



PATIENT

Monty Deparita

PRESENTING CLINICAL SIGNS

History: Gastroenteritis Current meds: Piroxicam 8mg (Compounded)
Abnormal PE/Chem/CBC/UA Results: UA: Protein 3+, blood +3, pH 7, crystals >300, SG 1

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Puggle

The **urinary bladder** and trigone presented normal thicknesses and normal tone. The ureters were not visible which is normal. Cystic calculi and projective mass was noted deriving from the cystourethral junction and urethra. Minor, heterogenous, micropolypoid changes were noted on the bladder itself. Calculus measuring 0.5 cm was also present.

SEX

Neutered male

The prostate was enlarged, heterogenous, hypoechoic and mineralized. This is strongly suggestive for carcinoma and measured 3.4 cm. The mass occupied the cystourethral junction, urethra and prostate. The bulk of the mass derives from the prostate. The iliac trifurcation was unremarkable. There was no evidence of metastatic disease.

AGE

11 years

The **kidneys** 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 his age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia was noted in both kidneys. The left kidney measured 5.74 cm. The right kidney measured 6.35 cm.

WEIGHT

52 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 2.15 x 0.4 cm.

IMAGING PERFORMED BY

Valeryia Shumskaya

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.

HOSPITAL NAME

Willowbrook AC

REFERRING VET

Dr. Palescandolo

INVOICE

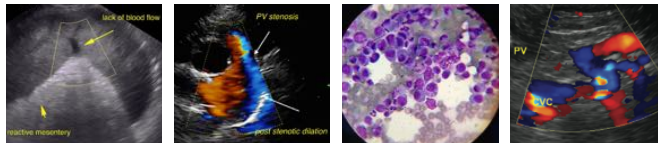
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Liver

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.

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8/8/23



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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.

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

Prostatic mass/carcinoma with urethral and cystourethral junction involvement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Referral for stent placement is ideal at Animal Medical Center with Dr. Weiss and Dr. Berrent as well as chemotherapy. FNA can be considered with a mild potential for trailing. Ultrasound-guided traumatic catheterization is recommended for a definitive diagnosis.

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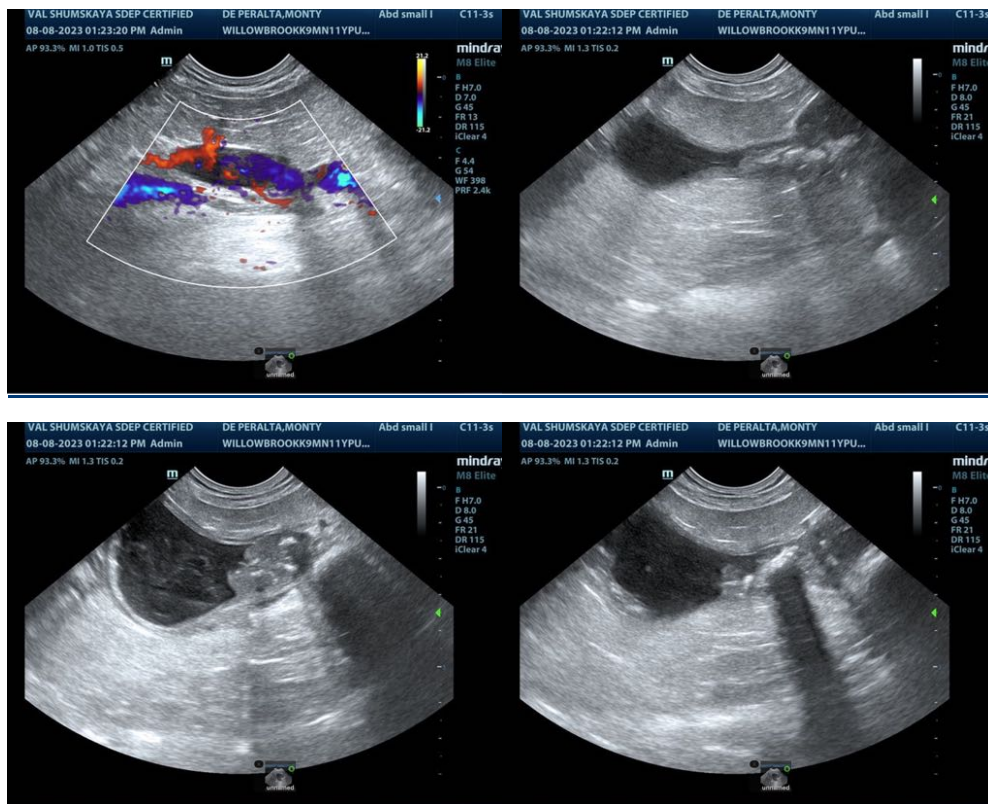
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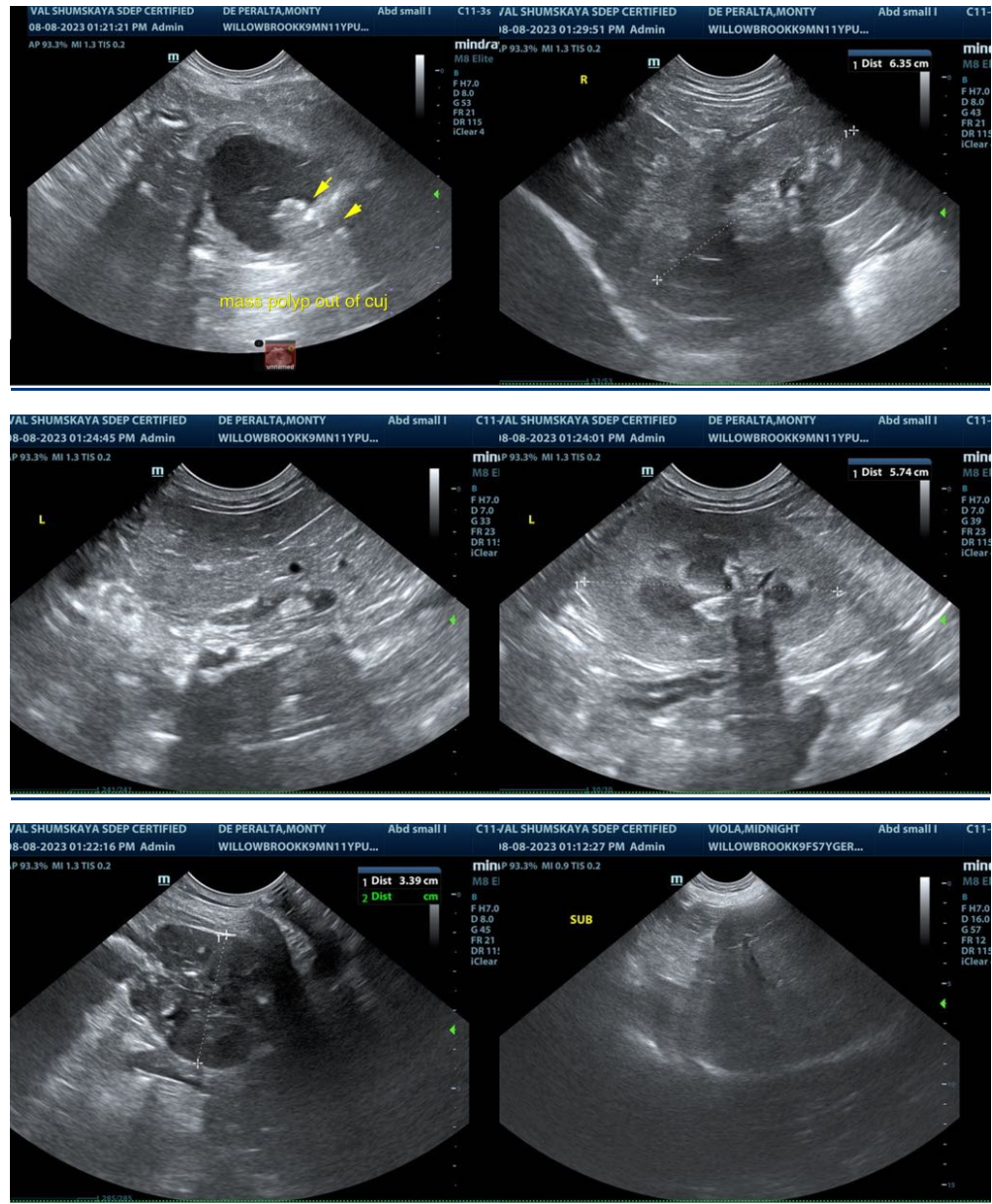
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com