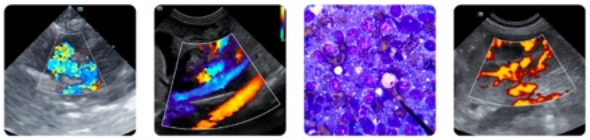

PATIENT

Buddy Coyle

SPECIES

Canine

BREED

Golden Retriever

SEX

Intact male

AGE

9 years

WEIGHT

70.2 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

John Ammeraal

HOSPITAL NAME

Sova

REFERRING VET

Dr. Dodson

INVOICE

78420

DATE

6/8/26

PRESENTING CLINICAL SIGNS

History: Presenting for US due to being intact, Small amt of blood and some WBC in urine
Abnormal PE/Chem/CBC/UA Results: Normal exam CBC nsf, Chem nsf TT4 1.7 UA - SG 1.018, pH 8, 1+ blood and 4-10 WBCs Pos anaplasma (historical)

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** 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 7.17 cm. The right kidney measured 7.6 cm.

The prostate was enlarged, hyperechoic and coarse in echogenicity. There were no abscesses, cysts or mineralization present. The prostate measured 3.08 x 4.28 cm in size.

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 2.25 x 0.62 x 0.59 cm. The right adrenal gland measured 2.24 x 0.53 x 0.71 cm.

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 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

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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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

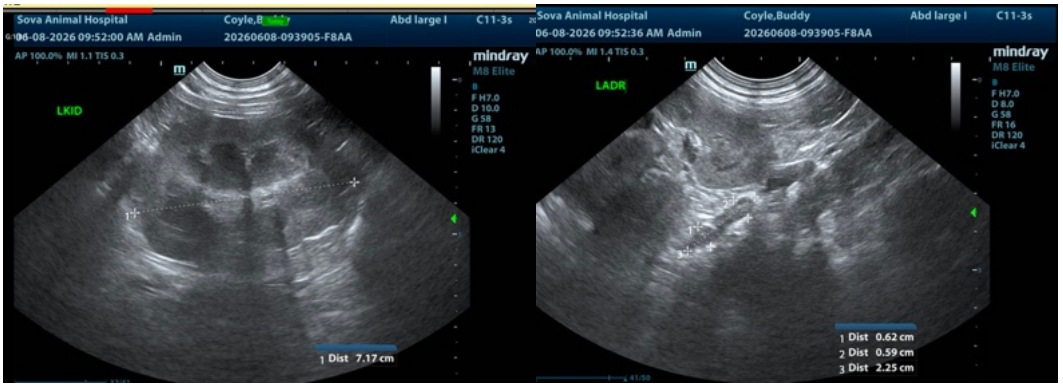
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

The prostate was hyperechoic, coarse and enlarged in size.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hyperechoic, coarse and large prostate is consistent with benign prostatic hypertrophy secondary to being an intact male. Based upon the presence of blood and white blood cells in the urine, it is recommended to pursue castration to address the benign prostatic hypertrophy. Following castration, it is likely that the blood and WBC noted in this patient's urine will resolve once there is no more hormonal influence causing the enlarged prostate. If castration is declined, then treatment with Finasteride can be considered as an alternative or monitoring this patient periodically for the development of an actual urinary tract infection with urine culture. It is likely that the blood and white blood cells are secondary to the chronic hormone include and inflammation rather than infection.



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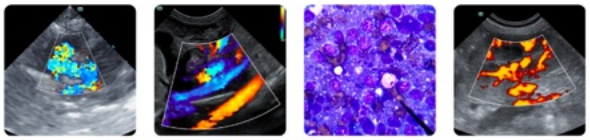

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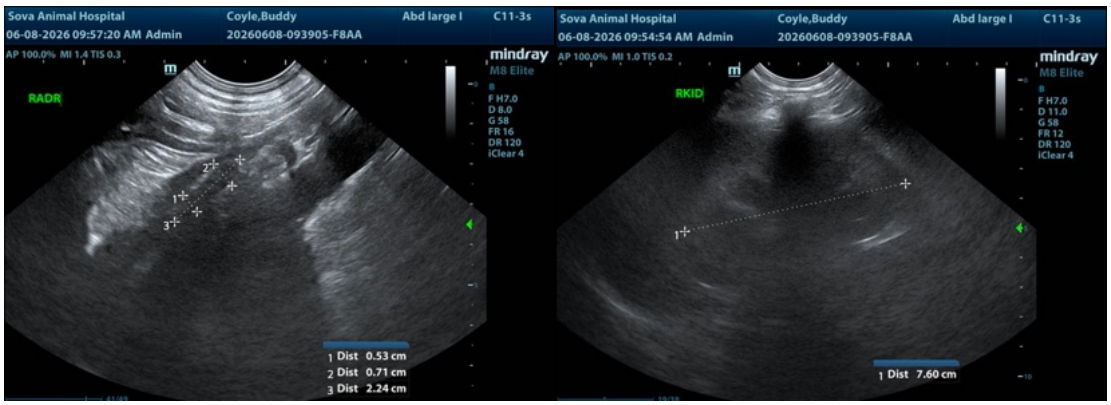

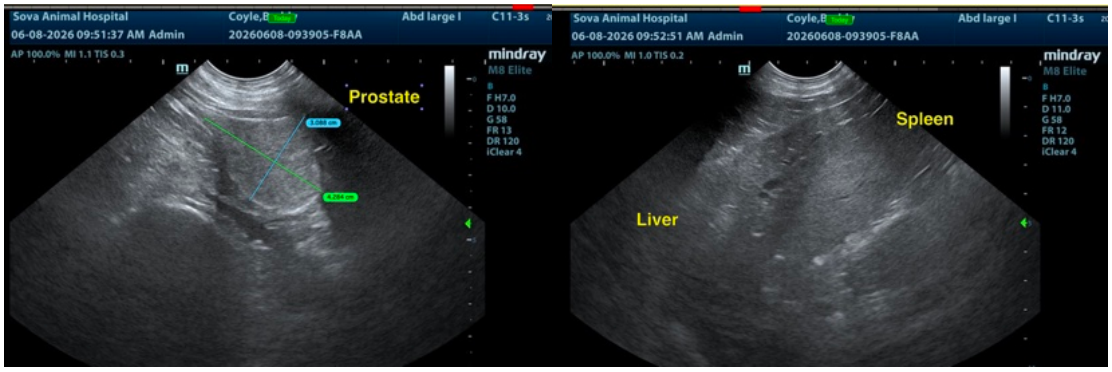

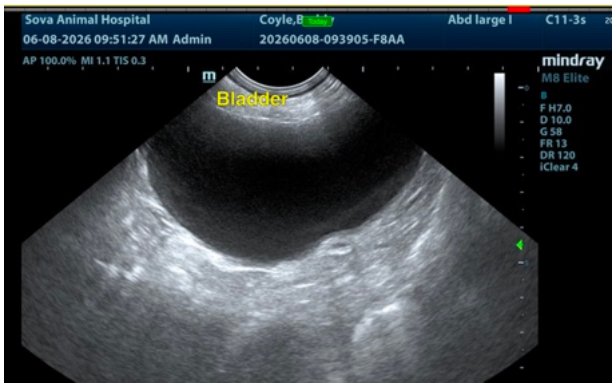

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com