



**PATIENT**

Judo Telep

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Intact Male

**AGE**

NA

**WEIGHT**

81 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Westwood RVH

**REFERRING VET**

Dr. Goldman

**INVOICE**

13502

**DATE**

10/4/21

**PRESENTING CLINICAL SIGNS**

History: 20 lb weight loss, suspect neoplasia vs. other. Current meds: Clavamox and Baytril.

Abnormal PE/Chem/CBC/UA Results: T. bili 1.4, AP 739, ALT 197, WBC 27.6. U/A: dark yellow, 3+ bili., USG 1.028.

**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 were 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 revealed a 1.0 cm x 0.4 cm cyst. Edema lines noted throughout the prostate consistent with prostatitis.

The **testicles** were imaged and found to be uniform with no evident pathology. Minor scrotal edema noted.

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 7.06 cm.

**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 3.38 cm x 0.59 cm at the caudal pole and 0.58 cm at the cranial pole.

**Spleen**

The **spleen** was enlarged, irregular and nodular consistent with infiltrative pattern. Swollen irregular contour and enhanced surrounding mesentery noted. Areas of hypoechoic undifferentiated necrotic lesions noted. Localized free fluid 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



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

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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.

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**Pancreas**

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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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**Other**

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The **right auricle** was free of evident pathology. Hyperechoic fat pad noted in the region of the right auricle.

NA

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

- Infiltrative splenic pattern
- BPH Prostate

81 Pounds

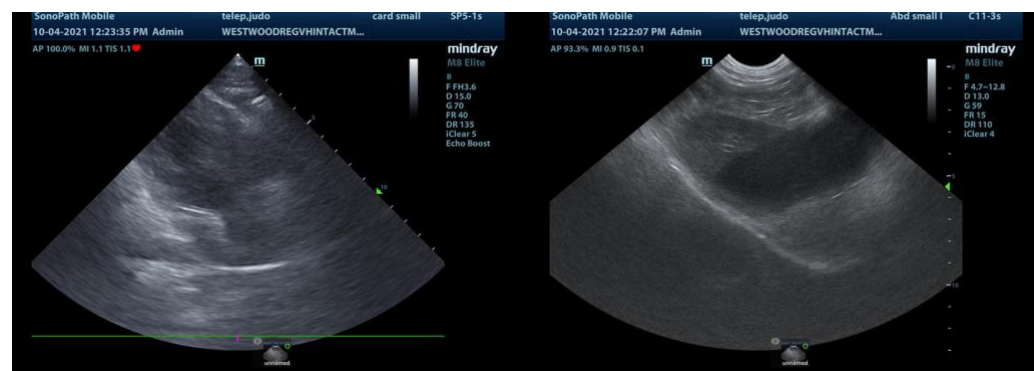
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

No obvious evidence of metastatic disease. Splenic differentials include splenic thrombosis, round cell neoplasia, hemangiosarcoma or splenic torsion. Chest radiographs and exploratory splenectomy +/- neuter would be indicated. Neutering could be considered at the time of surgery.

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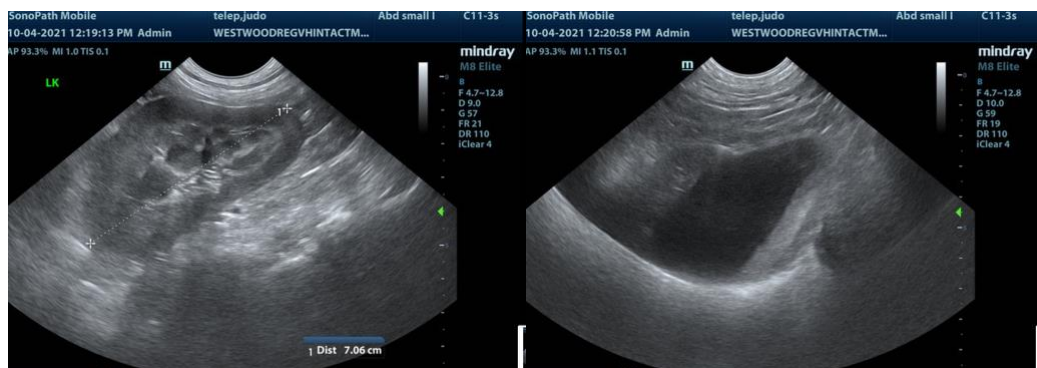
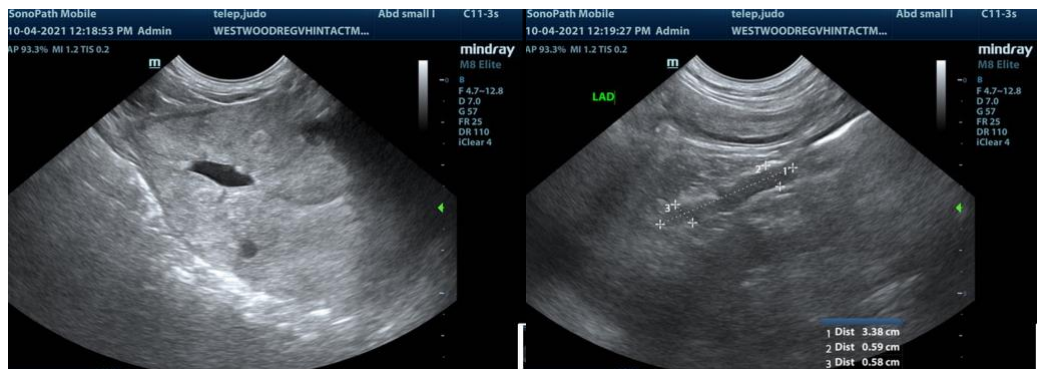
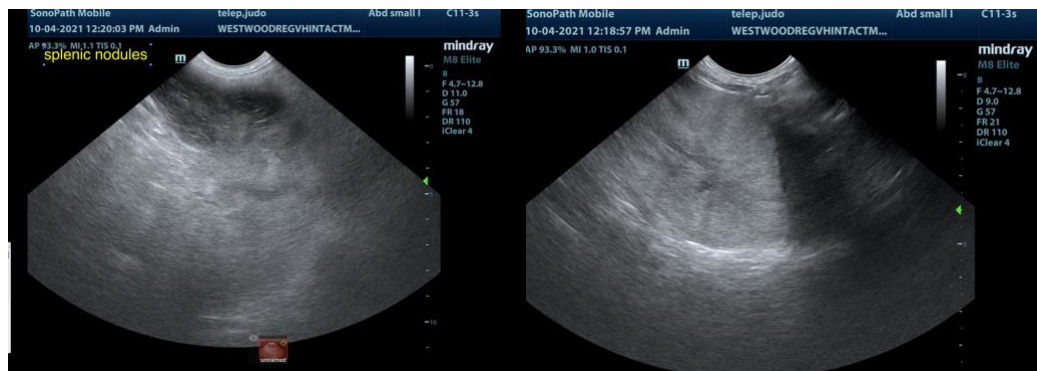
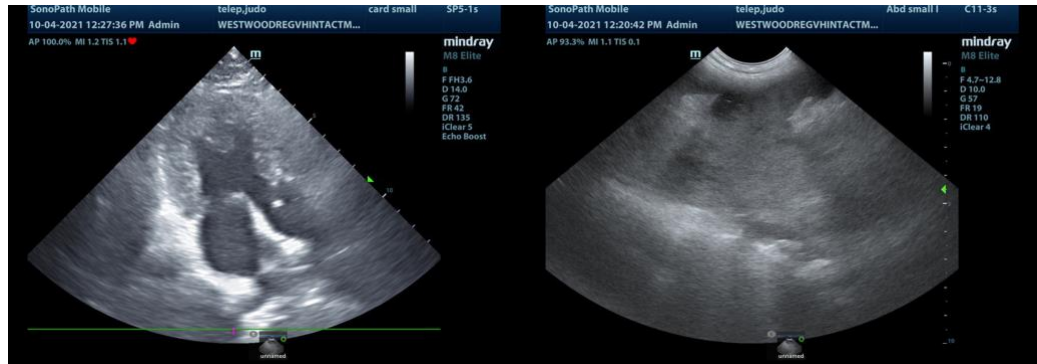
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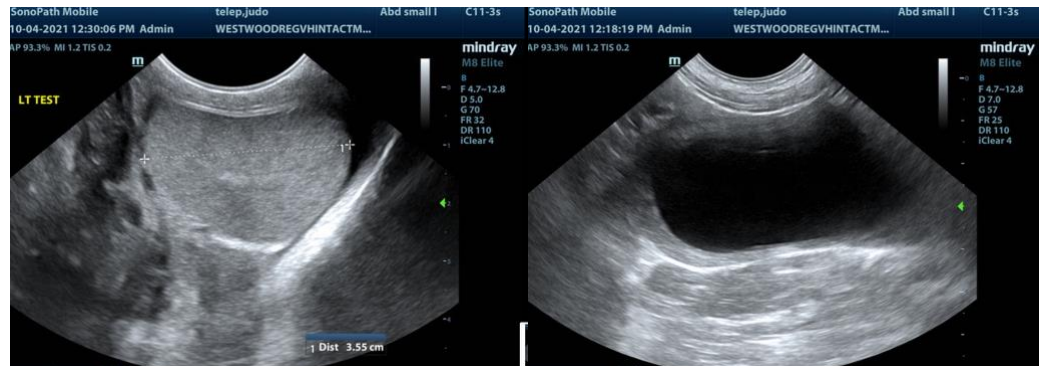
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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