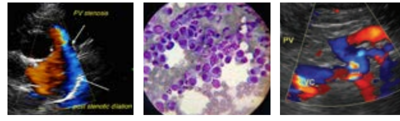


DATE
1/18/22

PATIENT
Duke Hendrickson

SPECIES
Canine

BREED
Dachshund

SEX
Neutered Male

AGE
9/1/10

WEIGHT
20.2 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Stephanie Pearce
RDCS, RVT

HOSPITAL NAME
Fork Vet Hospital

REFERRING VET
Dr. Doherty

INVOICE
34335

PRESENTING CLINICAL SIGNS

History: Dog has severe dental disease and over the past few months has shown signs of PU/PD, thinning hair coat over torso with skin growth on dorsal aspect of proximal tail, no V/D with good appetite. Significant cardiac murmur (grade 3-4/5). Blood profile and low dose dexamethasone suppression test suggest Cushing's disease.

Current Medications:
Lab Results: Blood profile 12/8/2021: ALKP 1154 (5-160 U/L). ALT 124 (18-121 U/L). Creatine kinase 243 (10-200 U/L). Low dose Dexameth suppression test 12/21/2021: Cortisol Baseline 8.9 ug/dl; 4 hr. 4.6 ug/dl, 8 hr. 4.9 ug/dl
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 enlarged and irregular, measuring 2.5 cm with disrupted architecture.

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 right kidney measured 4.29 cm. Occasional cortical cysts and pinpoint mineralizations noted. Blood flow to the kidneys appeared to be adequate. The left kidney measured 5.1 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease The right adrenal gland measured 2.64 cm x 0.79 cm at the cranial pole and 0.69 cm at the caudal pole. The left adrenal gland measured 2.25 cm x 0.75 cm at the caudal pole and 0.68 cm at the cranial pole.

Spleen

The **spleen** presented multifocal isoechoic nodular changes up to 1.89 cm with irregular contour.

Liver

The **liver** in this patient presented coalescing multifocal nodular changes, increased portal markings, and undulating contour. Minor biliary sand noted. The **gallbladder** was mildly over distended with suspended and

dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

Gastrointestinal

The **stomach** revealed a 1.85 cm shadowing structure, consistent with medications or foreign matter. The small intestine and colon were unremarkable.

Pancreas

The right and left limbs of the **pancreas** presented coarse architecture and undulating contour. Prominent hypoechoic parenchyma noted with minor peripheral fatty enhancement.

ULTRASONOGRAPHIC FINDINGS

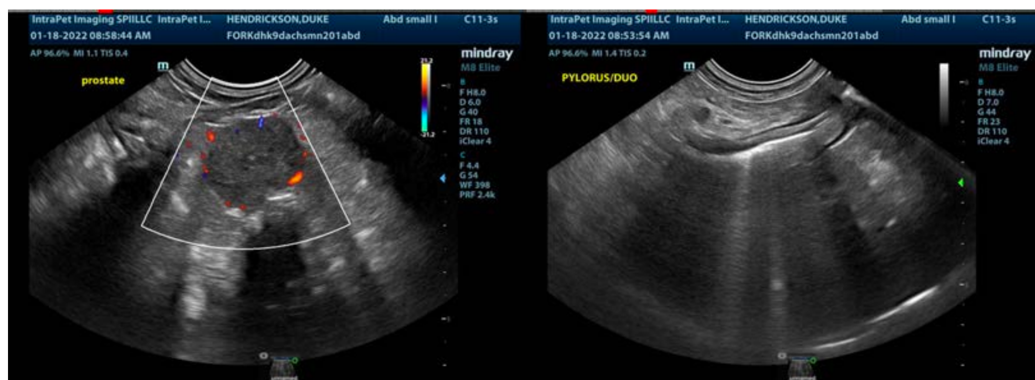
- Enlarged, irregular prostate – strongly suggestive for prostatic carcinoma.
- Undefined splenic and hepatic nodular changes
- Significant pancreatic remodeling – chronic active inflammation suspected.
- Chronic renal changes with degenerative cysts
- Prominent adrenal glands – potential PDH versus age related changes

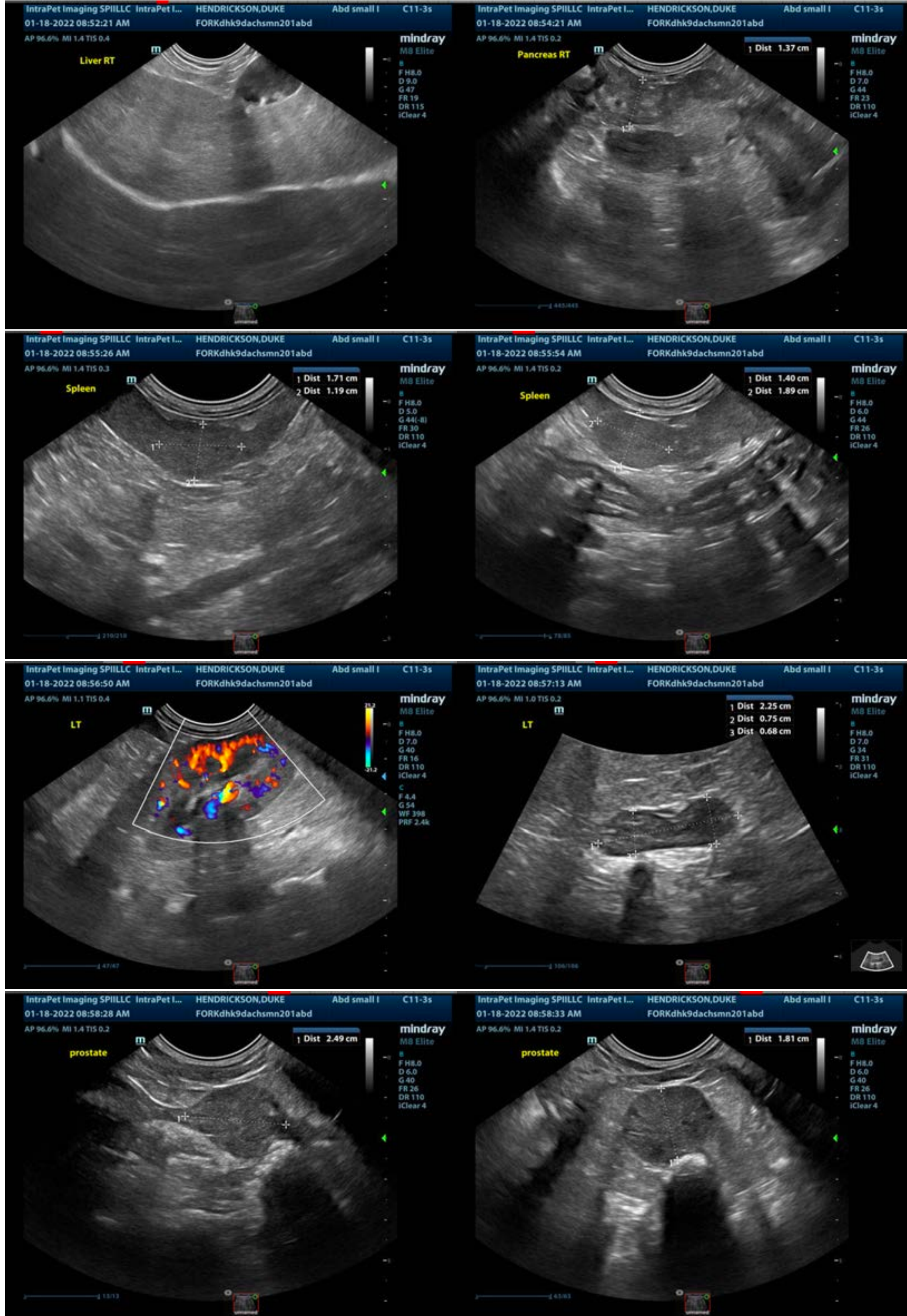
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most imminent issues are the prostate and splenic and hepatic changes. FNA of the prostate with minor potential for tumor trailing is present. Vascularity to the prostate was fairly high, strongly suggestive for carcinoma. Traumatic catheterization could be considered. FNA spleen and liver also warranted as well as bile acid profile of the liver.

The stomach wall and small intestine were unremarkable. However, the shadowing material may be simple medications. Oral medication history should be evaluated.

Splenic differentials include round cell neoplasia versus pronounced nodular hyperplasia. Liver is likely hepatic remodeling and nodular hyperplasia.

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prostate
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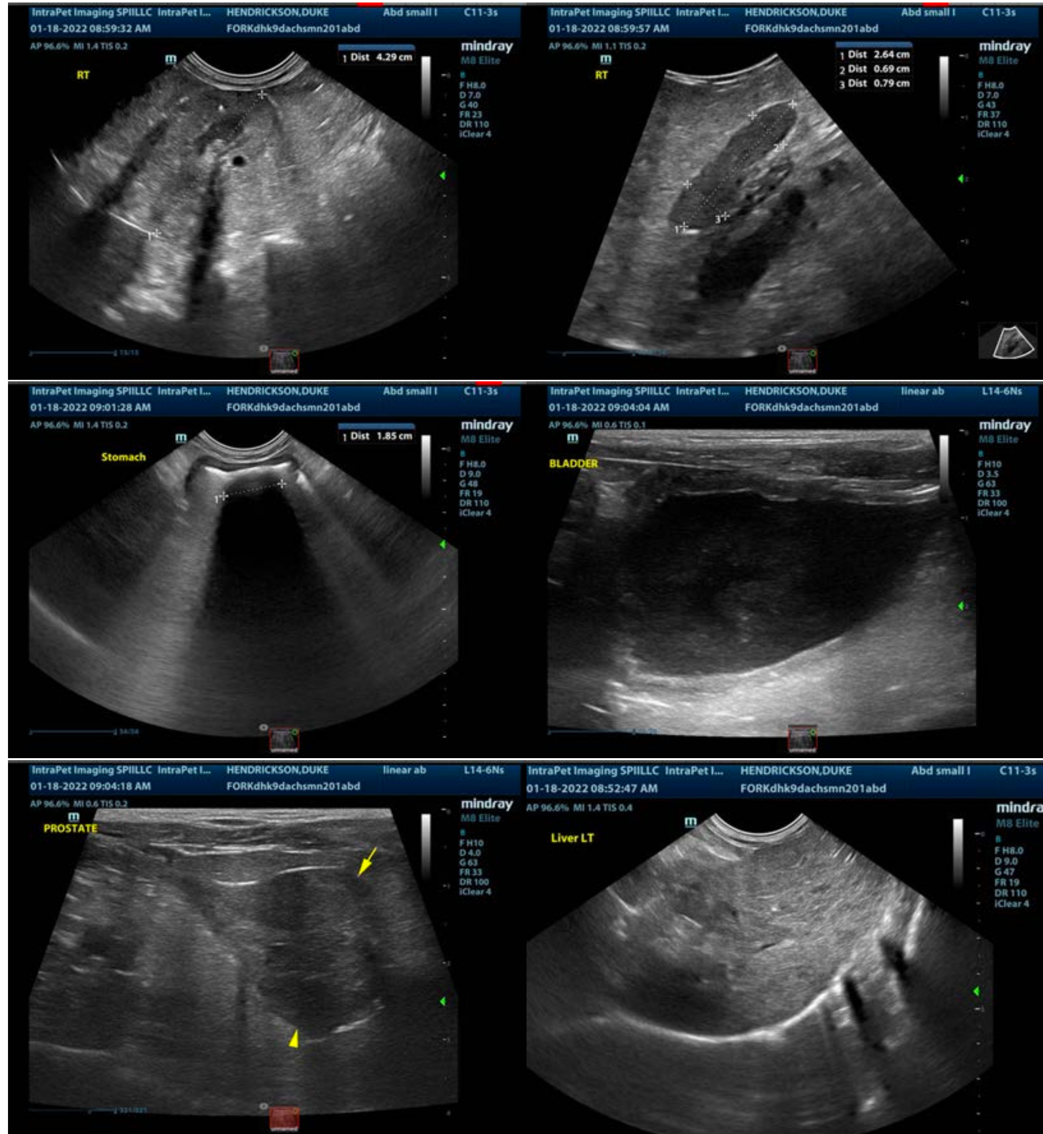

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com