

PATIENT

Vincenzo Natvral

SPECIES

Canine

BREED

Bulldog

SEX

Male

AGE

2 years

WEIGHT

64 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

Basking Ridge AH

REFERRING VET

Dr. Blachek

INVOICE

69930

DATE

1/7/26

PRESENTING CLINICAL SIGNS

History: Possible urethral obstruction Stranguria, unable to pass urinary catheter past os penis. Has resistance. Medications: none.

Abnormal PE/Chem/CBC/UA Results: Not available.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 4.0 cm beyond the cystourethral junction and appeared normal. The ureters were not visible which is normal. Calculi were noted and non-obstructive at the time of the sonogram. The largest of which measured 1.0 cm. However, smaller calculi are likely periodically lodging in the cystourethral junction and proximal urethra up to 0.4 cm. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

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. Corticomedullary calculi and pelvic calculi were noted in this patient. The left kidney measured 6.0 cm. The right kidney measured 6.1 cm.

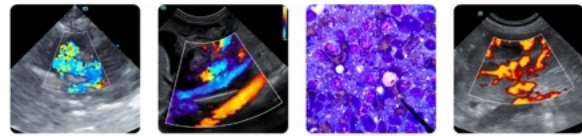
The **prostate** was uniformly enlarged with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign cystic pathology or both. Underlying neoplasia cannot be completely ruled-out but is lower on the differential list. This presentation is most consistent with benign prostatic hyperplasia with possible active prostatitis. Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture. The prostate measured 2.4 cm.

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 right adrenal gland measured 2.52 x 1.09 cm at the cranial pole and 0.6 cm at the caudal pole. The left adrenal gland measured 2.8 x 0.44 cm at the caudal pole and 0.42 cm at the cranial pole.

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



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congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

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Liver

The **liver** images submitted revealed subnormal liver size, yet normal 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

The **stomach** revealed some shadowing material with the largest of which measuring 1.8 cm. The intestines were free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Gastric retention 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 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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PERFORMED BY**

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ULTRASONOGRAPHIC FINDINGS

- Bladder calculi and renal calculi.
- Mild BPH prostate.
- Slightly subnormal liver size.
- Gastric retention with shadowing material, possible foreign matter.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

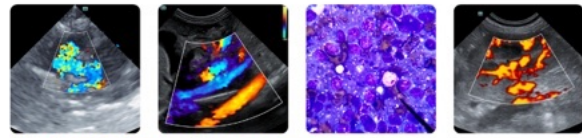
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The bladder calculi were non-obstructive at the time of the sonogram. Cystotomy, stone analysis and culture are recommended along with retrograde flushing and neutering to ensure that the prostate is not an issue. There was no overt portosystemic shunting. However, given the age of the patient and the presence of calculi, bile acid profile is warranted to ensure underlying metabolic abnormalities are not present with the liver that may be inducing biurate calculi. If bile acids are elevated, then further imaging is necessary. Portosystemic shunting is not overtly suspected given the relatively normal liver size. Assuming the patient is n.p.o. gastrotomy may be necessary at the time of cystotomy.



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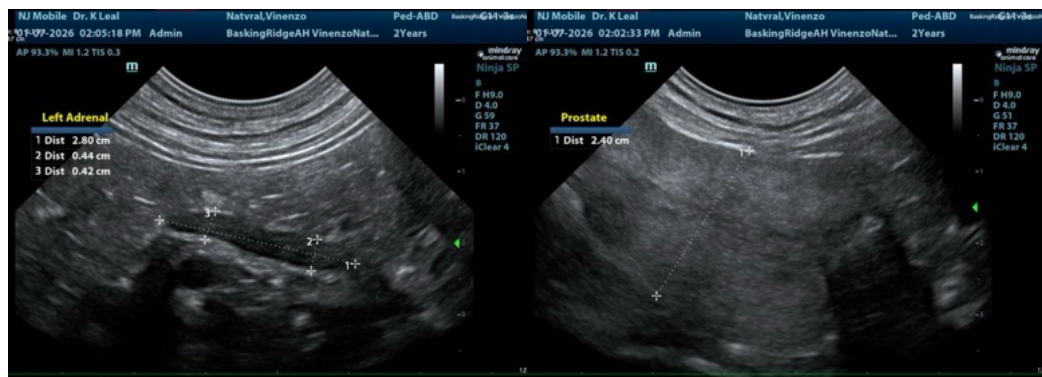
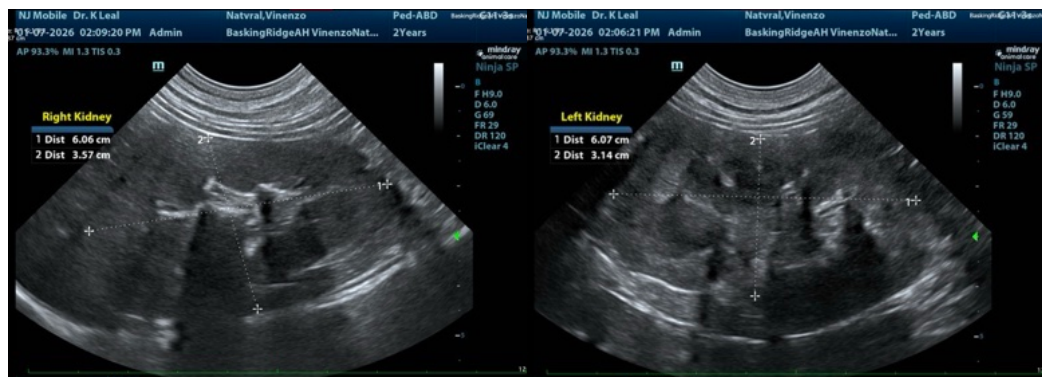
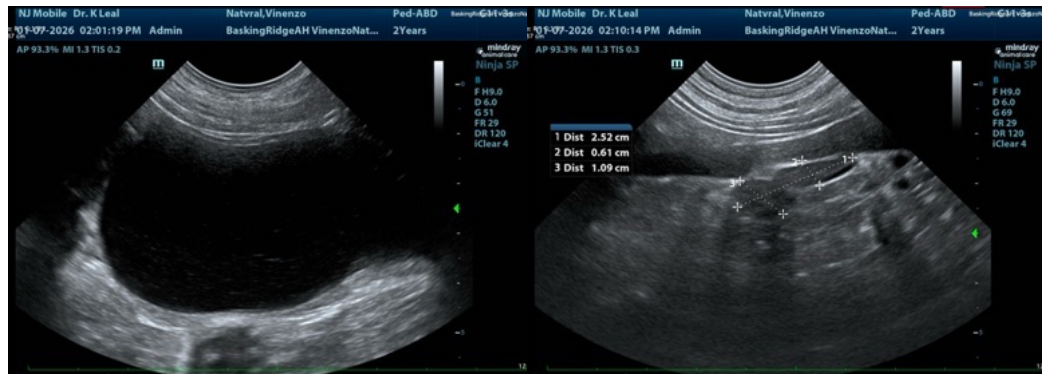
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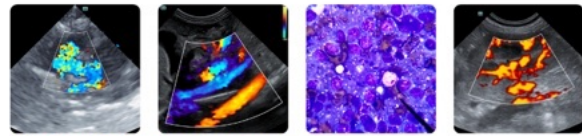
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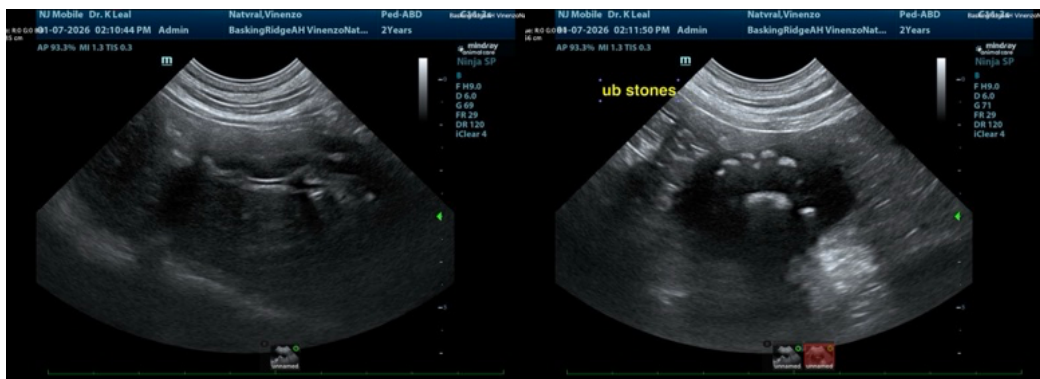
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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