



PATIENT

Ollie Corliss

SPECIES

Canine

BREED

Golden Retriever

SEX

Intact male

AGE

13 years

WEIGHT

79 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Ertunc

HOSPITAL NAME

Healing Spirit

REFERRING VET

Dr. Ertunc

INVOICE

39872

DATE

10/3/22

PRESENTING CLINICAL SIGNS

History: Non-ambulatory this AM, obtunded on exam. No improvement in menta status or ambulation following succesfull pericardiocentesis.

Abnormal PE/Chem/CBC/UA Results: PE- Obtunded, pale. CBC: Hgb= 10.4 (12-18), HCT= 35 (37-50), MCH= 19.1 (19.5-24), MCHC= 29.6 (19-28), PLT= 144 (165-300) Chem: ALT= 401 (10-118), BUN= 31 (7-25), Creat= 1.5 (0.3-1.4), Glob= 2.3 (2.3-5.2). PT/PTT- WNL Thoracic radiographs- no pulmonary nodules Aspirated 365 mL via pericardiocentesis. Did not sample abdominal effusion. Initiated Yunnan Bai Yao

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 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 **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 left kidney measured 6.0 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** revealed heterogenous, nodular changes.

Liver

The **liver** revealed heterogenous nodular changes with an edematous gallbladder. The liver revealed a passive congestion pattern.



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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

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

The heart in this patient revealed a right ventricular and right auricular mass with pericardial effusion and tamponade effect.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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Right auricular mass, tamponade effect.

Secondary ascites.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I suspect concurrent splenic and hepatic metastatic disease. Hemangiosarcoma is likely. The prognosis is poor.

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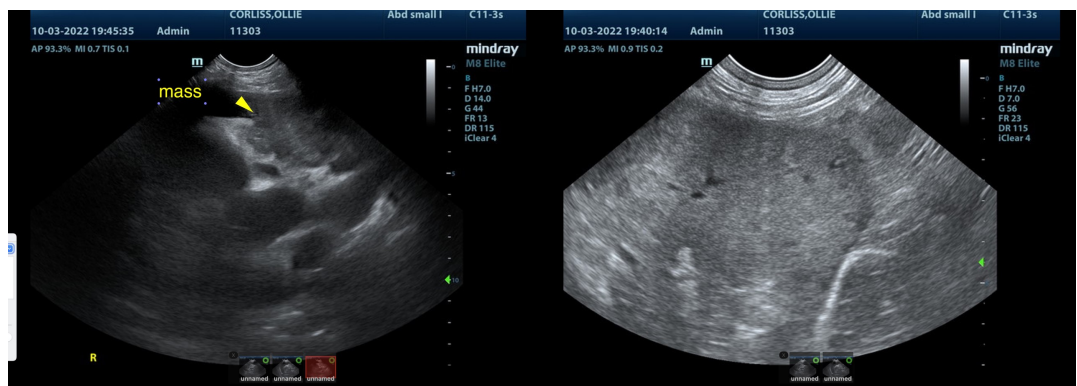
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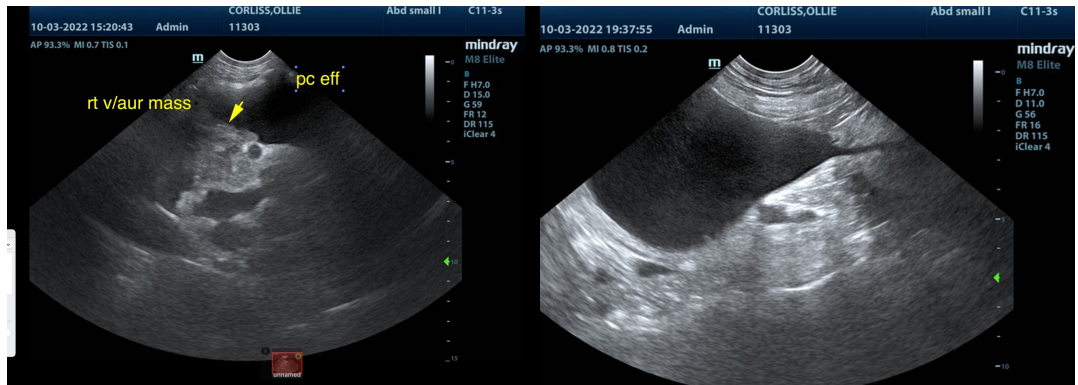
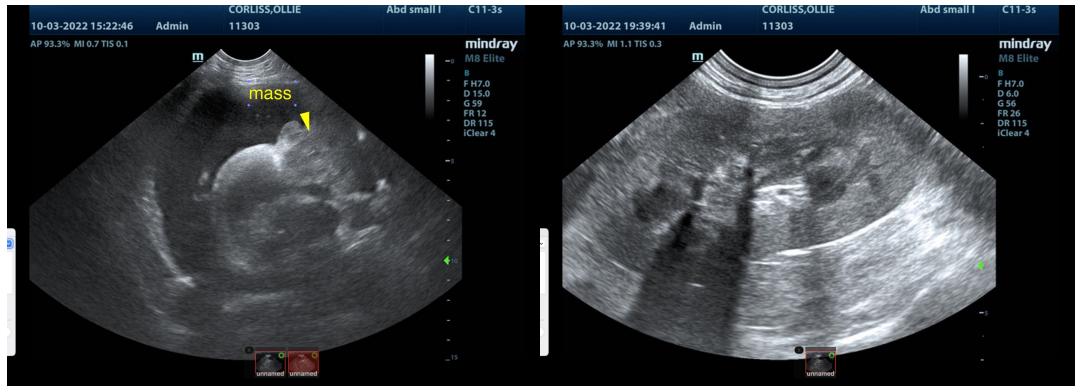
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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