



PATIENT PRESENTING CLINICAL SIGNS

Tommy Lemus

History: Patient was imported to Canada from Colombia 2 months ago . History of decreased appetite, vomiting , weight loss and seizures recently . BW done at emergency facility - significant elevation of liver enzymes . Patient has enlarged abdomen and is very painful . Spinal rads showing spondylosis

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: elevation of Increased ALP 1800 , ALT 300, Amy borderline elevation , T4 10, low USG (1.015)

BREED

Beagle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Intact male

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.

AGE

11 years

The testicles were imaged and found to be uniform. There was no evidence of pathology. 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 prostate measured 5.16 x 3.0 cm. The cranial pole of the prostate revealed a hypoechoic nodule or cyst that measured 1.5 cm. this may represent abscessation or possible emerging neoplasia.

WEIGHT

11.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.29 cm. The right kidney measured 5.28 cm.

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Adrenal Glands

Resolution Veterinary
Ultrasound

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 0.57 cm at the caudal pole and 0.6 cm at the cranial pole. The left adrenal gland measured 0.61 cm at the cranial pole and 0.65 cm at the caudal pole.

REFERRING VET

Dr. Gira

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Spleen

DATE

11/26/21

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.



PATIENT

Liver

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The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

SPECIES

Canine

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Beagle

Gastrointestinal

SEX

Intact male

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.

AGE

11 years

Pancreas

WEIGHT

11.4 kg

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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ULTRASONOGRAPHIC FINDINGS

Prostatic nodule or abscess.

Geriatric abdomen with folded spleen.

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Ultrasound

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the prostatic nodule/abscess is recommended. There was no overt evidence of neoplasia. However, early prostatic neoplasia is a potential. I recommend focusing on FNA of the prostate as well as the liver given the liver enzyme elevations; however, there was no evidence of visceral disease that would be causing pain is noted in the abdomen unless the prostatic region demonstrated discomfort on palpation. Referred back pain should be considered as a potential cause of pain in this patient depending upon clinical exam. The abdominal changes are expected for this age patient.

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Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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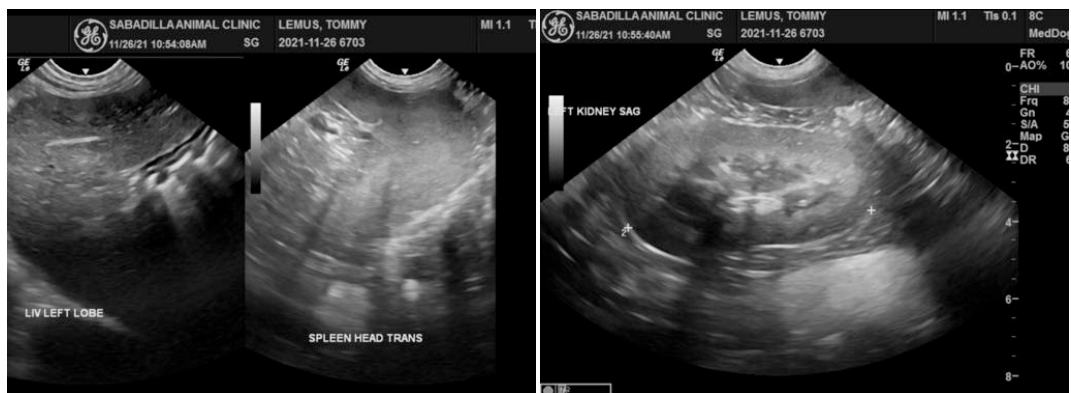
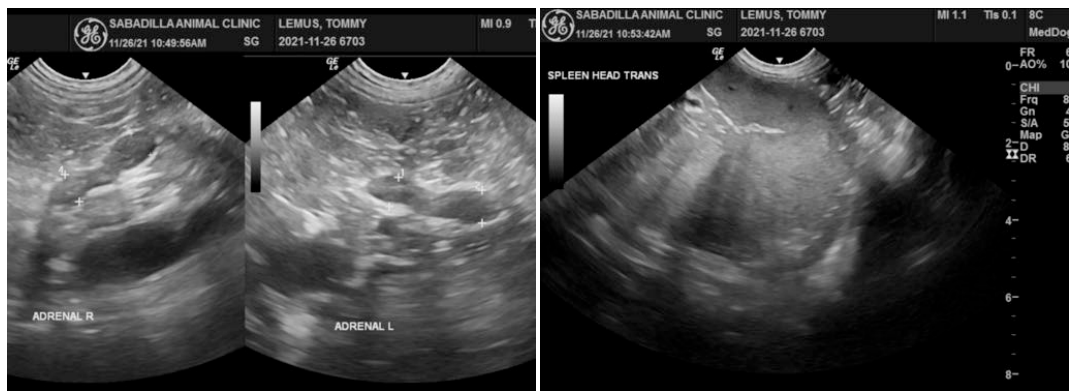
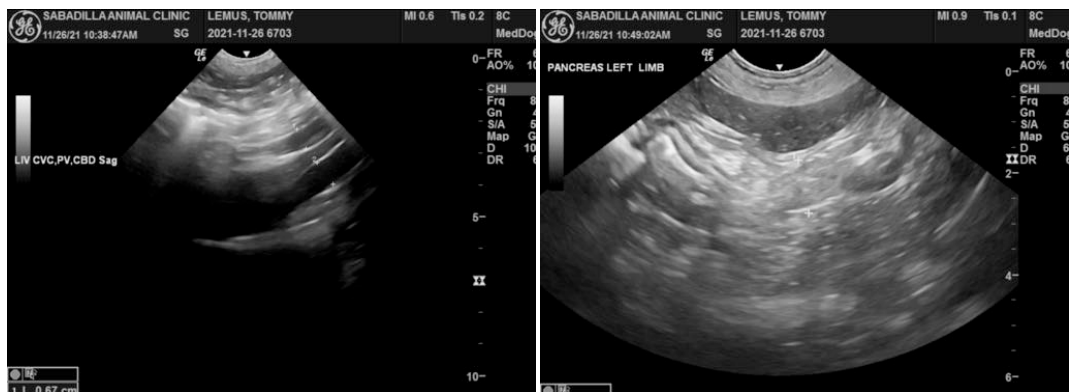
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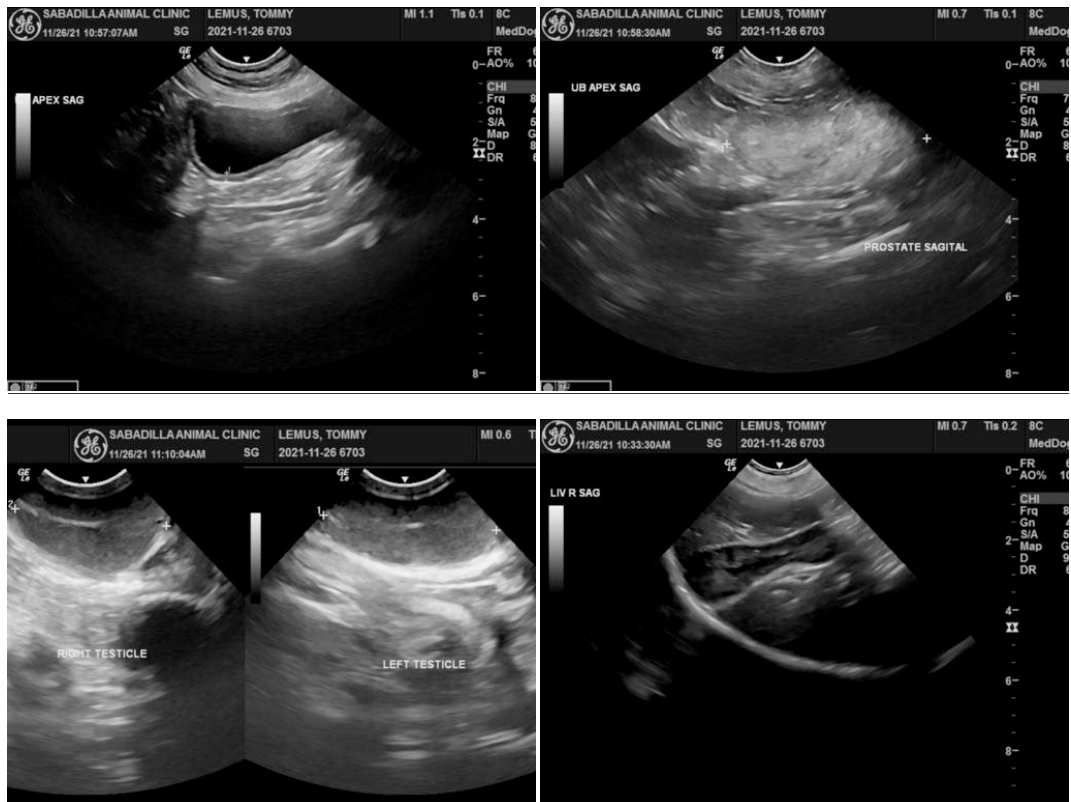
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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