



PATIENT

Simon Beck

PRESENTING CLINICAL SIGNS

History: Strains to urinate. R/o bladder tumor or stones. No improvement on clavamox.
Abnormal PE/Chem/CBC/UA Results: USG 1.044, protein 2+, WBC 21-50, RBC 11-20

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Golden Retriever

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.

SEX

Neutered male

The prostate was enlarged, hypoechoic and irregular measuring 3.7cm with pericapsular inflammatory pattern.

AGE

9 years

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. The right kidney measured 6.75 cm. The left kidney measured 6.9 cm.

WEIGHT

81.5 lbs

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 2.97 x 1.0 cm at the cranial pole and 0.56 cm at the caudal pole. The left adrenal gland measured 2.57 x 0.63 cm at the caudal pole and 0.47 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Basking Ridge AH

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.

REFERRING VET

Dr. Hollo

Liver

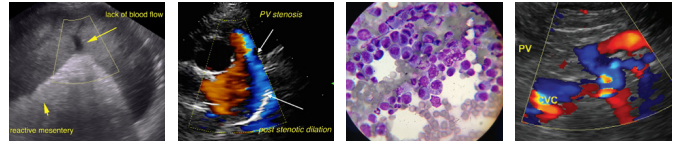
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls 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.

INVOICE

42633

DATE

11/22/22



PATIENT

Gastrointestinal

Simon Beck

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.

SPECIES

Canine

BREED

Golden Retriever

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.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Prostatic mass with progressive pre-prostatic urethral invasion. Strongly consistent with carcinoma.

AGE

9 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

81.5 lbs

The urinary bladder itself was unremarkable. However, the prostatic mass is strongly concerning for prostatic carcinoma. It continues into the pre-prostatic urethra. Traumatic catheterization or ultrasound-guided FNA could be considered. If ultrasound-guided is considered there is a minor potential for tumor trailing. Traumatic catheterization should prove definitive as the pathology is luminal and parenchymal within the urethra as well as parenchymal in the prostate. Sampling is recommended with immediate chemotherapeutic intervention +/- urethral stent placement.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Basking Ridge AH

REFERRING VET

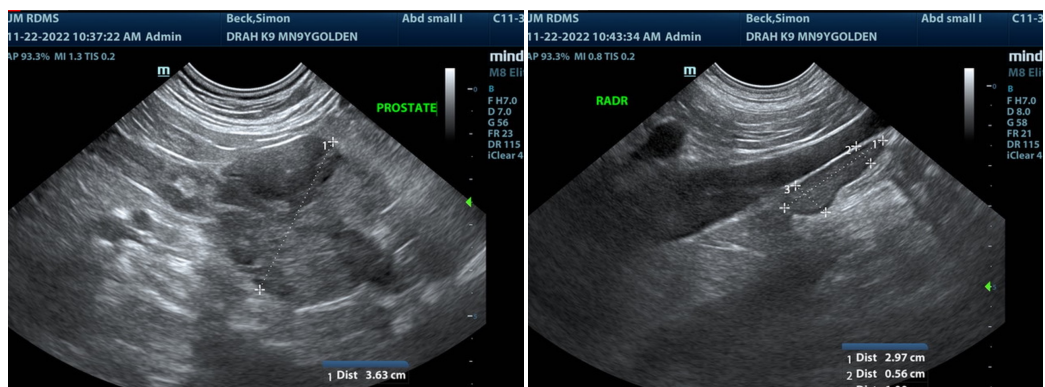
Dr. Hollo

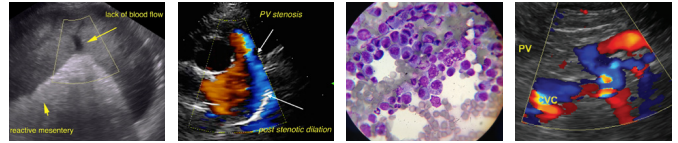
INVOICE

42633

DATE

11/22/22





PATIENT

Simon Beck

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

9 years

WEIGHT

81.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Basking Ridge AH

REFERRING VET

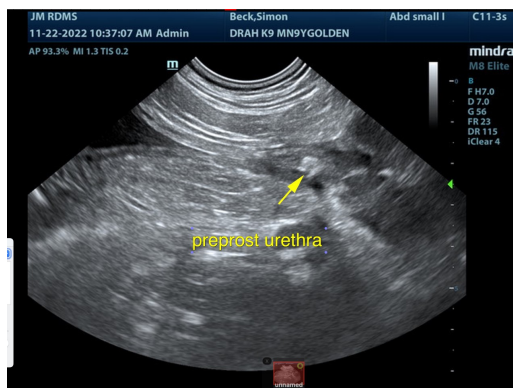
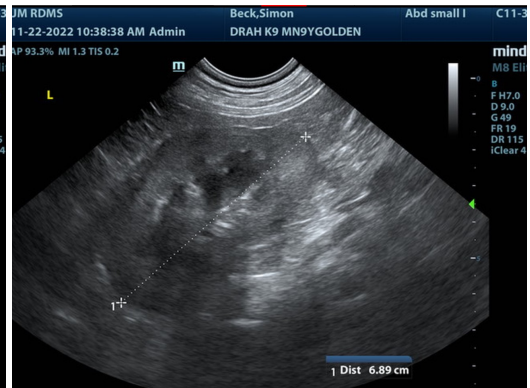
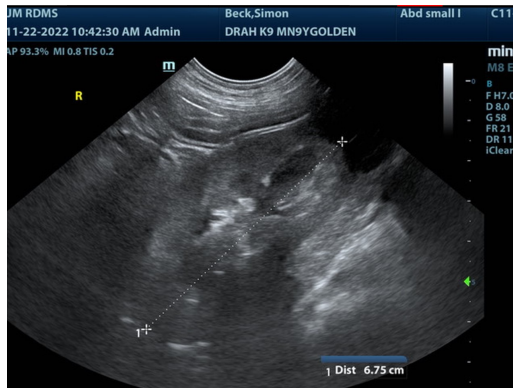
Dr. Hollo

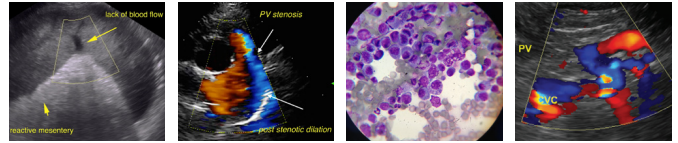
INVOICE

42633

DATE

11/22/22





PATIENT

Simon Beck

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.

SPECIES

Canine

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.

BREED

Golden Retriever

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

SEX

Neutered male

AGE

9 years

WEIGHT

81.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Jessica Miller, RDMS

HOSPITAL NAME

Basking Ridge AH

REFERRING VET

Dr. Hollo

INVOICE

42633

DATE

11/22/22