



**PATIENT PRESENTING CLINICAL SIGNS**

Angel Arce  
**SPECIES**  
 Canine  
 History: Presented for acute profuse vomiting and diarrhea Hospitalized for supportive care Urine orange in color 24 hours after hospitalization  
 Abnormal PE/Chem/CBC/UA Results: PE: Dehydration, palpable mass on rectal exam (at the prostate), ataxic (resolving) CBC: mild neutrophilia 13.6 (3-12) and lymphopenia 0.68 (1-4.8) Chem: mild hyponatremia 134 (138-160) 4Dx: all negative cPL: normal Fecal: Hookworms+

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Miniature Schnauzer

**Urinary System**

**SEX**

Intact Male

The **bladder** wall was mildly thickened with a minor amount of debris. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

**AGE**

10 years

The prostate is significantly enlarged and created a mass effect measuring 5+ cm with regional inflammation. Significant inflammation was noted in the pelvic inlet around the prostatic mass. Multifocal areas of mineralization and deviation of the descending colon was noted.

**WEIGHT**

22.4 lbs

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 5.0 cm. The right kidney measured 5.0 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

**Adrenal Glands**

The regions of the **adrenal glands** were imaged with no evidence of pathology.

**IMAGING PERFORMED BY**

Dr. Sanchez

**Spleen**

**HOSPITAL NAME**

Sunset AH

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

**REFERRING VET**

Dr. Sanchez

**Liver**

**INVOICE**

93082

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

**DATE**

11/15/21



**PATIENT** *Gastrointestinal*

Angel Arce  
 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.

**SPECIES**

Canine

**BREED**

Miniature Schnauzer

**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**

Prostatic mass with regional inflammation.

**AGE**

10 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a mild potential for prostatitis. Ultrasound-guided FNA is recommended. The remainder of the abdomen is unremarkable.

**WEIGHT**

22.4 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Sanchez

**HOSPITAL NAME**

Sunset AH

**REFERRING VET**

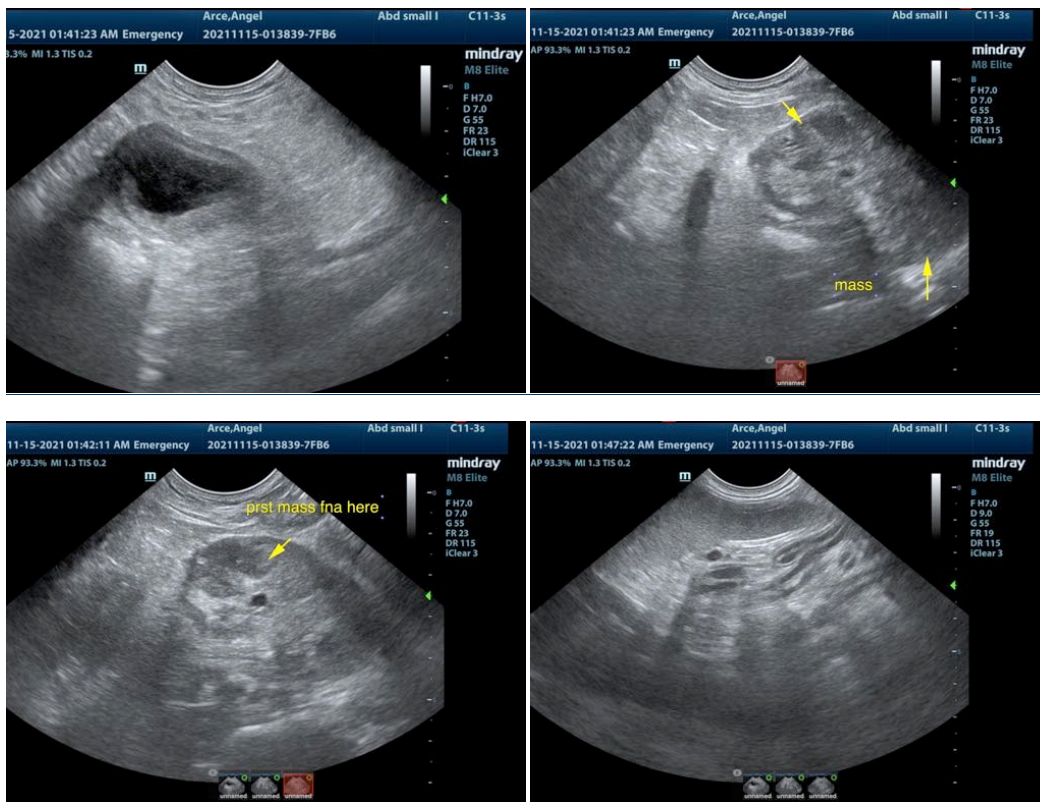
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**PATIENT**

Angel Arce

**SPECIES**

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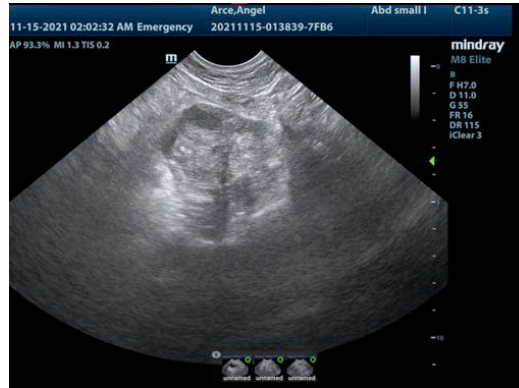
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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