

**DATE PRESENTING CLINICAL SIGNS**

9/30/22 Urinary stone and very enlarged mass prostate area. Patient is a diabetic.

**PATIENT** Current Medications: Enrofloxacin 272mg SID.

Lab Results: See attached.

Mica Chatfield

Radiographs: Some filling defects prostatic urethra on bladder contrast study.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

**SPECIES**

Stat Report: Not requested.

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED****Urinary System**

Corgi

The urinary bladder revealed a small calculus measuring 4.0 mm. The prostate was significantly enlarged, irregular, and heterogeneous, measuring 7.4 cm x 4.6 cm. Pericapsular inflammatory pattern noted.

**SEX**

Intact Male

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. Slight cortical cysts noted. The left kidney measured 6.96 cm. The right kidney measured 6.78 cm with a 0.40 cm calculus.

**AGE**

6/28/11

**WEIGHT**

38 Pounds

**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 2.38 cm x 0.77 cm at the caudal pole and 0.67 cm at the cranial pole. The right adrenal gland measured 2.4 cm x 0.71 cm at the caudal pole and 0.65 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** presented multifocal hypoechoic nodules and an overt mass of 3.15 cm. Target nodule measured 1.5 cm. Hyperechoic surrounding fat noted.

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

**HOSPITAL NAME**

Pleasantville AH

**REFERRING VET**

Dr. Gounaris

**Gastrointestinal**

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

**INVOICE**

41822

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

### **Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

### **Other**

The right testicle was nodular and irregular. A coalescing mass was noted comprised of two nodules that measured 2.2 cm and 1.8 cm.

The left testicle was subnormal in size, regressed, remodeled.

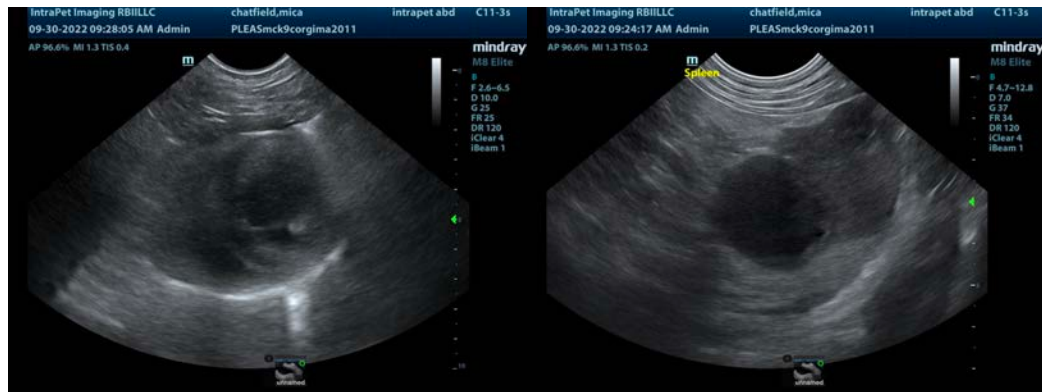
Rapid view of the heart revealed no evident pathology other than mild volume contraction.

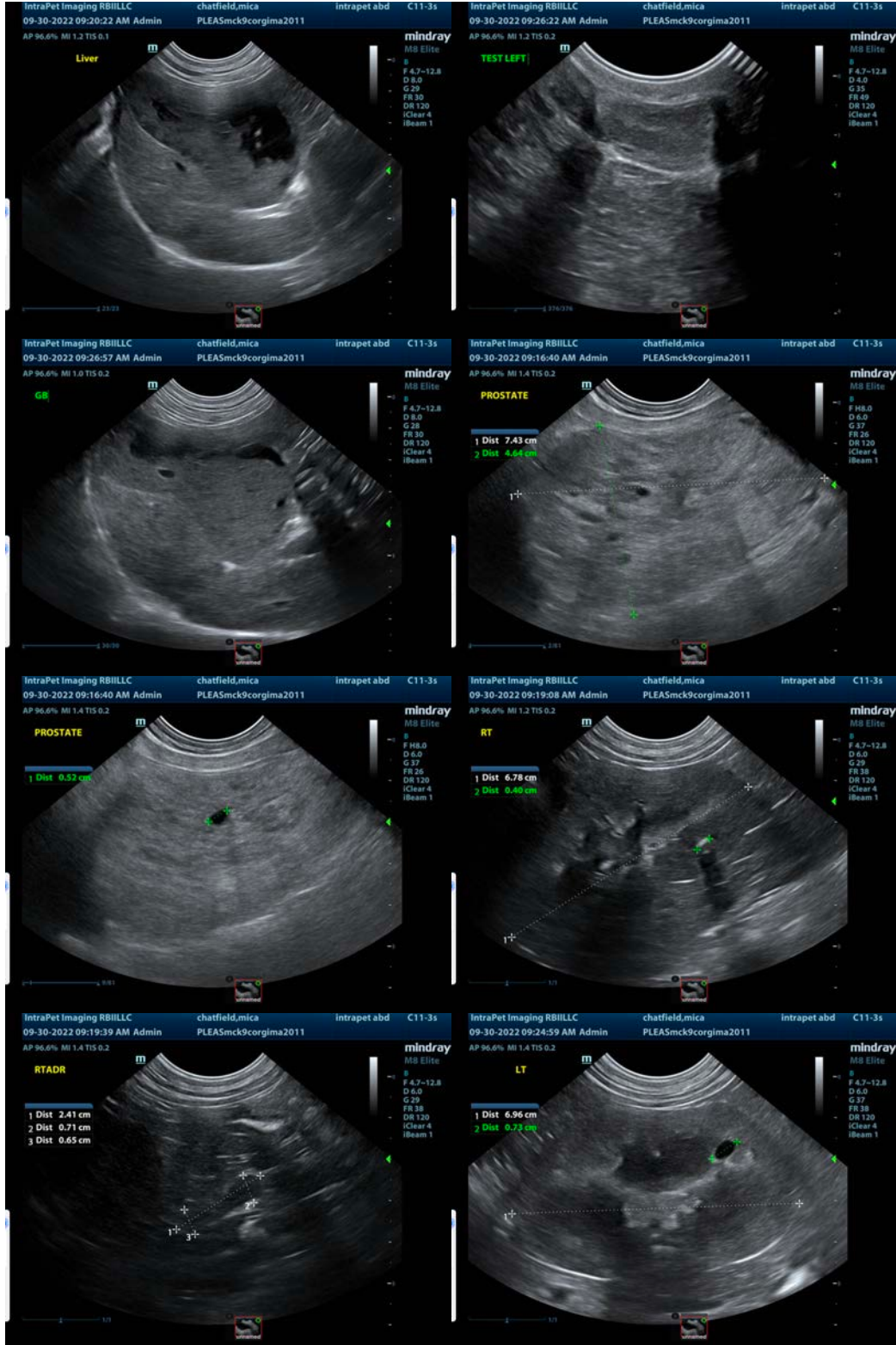
## **ULTRASONOGRAPHIC FINDINGS**

- Right testicular mass
- BPH prostate
- Splenic mass and nodules
- Moderate degenerative renal and hepatic changes
- Bladder calculus

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The testicular and splenic pathology are likely unrelated. Neutering, cystotomy, splenectomy, manual expression of the gallbladder all valid. Chest radiographs warranted prior to any surgical intervention. Stone analysis and culture indicated. The splenic presentation is a significant clinical issue and at risk for rupture. Hydration status should be evaluated.







**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  
[info@SonoPath.com](mailto:info@SonoPath.com)