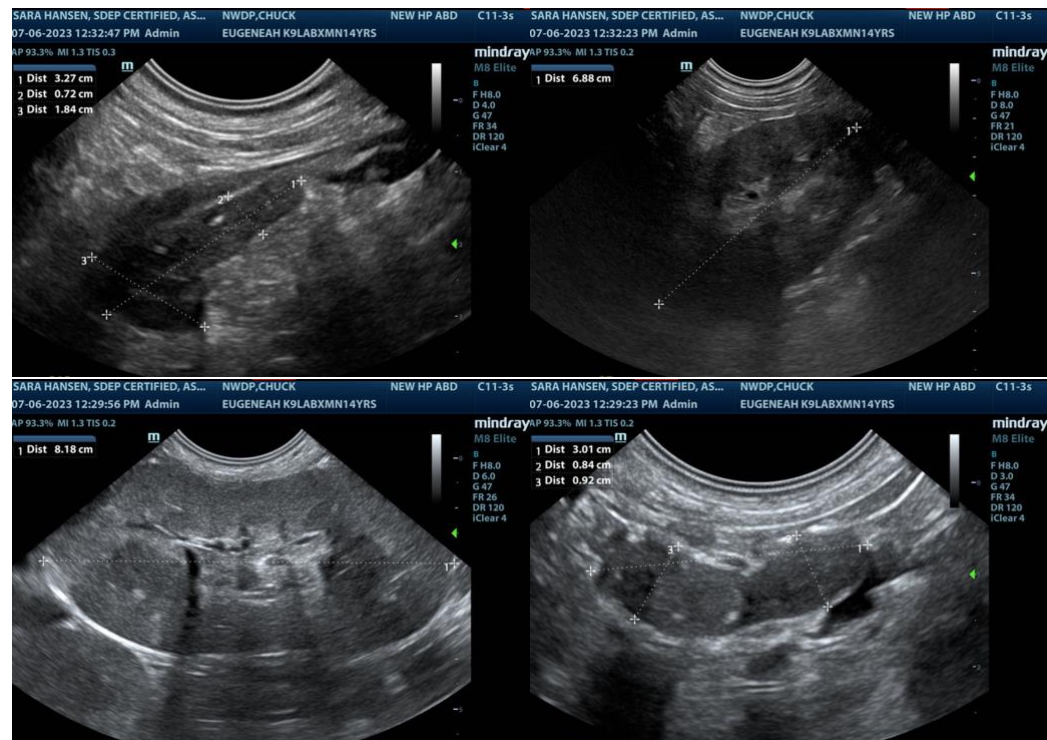
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

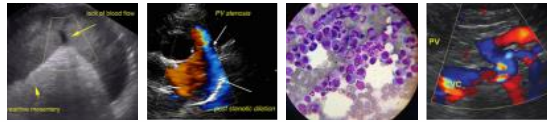
**ULTRASONOGRAPHIC FINDINGS**

- Prostatomegaly, likely regressing post neuter, however, FNA is warranted, especially if it is not regressing adequately, and recheck sonogram in approximately 3-4 weeks or if clinical signs are present.
- Bilateral adrenal hypertrophy- hyperplasia vs PDH. IF the patient appears cushingoid, and USG is <1.020, then work up for PDH is indicated.
- Age-related renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Blood pressure measurements are warranted, as well as full CNS examination to assess for clinical signs consistent with expansive pituitary tumor, yet the adrenal changes may be benign.





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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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