



PATIENT

Vishnu O'Leary Oneglia

SPECIES

Canine

BREED

Husky Mix

SEX

Male

AGE

10 Years

WEIGHT

80.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sarah Green

HOSPITAL NAME

Healing Spirit AW

REFERRING VET

Sarah Green

INVOICE

17435

DATE

9/24/22

PRESENTING CLINICAL SIGNS

History: Presented due to tenesmus, decreased volume of stool

Abnormal PE/Chem/CBC/UA Results: Prostatomegaly. 4 Lbs. weight loss over the past 2 weeks. Elevated SDMA on chemistry, NSF otherwise. FNA of the prostate consistent with BPH. Thoracic radiographs WNL. Scan performed to evaluate for other causes of weight loss.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and pelvic urethra presented normal thicknesses and normal tone. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **prostate** was severely enlarged (up to 8.0 cm) with irregular contour. The prostate enveloped the trigone, causing obstruction of the right ureter. Cystic and parenchymal enlargement noted.

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 7.0 cm. Hydronephrosis was noted in the right kidney, of 2.5 cm x 3.3 cm. The right ureter was dilated and tortuous, to a width of 1.3 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

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 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

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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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ULTRASONOGRAPHIC FINDINGS

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Husky Mix

- Severe BPH cystic prostate with possible abscessation
- Secondary hydronephrosis/hydroureter of the right kidney, age-related renal changes otherwise
- Unremarkable abdomen otherwise

SEX

Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Drainage of the cystic portions, along with neutering is essential in this patient.

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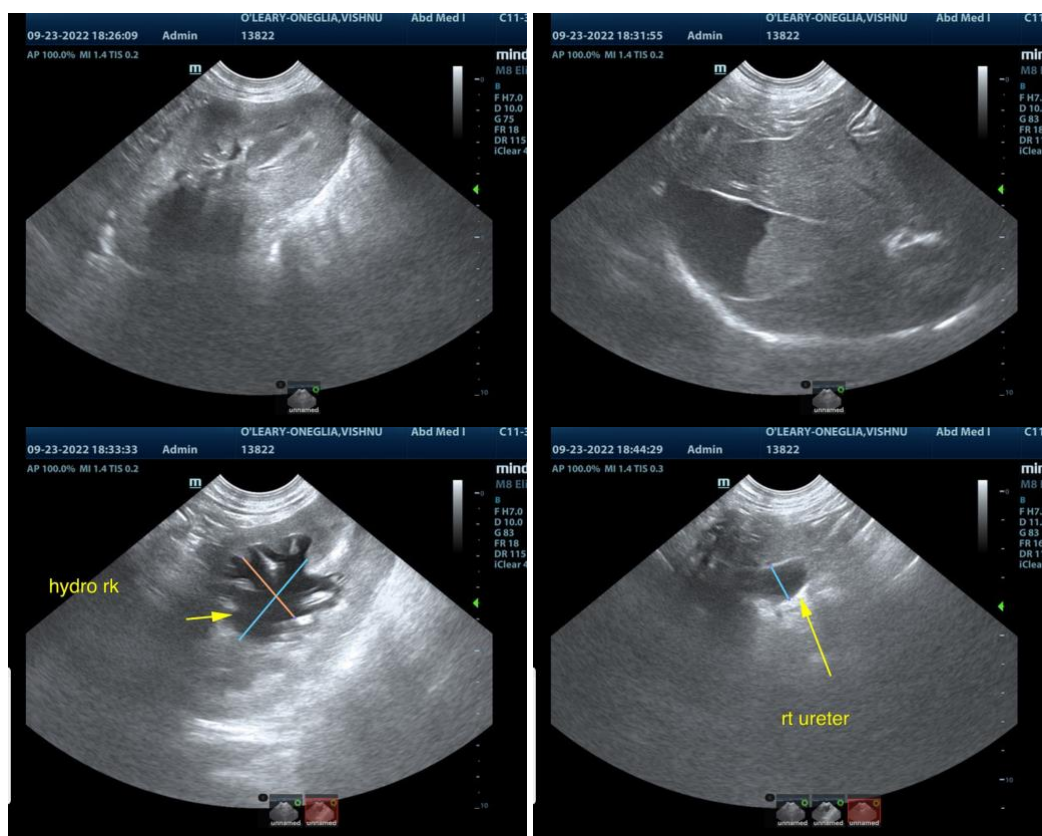
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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