



PATIENT

Brant Merchant

SPECIES

Canine

BREED

Blackmouth Cur

SEX

Neutered male

AGE

12 years

WEIGHT

63.4 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS,
CEO of SonoPath.com

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Rondout Valley VA

REFERRING VET

Dr. Page

INVOICE

69297

DATE

12/3/25

PRESENTING CLINICAL SIGNS

History: Evaluate LN and prostate, having difficulty urinating. Neutered May 2025. Also on and off ataxia behind Current meds: Galliprant
Abnormal PE/Chem/CBC/UA Results: Glob 3.7, Creat 1.7, PSL 200, WBC 18.8, Neuts 15980, Mono 940, t4 0.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

The **left kidney** 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.85 cm.

The **right kidney** revealed significant dystrophic changes with infarcts. Slight pyelectasia was noted. There was cortical collapse. The right kidney measured 5.5 cm.

The **prostate** was enlarged in this patient with anechoic cysts that measured 2.8 cm. The prostate measured 4.6 cm with pericapsular inflammatory pattern.

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 2.95 x 0.81 cm at the caudal pole and 0.69 cm at the cranial pole. The right adrenal gland measured 2.47 x 1.04 cm at the cranial pole and 0.72 cm at the caudal 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 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 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

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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

Enlarged prostate with anechoic cysts.

Significant dystrophic changes of the right kidney with pyelectasia, mild degenerative left renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the neutered status in this patient prostatic carcinoma is a strong potential. Residual abscess from prior prostatitis is possible. Ultrasound-guided FNA of the prostate and drainage and culture of the cystic component is recommended. There is no evidence of metastatic disease.

I cannot rule out a potential primary renal dysplasia with secondary degenerative changes on the right kidney. The most immediate issue is the prostate. Drainage, culture and cytology are all indicated.



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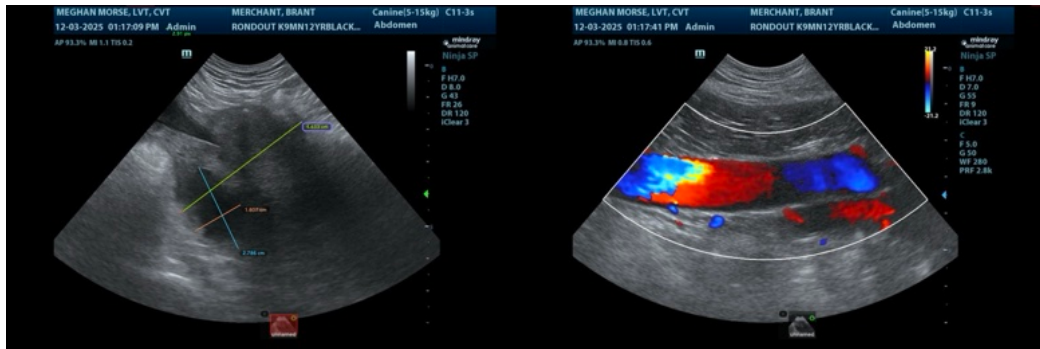
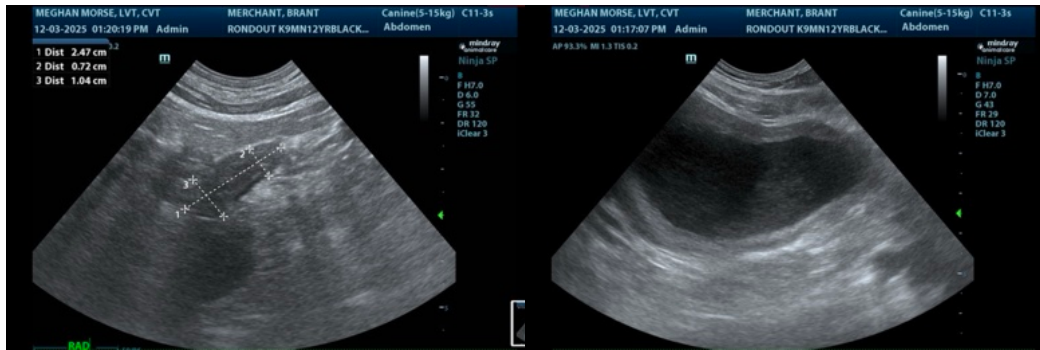
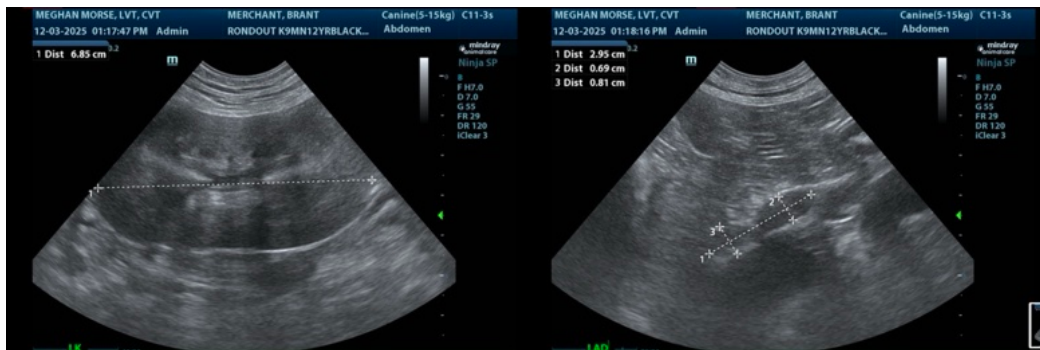
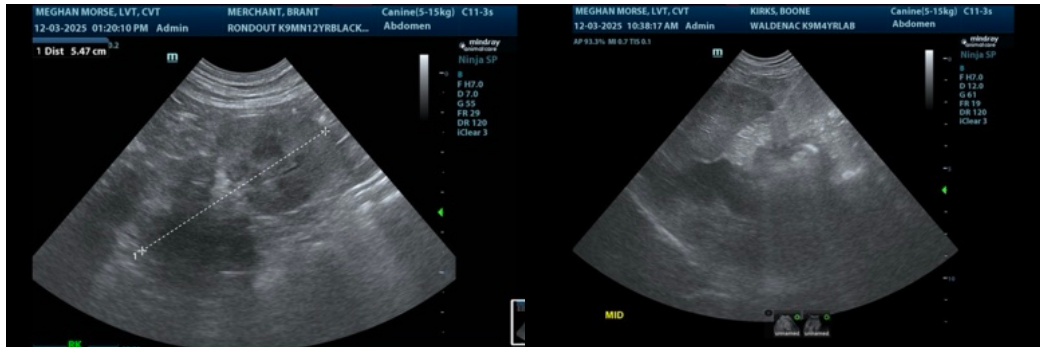
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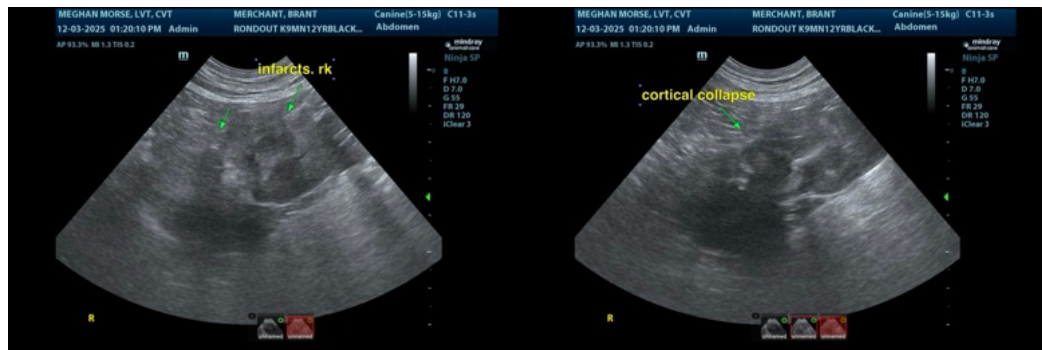
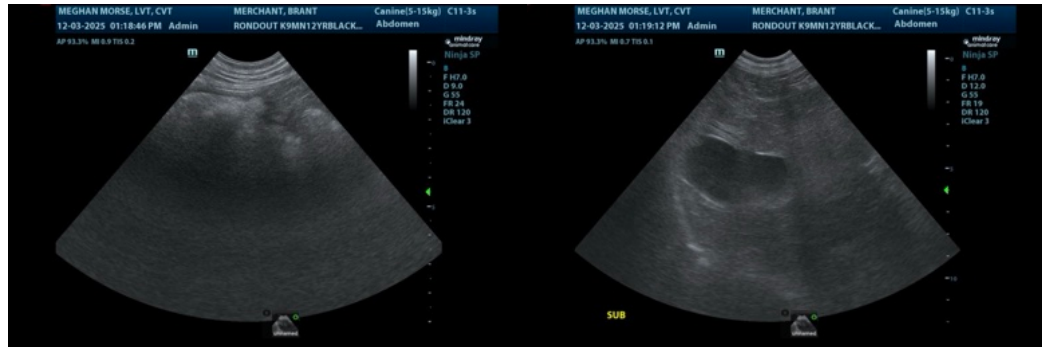
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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