



**PATIENT**

Watson Ng

**SPECIES**

Canine

**BREED**

Mastiff Cane Corso  
Mix

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

126 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Animal Hospital on  
Hudson

**REFERRING VET**

Dr. Ng

**INVOICE**

47881

**DATE**

6/21/23

**PRESENTING CLINICAL SIGNS**

History: Patient with history of prostatic carcinoma presents for recheck abdominal ultrasound. BRAFF (+). Underwent radiation therapy, currently on chemo and doing well. Current med: Carprofen. Abnormal PE/Chem/CBC/UA Results: CBC/Chem: NSF.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** was largely unremarkable other than suspended debris and slight proximal urethra thickening measuring up to 0.4 cm in thickness. Bladder sand was also present and measured 1.3 cm.

The prostate is heterogenous, nodular and heterogenous. This is consistent with prostatic carcinoma and measured 3.0 cm. The preprostatic urethra was somewhat nebulous with enhanced fat. This is suggestive for inflammation. Slight pockets of fluid were noted adjacent to the urethra and prostate.

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 left kidney measured 7.33 cm. The right kidney measured 6.5 cm.

**Adrenal Glands**

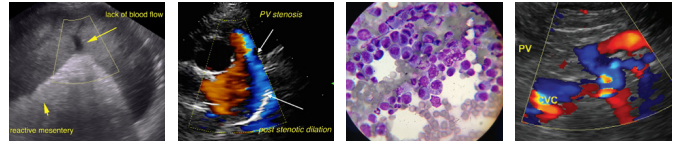
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.4 cm.

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

**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 regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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**Gastrointestinal**

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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.

**SEX**

Neutered male

**Free Abdomen**

**AGE**

10 years

The iliac lymph node was enlarged and measured 2.3 x 0.99 cm. The length to width ratio was maintained, yet slightly rounded.

**WEIGHT**

126 lbs

**ULTRASONOGRAPHIC FINDINGS**

Prostatic mass with regional inflammation and slight pre-prostatic urethral involvement.  
Bladder sand and debris.

**INTERPRETED BY**

Regional inflammatory pattern along the pelvic urethra.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The lower urinary tract is similar to the prior sonogram; however, some level of inflammation is present. The proximal urethra appeared to be undergoing an early infiltrative pattern. This is likely seeding from the prostate. Assessment for concurrent UTI is warranted and reevaluation from an oncological perspective.

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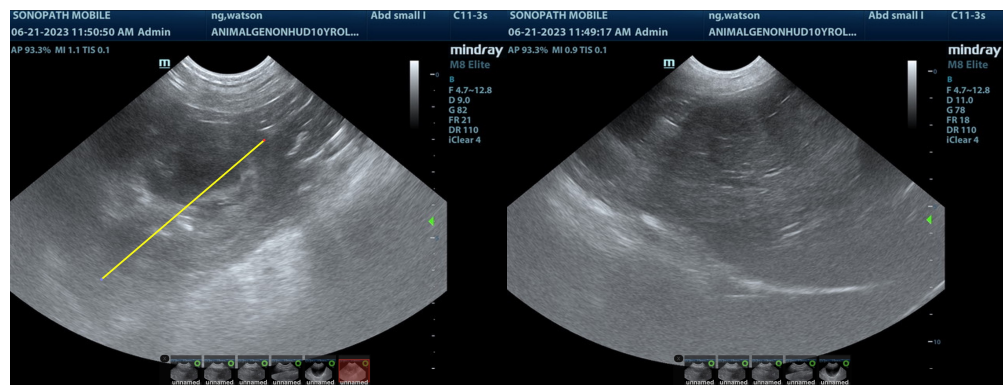
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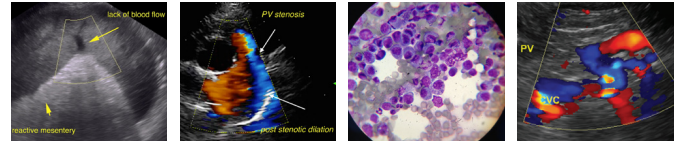
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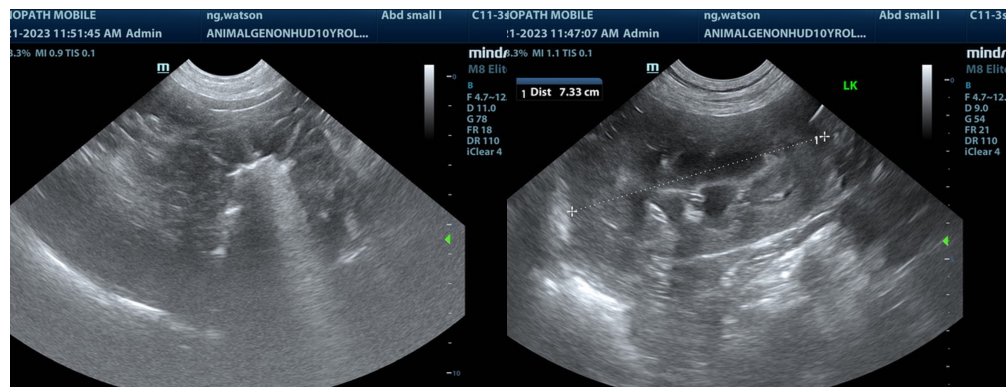
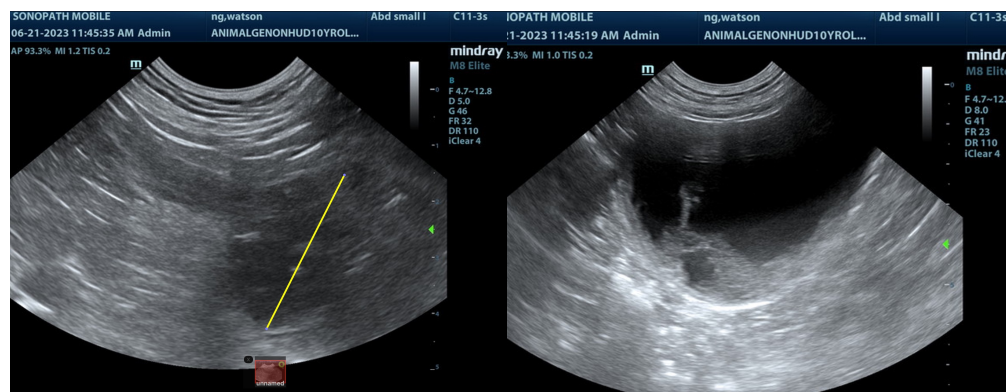
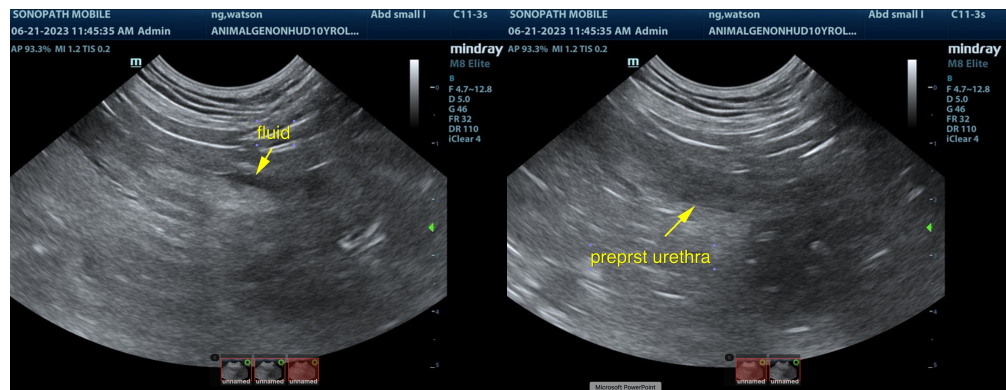
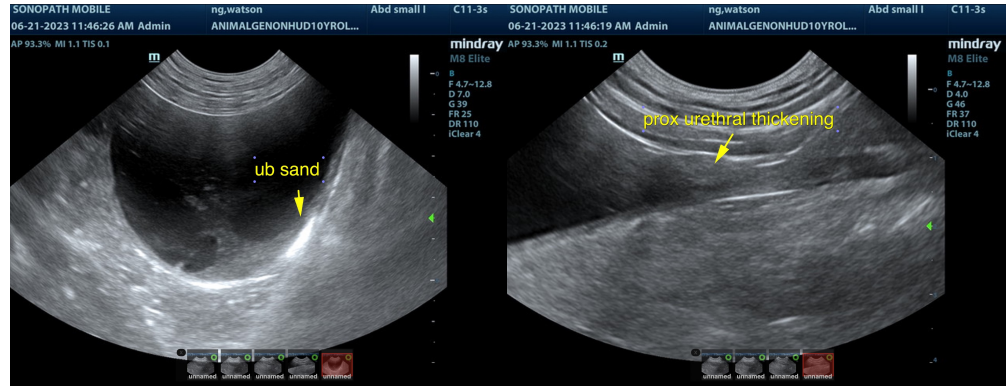
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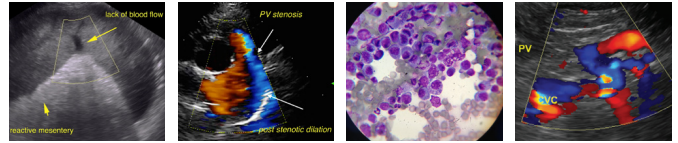
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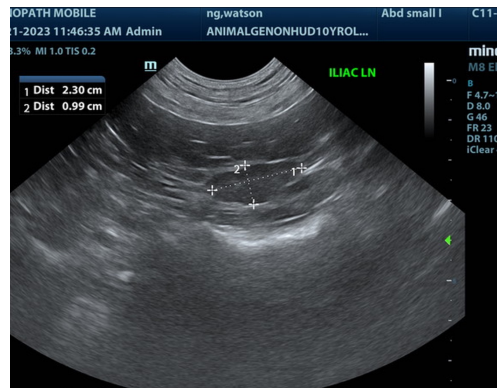
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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