



**PATIENT**

Bruno Torres

**SPECIES**

Canine

**BREED**

Cocker Spaniel Mix

**SEX**

Intact Male

**AGE**

7 Years

**WEIGHT**

13 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Nelson

**INVOICE**

13506

**DATE**

10/4/21

**PRESENTING CLINICAL SIGNS**

History: Presented at our hospital for being hit by a car. No previous medical conditions.

Abnormal PE/Chem/CBC/UA Results: Shocky at presentation, improved with 1/3 bolus. 1) Lat Survey Rad – left mid-femoral fracture 2) 2V Chest – right-sided heart enlargement

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** presented a moderate amount of debris. Normal distention noted, however, regional inflammation noted. Iliac trifurcation was unremarkable.

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 3.0 cm.

The **left kidney** 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 6.14 cm.

The **right kidney** was mildly swollen with a hyperechoic inflammatory pattern noted around the right kidney possibly owing to bruising. The right kidney measured 6.06 cm.

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evident pathology.

**Spleen**

Slight free fluid or hematoma noted around the **spleen**. The spleen was otherwise volume contracted.

**Liver**

Fluid was noted between the **liver** lobes with minor heterogeneous change. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

Mild **pyloric** wall thickening noted. The small intestine and colon were unremarkable.

**Pancreas**

Heterogeneous **pancreatic** changes noted in the right limb and pancreatic base.

**Free Abdomen**

Reactive mesentery noted in various portions of the **abdomen**.



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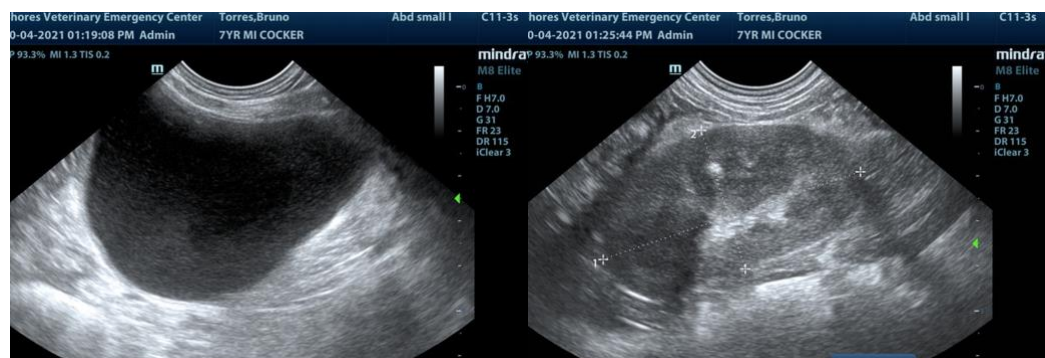
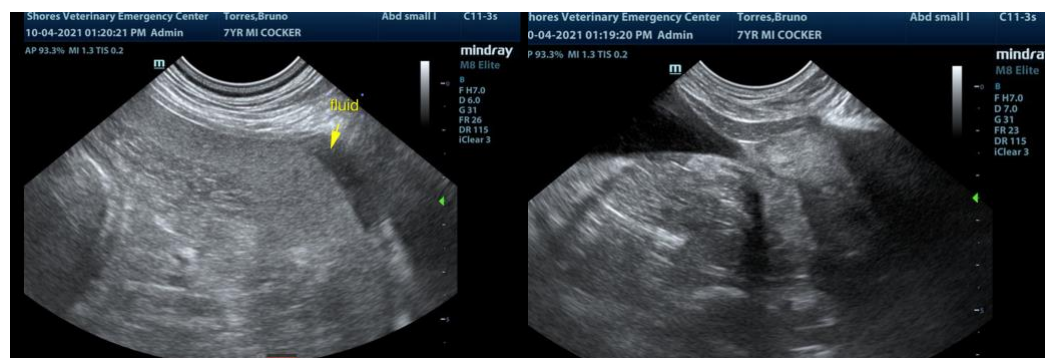
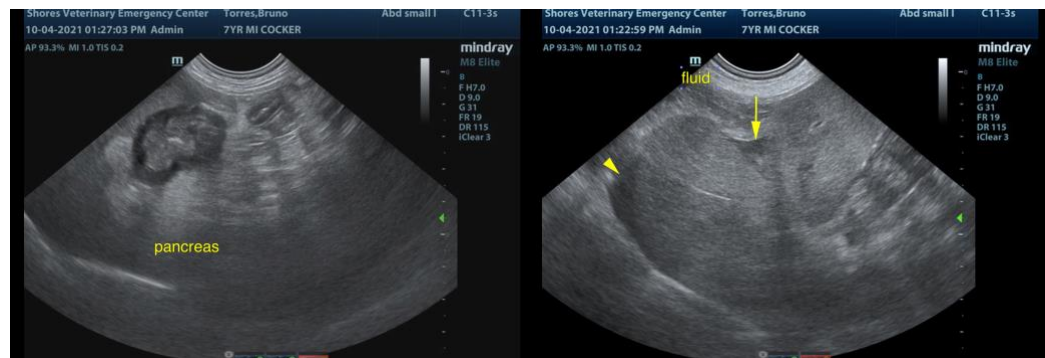
10/4/21

**ULTRASONOGRAPHIC FINDINGS**

- Abdominal free fluid, likely owing to hematoma deriving from the spleen or liver
- Inflammatory pattern noted around the right kidney
- Urinary bladder debris with regional inflammation
- Mild pyloric wall thickening
- Heterogeneous pancreatic changes around the right limb and pancreas base
- Reactive mesentery noted in various portions of the abdomen
- BPH prostate

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend continual supportive care in this patient. If hematocrit continues to drop the exploratory surgery warranted. Daily sonogram recommended to ensure that the abdominal fluid is resorbing. GI protectants, IV fluid support and nutraceuticals all indicated.





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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