

**PATIENT**

Remy Meldrum

**SPECIES**

Canine

**BREED**

Chihuahua Cross

**SEX**

Neutered male

**AGE**

7 years

**WEIGHT**

13 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Mandeville

**HOSPITAL NAME**

Bettervet

**REFERRING VET**

Dr. Mandeville

**INVOICE**

91403

**DATE**

8/20/21

**PRESENTING CLINICAL SIGNS**

History: 1 week duration hematuria, no other symptoms, otherwise appears well.  
Abnormal PE/Chem/CBC/UA Results: UA: Hematuria (attached) Prominent Prostate on rectal exam, non painful. Rest of PE normal.

**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. A minor amount of sand was noted along with minor apical wall thickening. Minor micropolypoid changes were noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The prostate was enlarged and irregular measuring 3.5 cm. Hypoechoic, multi-focal areas of mineralization were noted. This is strongly suggestive for carcinoma.

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 5.0 cm. The right kidney measured 5.0 cm.

**Adrenal Glands**

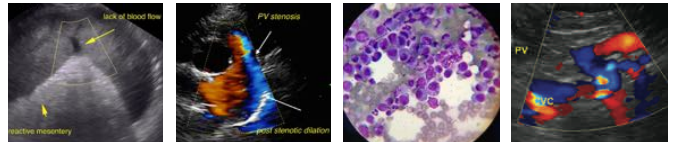
The left **adrenal gland** was uniform and measured 0.5 cm. The right adrenal gland was not visualized.

**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.

**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.



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**Gastrointestinal**

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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**

The **pancreas** revealed slight, irregular parenchymal changes. There is a potential for history of inflammation.

**SEX**

Neutered male

**Free Abdomen**

The iliac trifurcation was unremarkable.

**AGE**

7 years

**ULTRASONOGRAPHIC FINDINGS**

Enlarged, irregular and peripherally inflamed prostate with multi-focal areas of mineralization. This is strongly suggestive for carcinoma.

**WEIGHT**

13 lbs

Likely history of pancreatic inflammation.

**INTERPRETED BY**

Eric Lindquist, DMV  
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound-guided FNA is warranted to confirm. If prostatic carcinoma is confirmed then the following information may prove effective.

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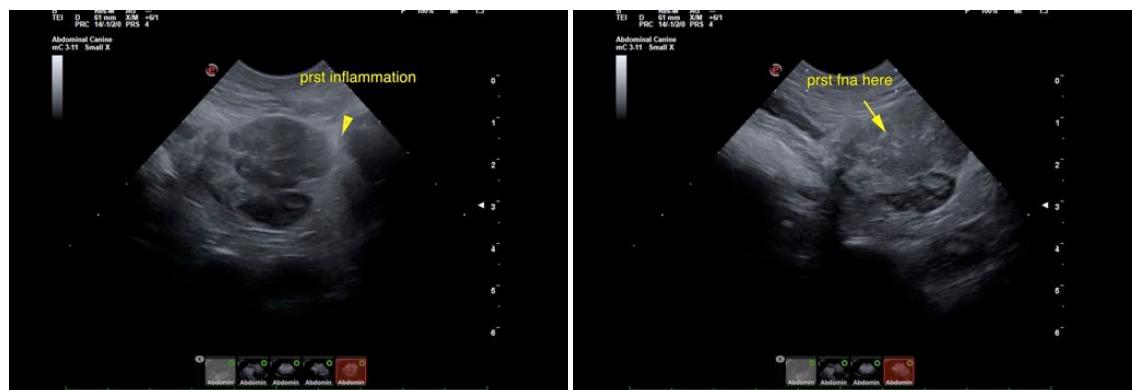
Dr. Mandeville

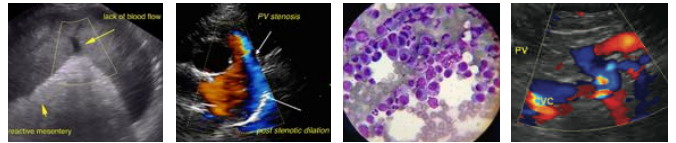
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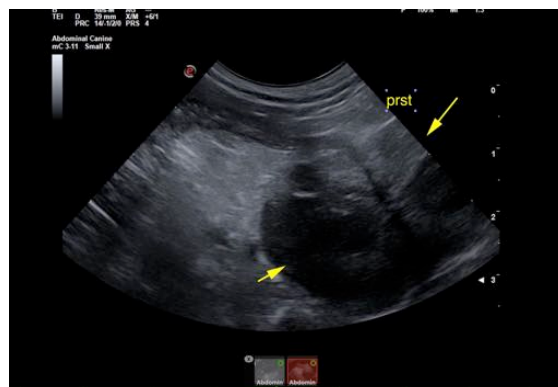
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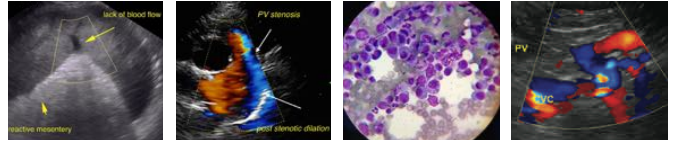
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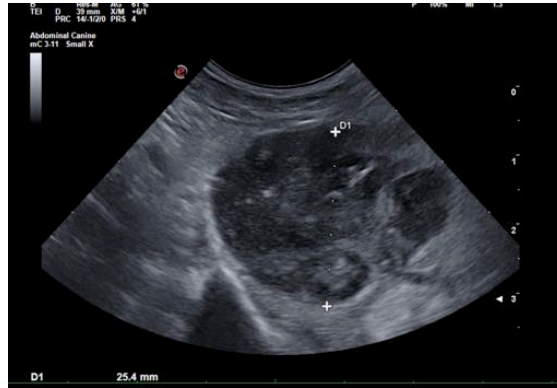
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
info@SonoPath.com