



**PATIENT**

Zeke Knight

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Male

**AGE**

7 years

**WEIGHT**

44 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Bartus

**HOSPITAL NAME**

Valley VS

**REFERRING VET**

Dr. Bartus

**INVOICE**

95536

**DATE**

1/25/22

**PRESENTING CLINICAL SIGNS**

Cardiac patient (Pimobendan, Furosemide, Enalapril) showed low HCT, low RBC at routine exam. Anemia did not improve over 2-3 months time. No symptoms of illness. Abnormal PE/Chem/CBC/UA Results: RBC 4.94 (5.65-8.87), Hgb 11.9 (13.1-20.5) Normal chemistries. U/A sp. gr. 1.010 no blood or protein

**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. A small, non-shadowing concretion was noted and non-obstructive. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **prostate** was uniformly enlarged with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign cystic pathology or both. Underlying neoplasia cannot be completely ruled-out but is lower on the differential list. This presentation is most consistent with benign prostatic hyperplasia with possible active prostatitis. Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture. The prostate measured 2.5 cm in width.

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. Slight, pinpoint renal mineralization was noted.

**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 0.5 cm. The right adrenal gland measured 0.6 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



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normal volume with no evidence of congestion. Slight gallbladder polyp was noted and is not pathological.

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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.

**BREED**

Bosteron Terrier

**Pancreas**

**SEX**

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.

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**Heart**

Rapid view of the heart revealed no evidence of pathology in the right auricle or pericardium. An arrhythmia was noted, yet this may be pronounced sinus arrhythmia.

**WEIGHT**

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**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

Minor BPH prostate.

Eric Lindquist, DMV  
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Otherwise, unremarkable abdomen.

Slight bladder concretion.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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An arrhythmia was noted; however, this may be pronounced sinus arrhythmia. The cause of anemia is unclear. CBC path review +/- bone marrow aspirate may be appropriate.

**REFERRING VET**

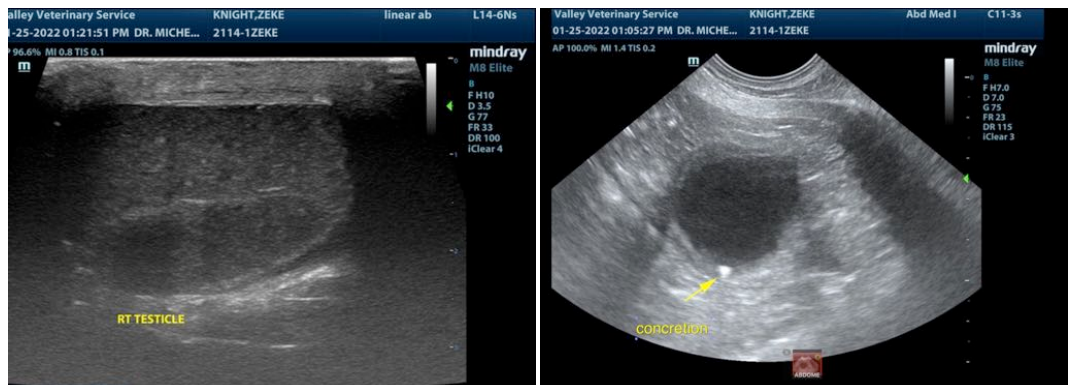
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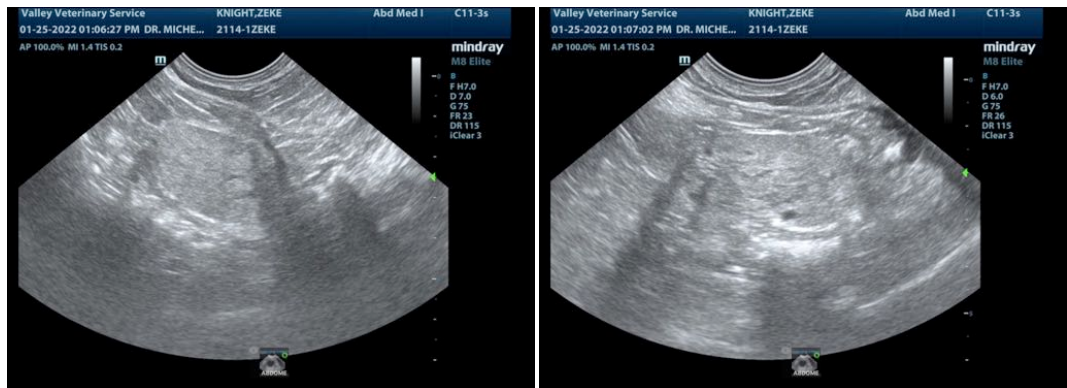
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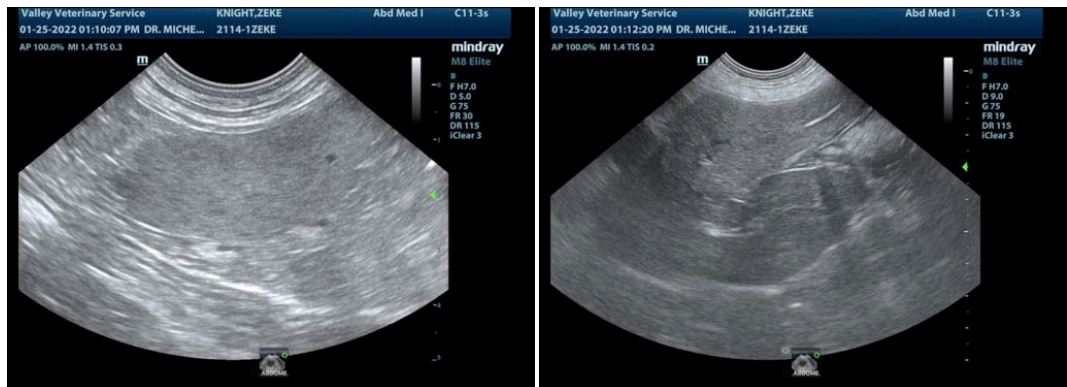
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com

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