



PATIENT

Cyrus Bertolino

SPECIES

Canine

BREED

Akita

SEX

Intact male

AGE

11 years

WEIGHT

82.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe

HOSPITAL NAME

Hamptonburgh AH

REFERRING VET

Dr. Rogers

INVOICE

75309

DATE

5/11/26

PRESENTING CLINICAL SIGNS

History: R/o bladder- prostatic cancer. Abdominal pain- ADR, BPH. Prednisone, gabapentin. HCT 33, possible low platelets, Glob 4.0 UA 4-10 squamous epith. USG 1.008.

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. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** were swollen and mildly irregular with subcapsular fluid accumulation measuring 0.68 cm of separation from the renal cortex to the renal capsule. The left kidney measured 8.3 cm. The right kidney measured 7.8 cm.

The **prostate** was mildly enlarged and mildly heterogenous with subtle edema lines measuring 5.5 cm. The left testicle revealed a hypoechoic nodule that measured 1.6 cm with minor scrotal edema. The right testicle revealed multiple masses that measured up to 2.3 cm with scrotal edema.

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 2.68 x 1.85 cm at the cranial pole and 0.57 cm at the caudal pole. The left adrenal gland measured 2.4 x 0.74 cm at the cranial pole and 0.73 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.

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 presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations



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regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable. Comet tail lung pattern was noted through the diaphragm.

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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

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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Free Abdomen

The iliac trifurcation was unremarkable. There was no evidence of lymphadenopathy.

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ULTRASONOGRAPHIC FINDINGS

Enlarged kidneys with subcapsular halo of fluid or tissue.
BPH and minor prostatitis pattern.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs are warranted if not already performed to assess for underlying disease. I am concerned about a potential subcapsular renal abscess in both kidneys or potential neoplastic process. Given the lung presentation I recommend chest radiographs to assess for potential metastatic event. Eventual ultrasound-guided FNA primarily in the right kidney in the subcapsular region would be indicated after coagulation panel. The prednisone may be suppressing a more significant presentation such as round cell neoplasia where the subcapsular halo presentation may be a minor manifestation of a neoplastic process as suppressed by cortisone. The prognosis is very guarded depending upon further diagnostics, primarily starting with radiographs.

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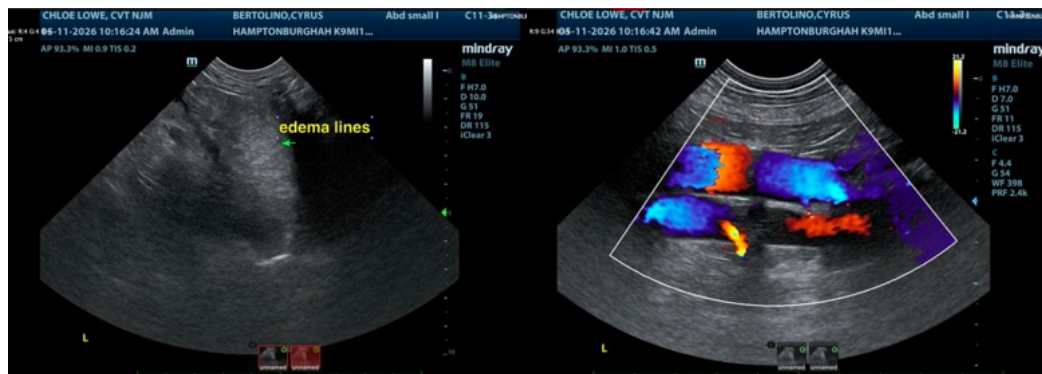
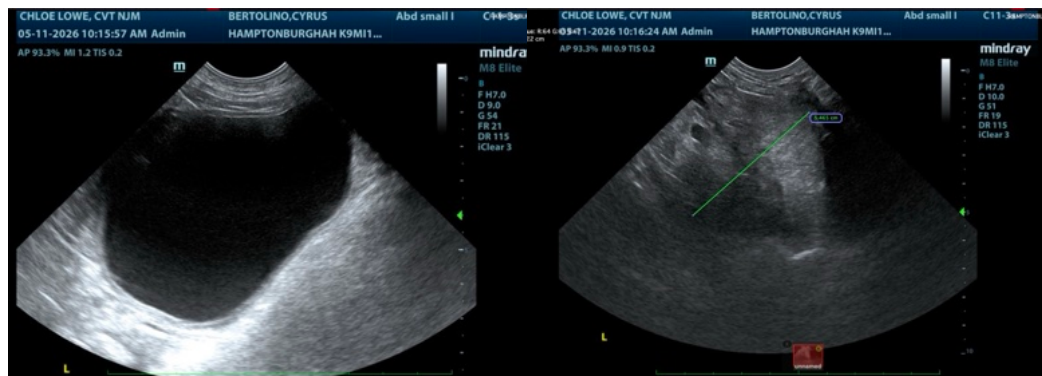
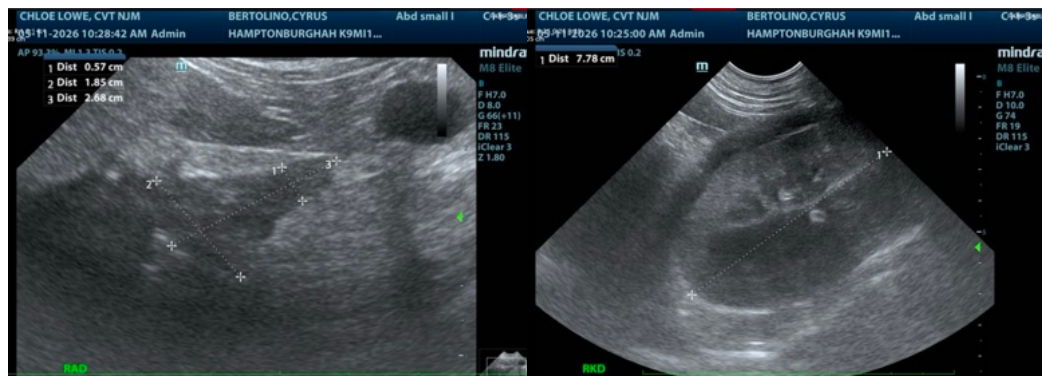
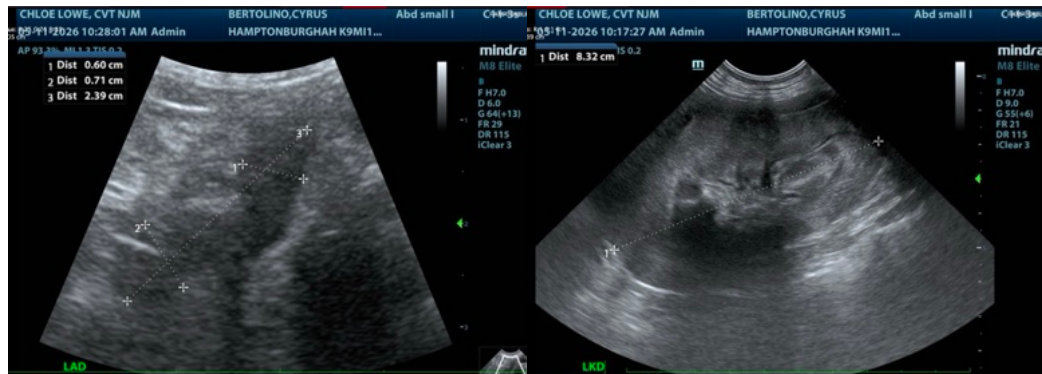
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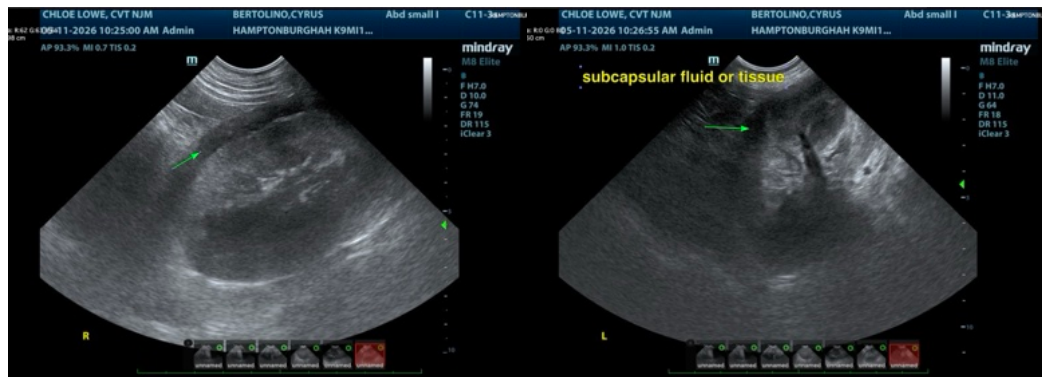
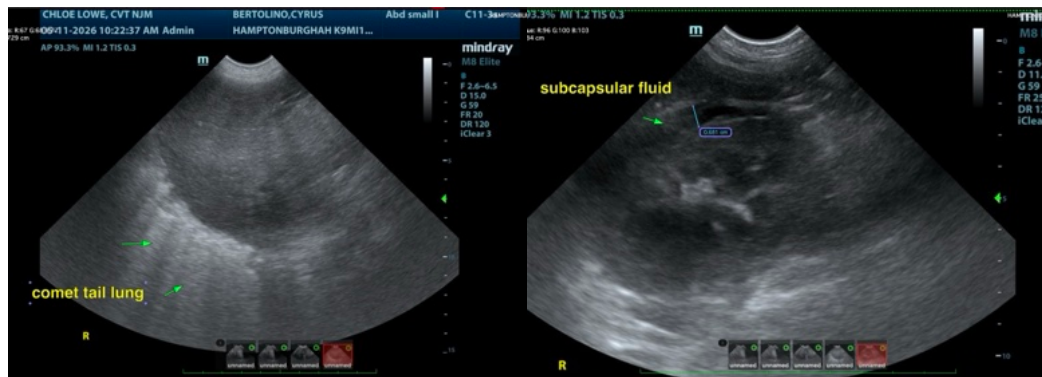
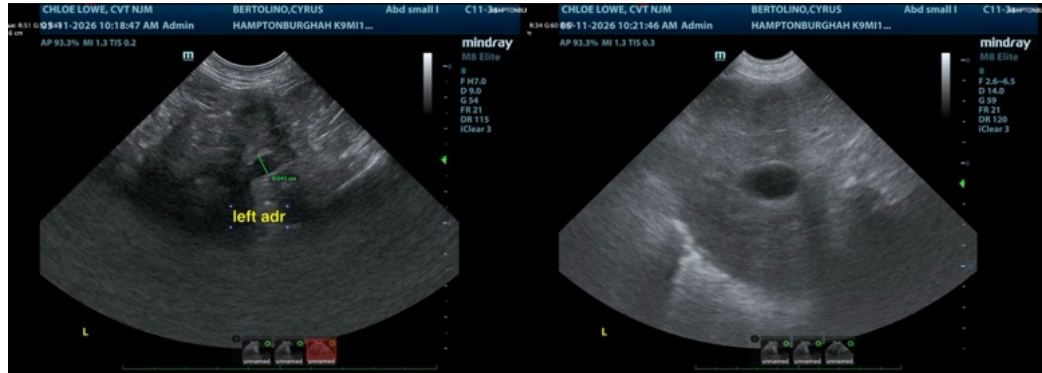
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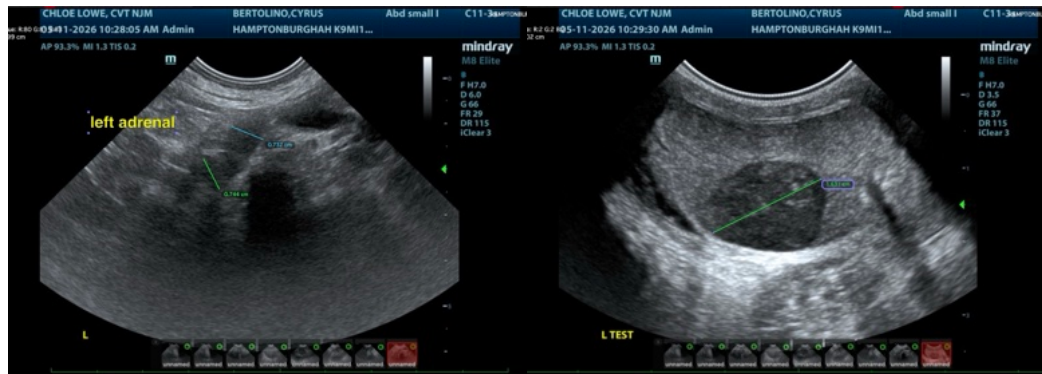
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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