

PATIENT

Simon Silcox

SPECIES

Canine

BREED

Labrador Retriever
(silver)

SEX

Male

AGE

5.5 years

WEIGHT

73 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap Animal
Hospital

REFERRING VET

Dr. Lindsey Knouse

INVOICE

10734

DATE

11/13/2025

PRESENTING CLINICAL SIGNS

Simon presented yesterday 11/12 for a 5 day history of vomiting. He had vomited up some bones. Owner is not sure what kind of bones. Was at inlaws before that and could have gotten a carcass. Spends a lot of time in fenced yard, owner was unsure if he was holding anything down. He usually has a huge appetite, but his appetite has been down since Friday 11/7. They started feeding beef and rice 11/11, but was still vomiting rice up in the yard. On exam yesterday he was very depressed, painful mid-abdomen, mildly groaning. His temperature was low at 99 F. X-rays were concerning for a foreign body vs. mass displacing intestines. O wasn't sure if they'd be able to pursue ER care and exploratory, in house bloodwork was declined. Owner later went to ER who did lab work, discovered severe thrombocytopenia and severe leukocytosis, elevated lactate, kidney and liver values WNL. Concerned for neoplasia and the thrombocytopenia, they started him on prednisone, and cerenia. P is reportedly feeling slightly better today, has not vomited on cerenia.

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 iliac trifurcation was unremarkable.

The **prostate** was uniformly enlarged (4.6 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. Edema lines noted suggest for prostatitis. Microcystic changes noted as well.

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. Left kidney measures 7.18 cm and the right kidney measures 6.8 cm

Adrenal Glands

The left **adrenal gland** was 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. Left adrenal measures 2.5 cm x 0.45 cm at the cranial pole and 0.72 cm at the caudal pole.

The region of the right adrenal was imaged, measuring approximately 1.0 cm at the cranial pole and 0.5 cm at the caudal pole.

Spleen

The **spleen** was enlarged and folded upon itself cranially. Uniform, with no evidence of pathology.



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Liver

The **liver** was swollen with mildly increased portal markings. The gallbladder presented with an edematous gallbladder wall.

Gastrointestinal

The stomach had some retention of ingesta noted. However, 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.

Other

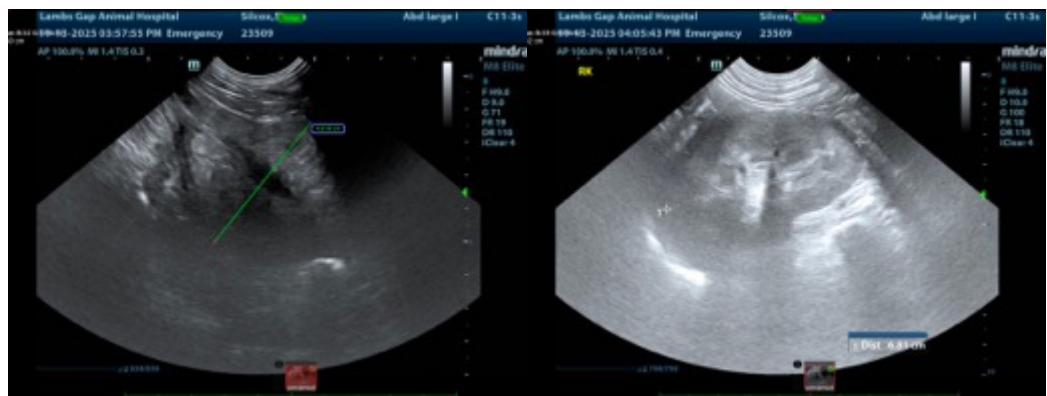
Comet tail lung pattern noted through the diaphragm.

ULTRASONOGRAPHIC FINDINGS

- Cholangiohepatitis liver pattern with irregular swelling.
- Splenic enlargement.
- Mesenteric lymphadenopathy.
- Moderate BPH
- Ingesta retention in the stomach.
- Comet tail lung pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the spleen and liver is recommended in this patient to ensure round cell neoplasia is not an issue. Mesenteric lymph node FNA would also be ideal. 12-24 hour NPO and re-check sonogram of the stomach indicated to ensure adequate emptying, however, the echotexture of the material within the stomach appears to be consistent with chyme. The prednisone is likely suppressing a more significant presentation. If platelet count is >70,000 and coagulation panel is normal, then FNA of the spleen and liver is indicated. PCR or PARR may be necessary for a definitive diagnosis. Chest radiographs warranted if not already performed to assess for metastatic or comorbidities.





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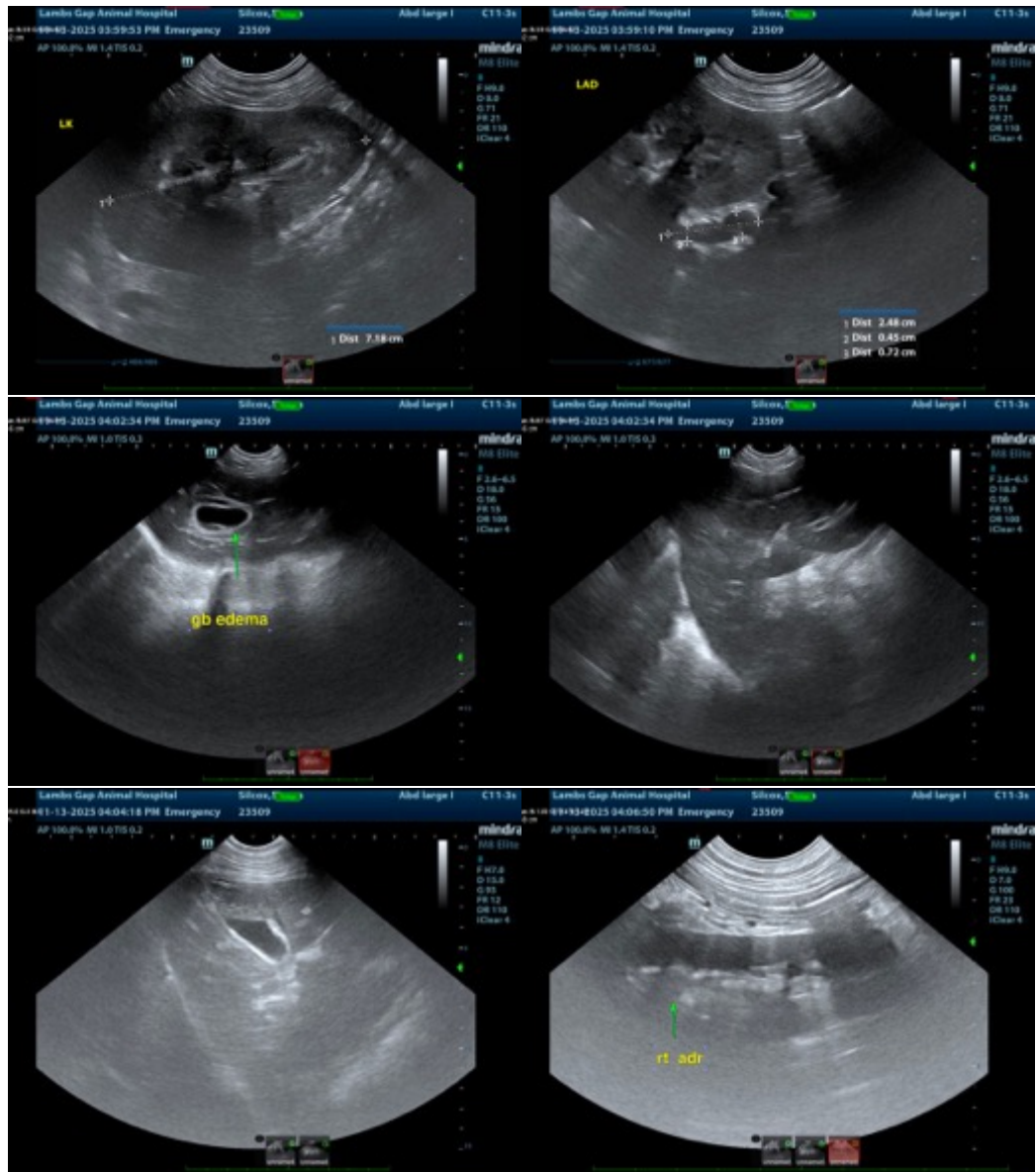
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com