



PATIENT

Colt Scott

SPECIES

Canine

BREED

Labrador Retriever

SEX

Intact male

AGE

6 years

WEIGHT

32 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Massa

HOSPITAL NAME

Animal Emergency
Hospital of Volusia

REFERRING VET

Dr. Massa

INVOICE

42615

DATE

11/22/22

PRESENTING CLINICAL SIGNS

History: P presented for restlessness, drooling, panting. For the past 2-3 weeks, the patient has had chronic diarrhea (liquid/soft, no blood noted). BW at rDVM was WNL besides mildly elevated eosinophils and mildly low ALKP. Rads showed GI disease (suspect gastroenteritis) per O. P has been dewormed, switched diets to Purina Proplan hydrolyzed and has been on Metronidazole ~2 weeks with no improvement. Tonight, the patient appeared nauseous, had another episode of diarrhea and appeared very uncomfortable/restless. O has appt for endoscopy in ~1 week.
Abnormal PE/Chem/CBC/UA Results: Rectal: ~1cm lobulated nodules on dorsal aspect of colon, anal sacs mildly thickened CBC: mild neutropenia/lymphocytosis CPL: normal ALT/ALP/BUN/Creat WNL

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. Edema striation lines were noted. The prostate measured 5.5 cm.

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 kidneys each measured 7.0 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** was mildly enlarged with slight scalloping contour and some micronodular changes.

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 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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The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The stomach revealed repletion of ingesta. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. The mesenteric lymph node was mildly enlarged and measured 1.5 cm.

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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.

SEX

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Free Abdomen

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A slight amount of free fluid was noted around the prostatic presentation. This is suggestive for inflammation.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

Prostatitis presentation.

Slight mesenteric lymphadenopathy.

INTERPRETED BY

Minor IBD GI pattern.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

There was no overt evidence of neoplasia, yet round cell neoplasia cannot be completely ruled out given the heterogenous spleen and lymph nodes. The pylorus was not overtly visualized. Further imaging at 12-18 hour n.p.o. status would be ideal in this patient. Rectal palpation is recommended to assess for discomfort associated with the prostate. IV fluid support, 12-24 hour n.p.o. and a recheck sonogram of the pyloric outflow is indicated. FNA of the spleen would be ideal as well as accessible mesenteric lymph node if possible.

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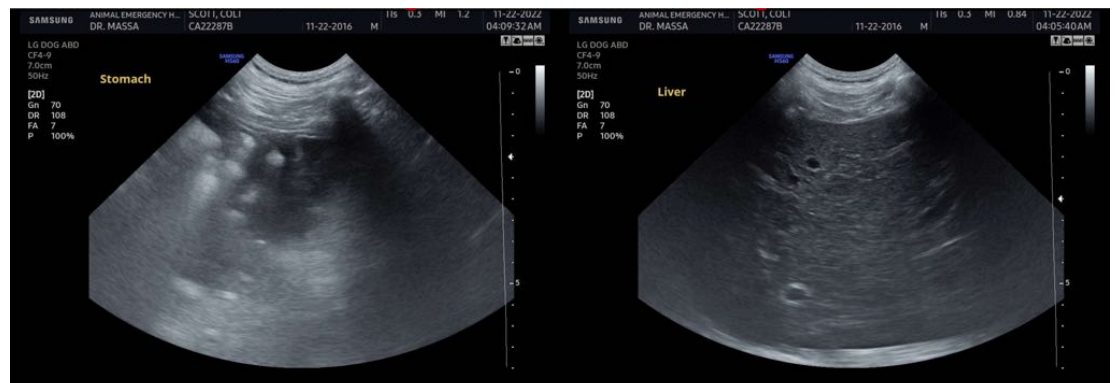
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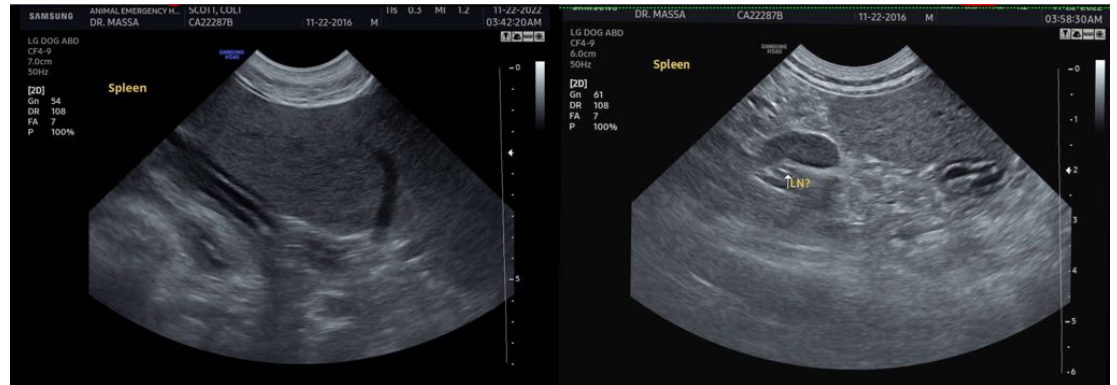
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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