



**PATIENT**

Brownie Charles

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Intact Male

**AGE**

14 Years

**WEIGHT**

66 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ferrer

**HOSPITAL NAME**

Paseos Vet Center

**REFERRING VET**

Dr. Maria Martes

**INVOICE**

42465

**DATE**

11/1/22

**PRESENTING CLINICAL SIGNS**

Patient was presented for evaluation of acute history of anorexia and lethargy. Patient has not eaten for the last 2 days. He has also not defecated until he had 1 episode of diarrhea on the way to the clinic today. Does not have vomiting.

Abnormal PE/Chem/CBC/UA Results: CBC: RBC 2.68 M/ $\mu$ L (5.65 - 8.87), HCT 22.9 % (37.3 - 61.7), HGB 7.2 g/dL (13.1 - 20.5), MCV 85.4 fL (61.6 - 73.5), MCH 26.9 pg (21.2 - 25.9 HIGH), MCHC (31.4 g/dL 32.0 - 37.9), RETIC-HGB 22.0 pg (22.3 - 29.6), NEU 12.57 K/ $\mu$ L (2.95 - 11.64), LYM 0.56 K/ $\mu$ L 1.05 - 5.10, PLT 117 K/ $\mu$ L (148 - 484) CHEM: WNL 4DX: all negative Fecal: negative radiographs - prostatomegaly, bilateral hip dysplasia, osteoarthritis at coxofemoral joints; suspect splenomegaly

**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 (3.8 cm) 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 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 right kidney measured 7.4 cm. The left kidney measured 7.3 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 right adrenal gland measured 2.94 cm x 0.77 cm. The left adrenal gland measured 2.0 cm x 0.62 cm. The left adrenal gland measured 3.0 cm x 0.80 cm.

**Spleen**

The **spleen** was mildly enlarged with subtle heterogeneous changes and minor irregular contour. Given the anemia, this is likely a hyperplastic state. Neoplastic criteria is not met. However, FNA could be considered for further definition. Minor heterogeneous lipogranulomatous type changes noted in the mid spleen.

**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



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primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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**Gastrointestinal**

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**

Labrador Retriever

**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.

**SEX**

Intact Male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

14 Years

- Minor hypersplenism – likely reactive state.
- BPH prostate

**WEIGHT**

66 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the spleen indicated to ensure a benign presentation. CBC path review and bone marrow aspirate warranted, given the patient history. Otherwise, unremarkable abdomen.

**INTERPRETED BY**

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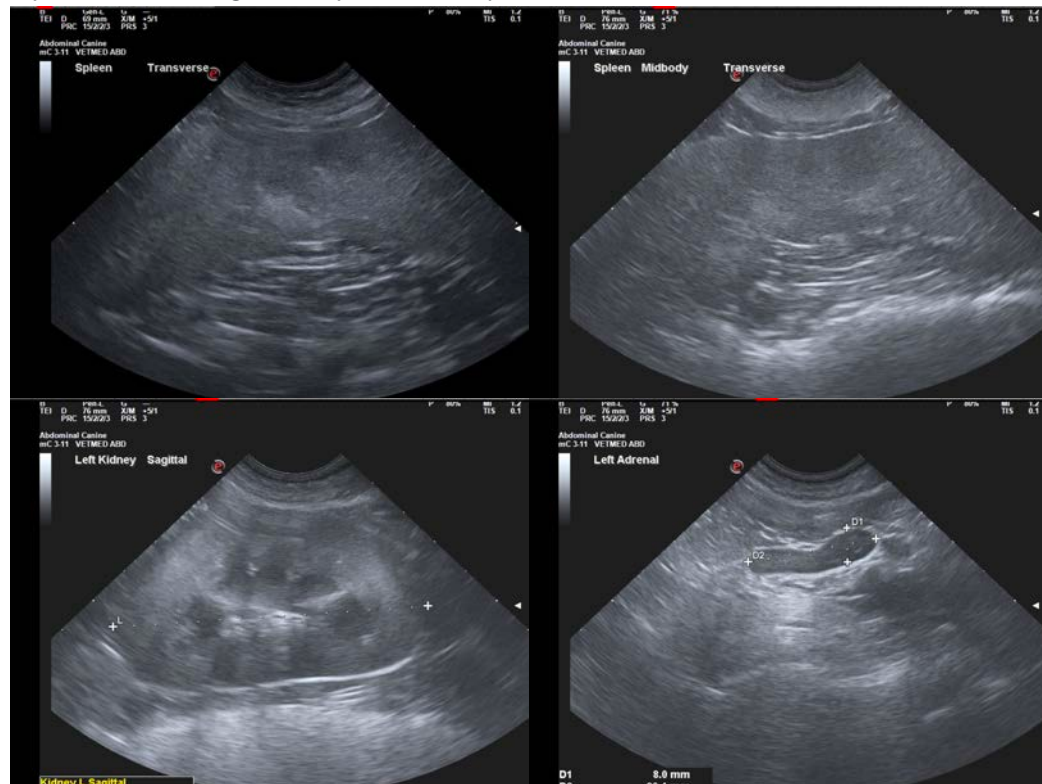
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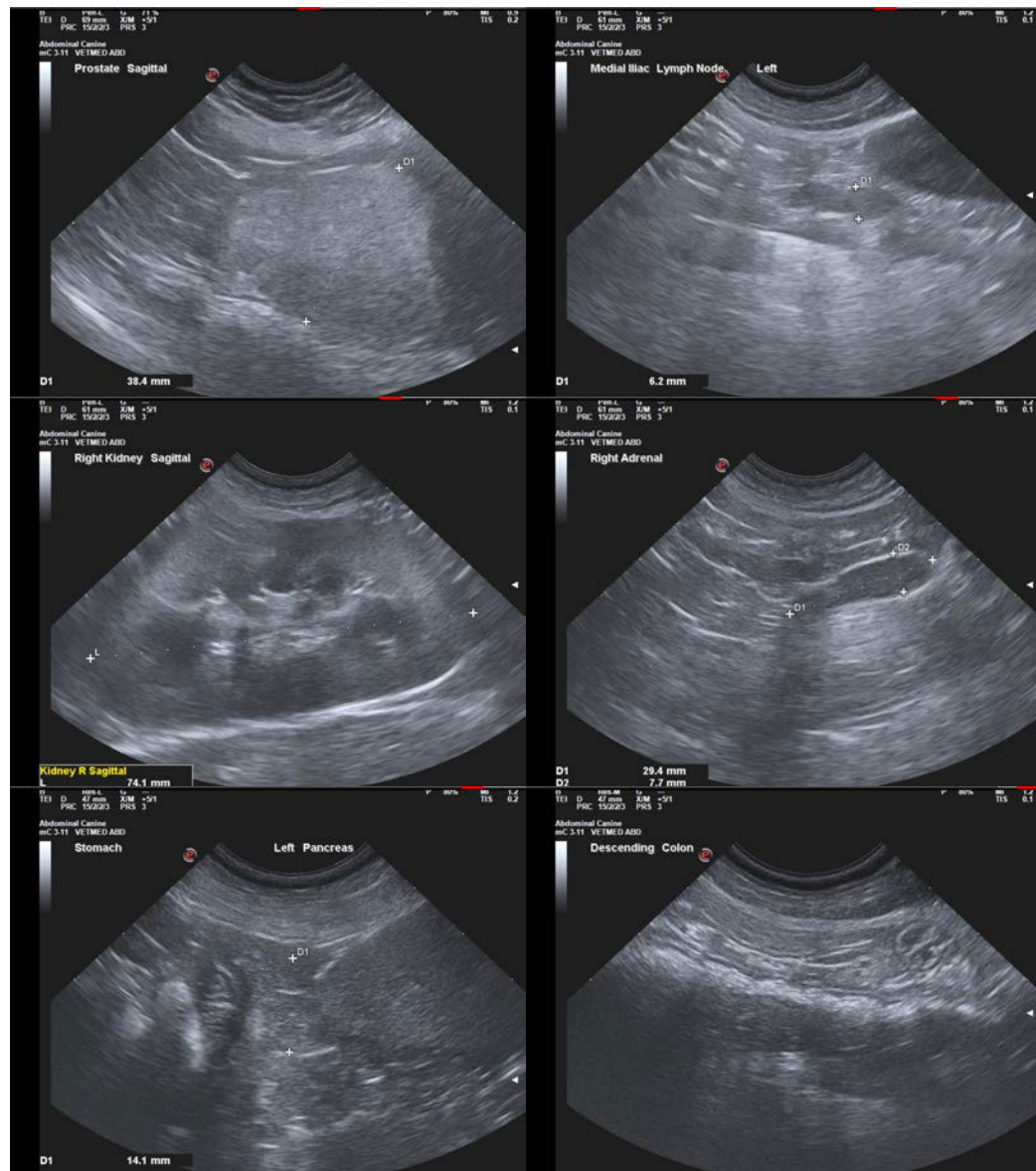
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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