



**DATE PRESENTING CLINICAL SIGNS**

01/30/26

Patient History: Adopted at age 7 in 2024 from rescue. Stool incontinence during sleep since rescue (normal for him). Recent diet change 2 months ago: switched from grain-free to grain-containing diet per veterinary

**PATIENT**

Rex Williams

recommendation, resulting in return of skin lesions. 10-pound weight loss since last visit. Decreased appetite since Sunday; will eat if bowl brought to mouth but won't consume full 2 cups. Loose stools, not severe diarrhea. Lethargy, not normal self. No vomiting. Passed large piece of tennis ball in stool (tennis ball chewed up last month). History of UTI 2 months ago, treated with antibiotics and pain medication. Previous anal gland expressions every 3-5 weeks until June (done to manage incontinence. Previous hip radiographs performed Current medication: Simparica Trio (last dose January 16). Dental attrition from history of eating rocks

**SPECIES**

Canine

**BREED**

Chesapeake Bay  
Retriever

Current Medications: IV catheter placed - Administered: - SQ fluids: 800ml initially - IV fluids: Normasol R at 2ml/kg/hr - Apomorphine 0.02mg/kg IV once (successful emesis, removed small piece of ferrous metal-took a

**SEX**

Neutered Male

magnet, minimally degraded) - Ampicillin-sulbactam 2ml total IV at 5pm - Buprenorphine 0.86ml IV once at 5pm for pain- Ondansetron 2 mg/kg IV once and - Panoquell 3.4ml total (0.4mg/kg), repeat x 2days with SC fluids ATT TGH: Clavamox - Give 1 1/2 tablets by mouth every 12 hours until gone. Zofran - Give 1 tab orally every 12 hours. Entyce- 3.5mLs once daily.

**AGE**

9/26/2017

Labwork Results: Diagnostics attached, reported as: CBC: Neutrophilia 12,150 [normal range not specified], monocytosis 1,200 - Chemistry panel: CPL >2,000, amylase >2,500, lipase 53,095 - Urinalysis: USG 1.044, blood and white blood cells present, bacteria (rods) observed

**WEIGHT**

76.8 pounds

Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Declined at this time.  
Imaging Performed by: Stephanie Warga RDCS, RVT.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP(CFM), Cert.  
IVUSS

**Urinary System**

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some minorly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

**HOSPITAL NAME**

Homeward Bound

The **prostate** was significantly enlarged for a neutered male (even a male that was neutered later in life). The prostate measured 3.5 cm in diameter. Prostatic round cell neoplasia is a strong potential.

**REFERRING VET**

Dr. Hansen

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 7.7 cm in length. The right kidney measured 7.57 cm in length.

**INVOICE**

13491

**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 moderate 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 3.07 cm x 0.98 cm width at the cranial pole and 0.73 cm width at the caudal pole. The left adrenal gland measured 2.73 cm x 0.82 cm width at the caudal pole and 0.69 cm width at the cranial pole.

### ***Spleen***

The **spleen** revealed a focal hypoechoic expansive mildly disruptive nodule measuring 1.8 cm x 1.3 cm. The splenic nodule also revealed enhanced surrounding mesentery, suggestive of an aggressive process.

### ***Liver***

The right cranial **liver** revealed an expansive 8.8 cm echogenic mass. The gallbladder and common bile duct were unremarkable. The liver mass was ill-defined with enhanced surrounding mesentery and suggestive of an aggressive process.

### ***Gastrointestinal***

Shadowing structures were noted in the **stomach** measuring up to 1.5 cm and a separate structure measuring 2.3 cm was also noted. The small intestine and colon were unremarkable.

### ***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.

### ***Free Abdomen***

The cranial abdomen revealed a hypoechoic undifferentiated lymph node measuring 2.2 cm x 2.0 cm.

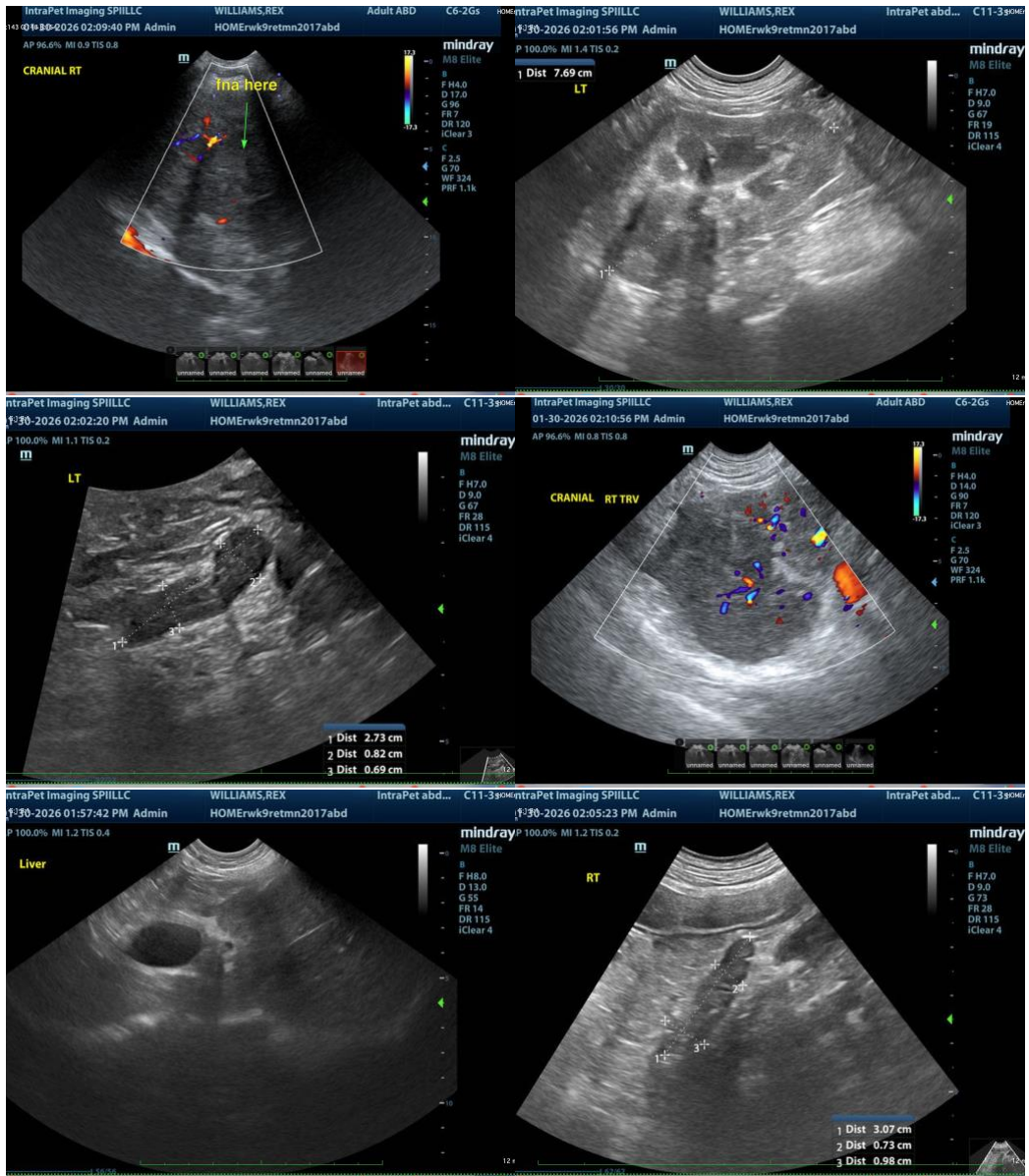
Rapid view of the heart revealed no evident pathology.

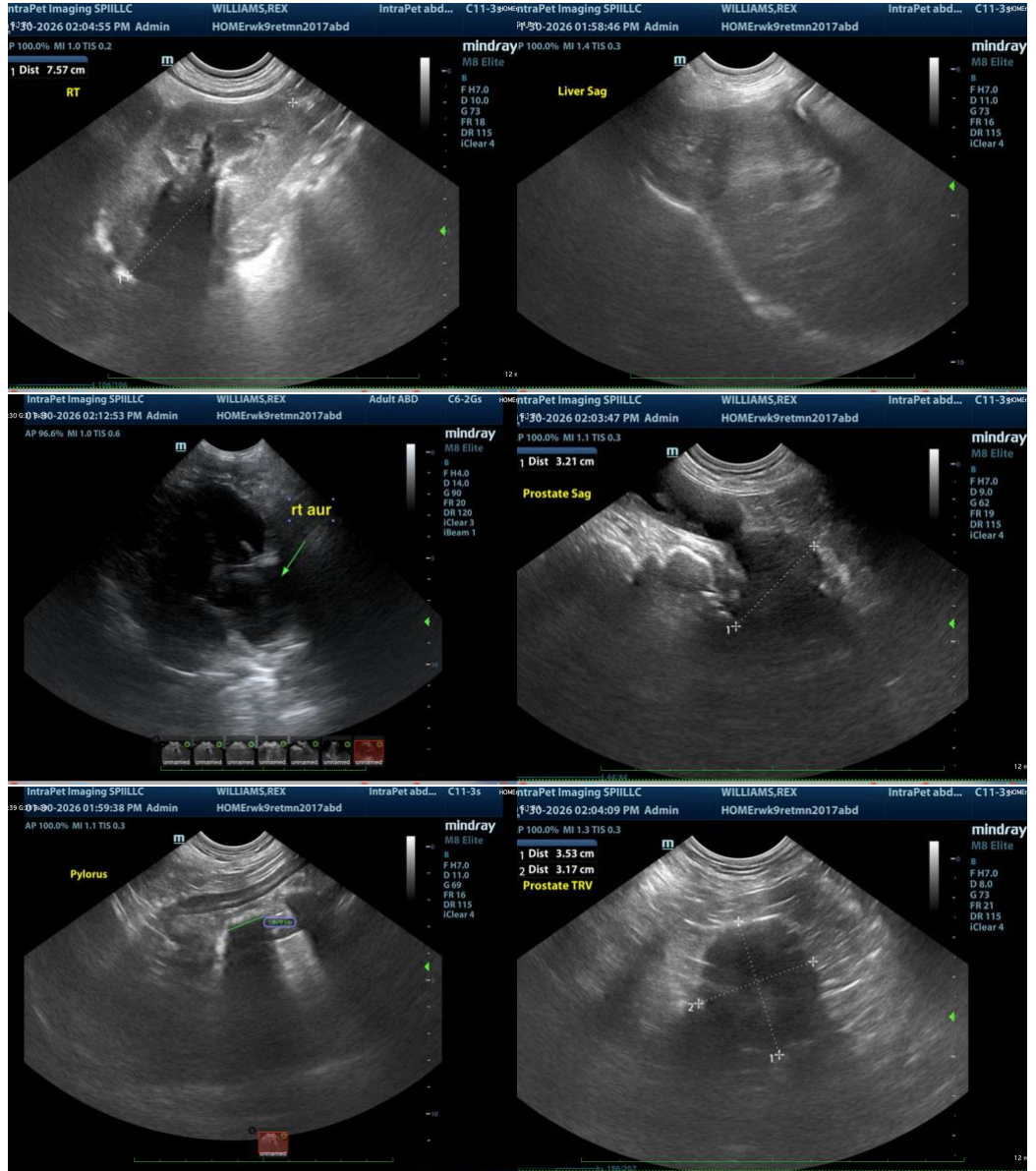
## **ULTRASONOGRAPHIC FINDINGS**

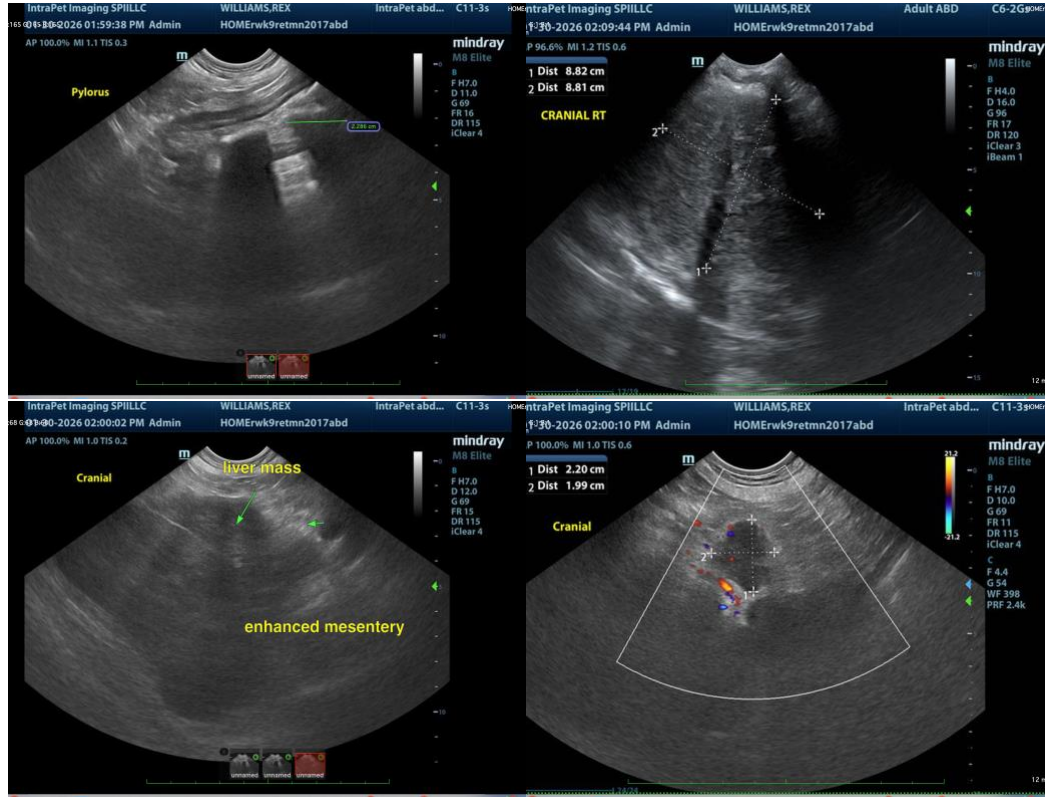
- Urinary bladder debris.
- Enlarged prostate.
- Cranial abdominal lymphadenopathy.
- Splenic nodule.
- Echogenic hepatic mass.
- Age-related renal/adrenal changes.
- Shadowing gastric structures.

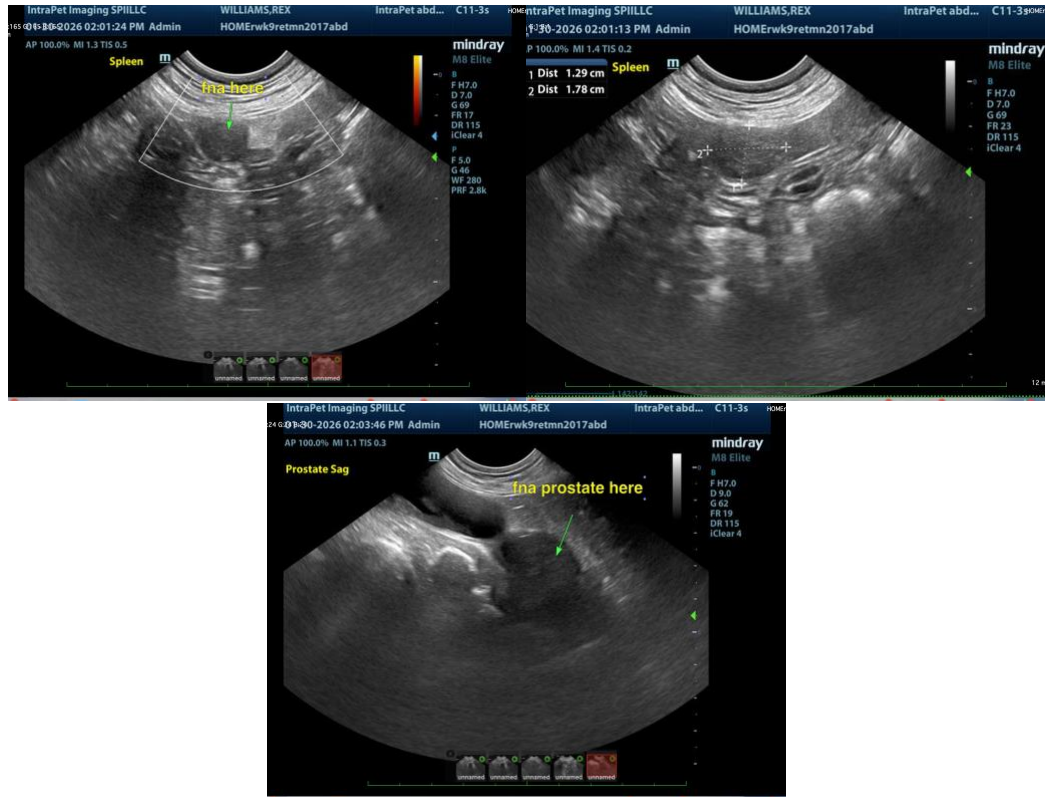
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I am strongly concerned for multicentric neoplasia, possibly involving the prostate, spleen, lymph nodes and liver. Ultrasound guided FNA of all the lesions would be ideal and is considered essential.









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, Owner, Founder -- SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)