



**PATIENT**

Dozer Burke

**PRESENTING CLINICAL SIGNS**

History: hematuria  
Abnormal PE/Chem/CBC/UA Results: UA: RBCs 3+, USPG 1.021

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Intact male

**AGE**

9 years

**WEIGHT**

73 lbs

**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 prostate was heterogenous and measured 2.5 cm in width with a moderate amount of remodeling. Post prostatic urethra was unremarkable. The testicles were imaged and found to be uniform.

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 and no evidence of pelvic dilation was present. The left kidney measured 6.07 cm. The right kidney measured 6.8 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Adrenal Glands**

The left adrenal gland was mildly enlarged at the cranial pole and measured 1.13 cm at the cranial pole and 0.6 cm at the caudal pole and 2.91 cm in length. The right adrenal gland was at the upper limits of normal to slightly enlarged measuring 2.44 x 1.55 cm at the cranial pole and 0.77 cm at the caudal pole.

**IMAGING PERFORMED BY**

Diane McFadden, RVT

**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**

Tranquility VC

**REFERRING VET**

Dr. Christensen

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**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**

Intact male

**Heart**

Rapid view of the heart revealed no evidence of pathology.

**AGE**

9 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

73 lbs

Irregular enlarged left adrenal gland and uniformly enlarged right adrenal gland.

Chronic cystitis bladder pattern with debris.

Prostatic remodeling without excessive size.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Blood pressure measurements are recommended especially given the left adrenal enlargement. Differentials include hyperplasia, mild potential for emerging neoplasia carcinoma or pheochromocytoma of the left adrenal gland. Urine culture and sensitivity is indicated. Treatment for UTI is warranted. A clinical trial of the following can be considered if neutering is not an option.

Finasteride at 1 mg/kg/day can be utilized as an off-label approach to reducing prostatic size in BPH cases. Coverage for prostatitis would also likely be appropriate with Fluoroquinolone/Baytril or similar. A recheck sonogram is recommended in 3-4 weeks with reassessment of the urinalysis and evaluation of any inflammatory sediment.

**IMAGING PERFORMED BY**

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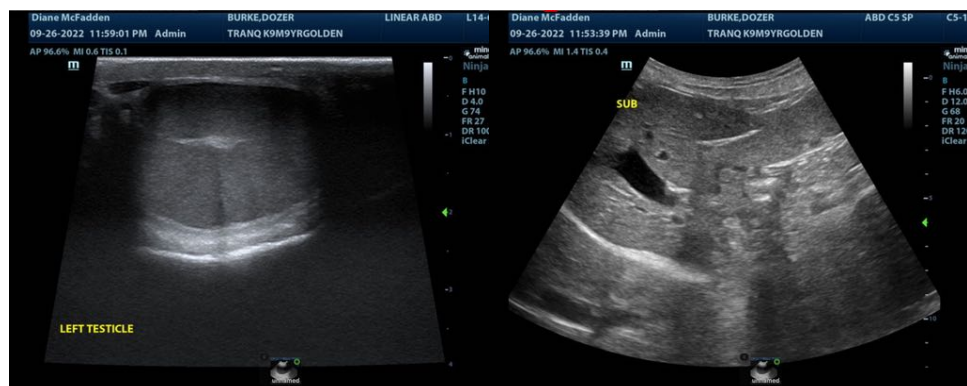
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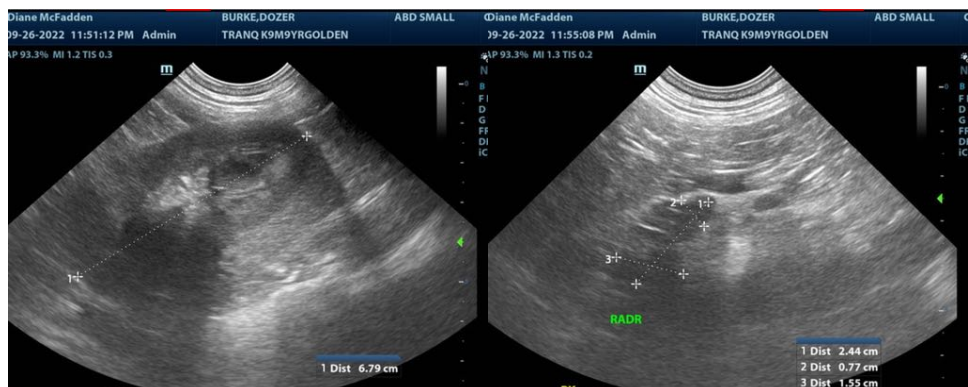
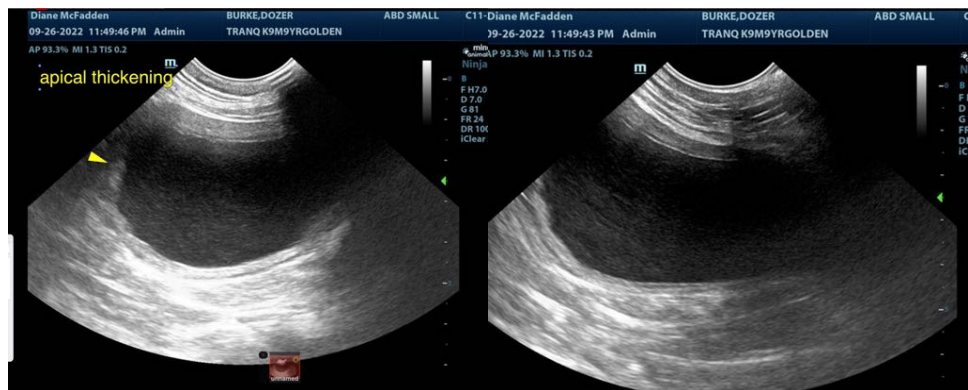
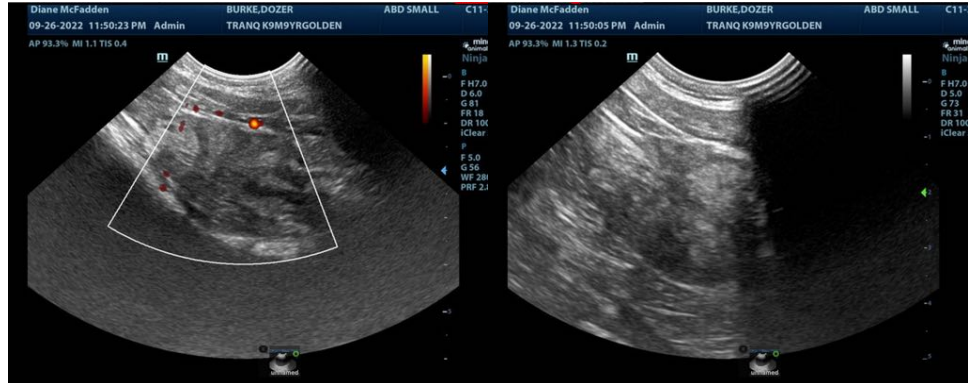
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**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

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