



PATIENT PRESENTING CLINICAL SIGNS

Bentley Hasser

History: Patient presented for vomiting 11/26/21 and acting lethargic, having trouble with BM. We have treated with IV fluids, penicillin, aminavast, cerenia and Pepcid

SPECIES

Abnormal PE/Chem/CBC/UA Results: Despite fluid therapy renal values have worsened CBC: wnl CPL: wnl CHEM: Creat 7.4, 6.8 BUN 65, 101 Phos 12.4 ALKP 801, 411 Amylase 1693 CI 107 UA:

Canine

Bacteria cocci present USG:1.012 WBC 500 Protein100 Blood 50

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Schnauzer Mix

Urinary System

SEX

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.

Male

AGE

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 4.0 cm.

10 years

WEIGHT

23 lbs

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. Slight pyelectasia was noted.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Griffin

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 left adrenal gland measured 0.6 cm. The right adrenal gland measured 0.8 cm.

HOSPITAL NAME

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REFERRING VET

Spleen

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The **spleen** is enlarged with scalloping contour and micronodular changes. Enhanced surrounding mesentery was noted.

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Liver

DATE

The **liver** revealed scalloping contour and enhanced mesentery. The parenchyma was distinctly hypoechoic to the falciform fat. Subtle micronodular changes were noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal.

11/30/21



PATIENT

Gastrointestinal

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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

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Pancreas

The **pancreas** revealed extensive, hypoechoic irregular parenchymal changes. This is consistent with pancreatitis.

SEX

Male

ULTRASONOGRAPHIC FINDINGS

BPH prostate.

AGE

10 years

Micronodular spleen and liver.

Unremarkable kidneys with minor pyelectasia. Low-grade pyelonephritis is suspected.

Pancreatitis pattern.

WEIGHT

23 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am concerned for emerging round cell neoplasia in the spleen and liver. Urine culture and treatment for acute on chronic renal failure as well as chronic pancreatitis is warranted. FNA of the spleen and liver is recommended to ensure that these are reactive of inflammatory states and not neoplastic.

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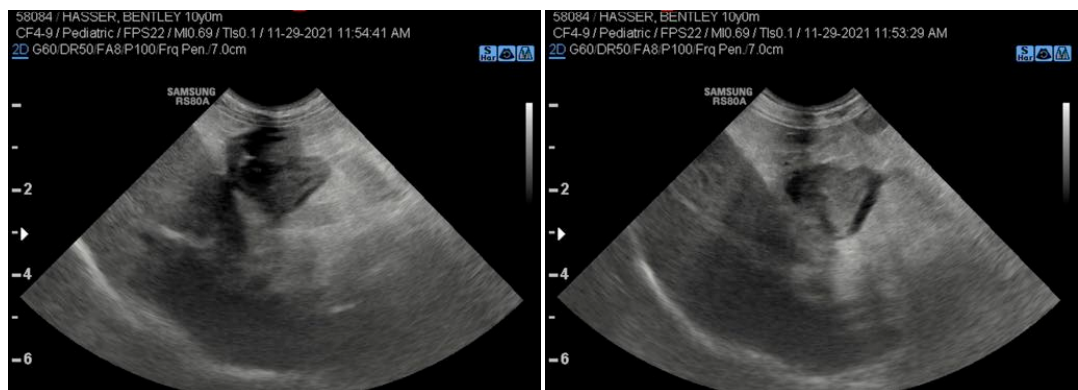
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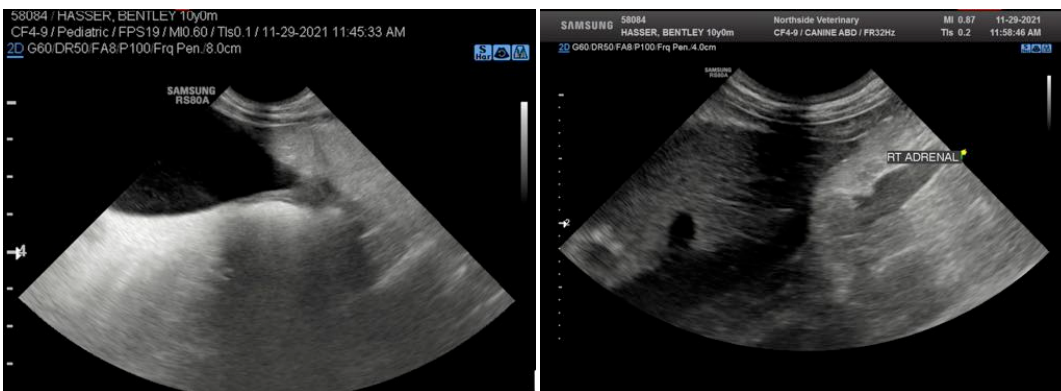
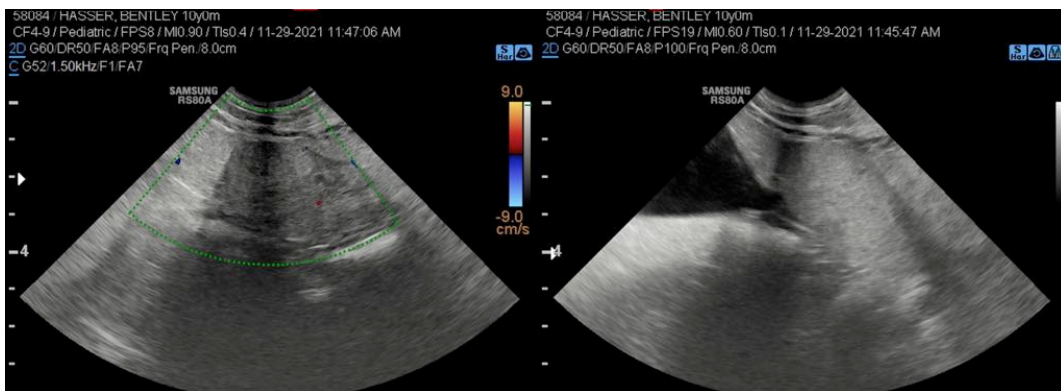
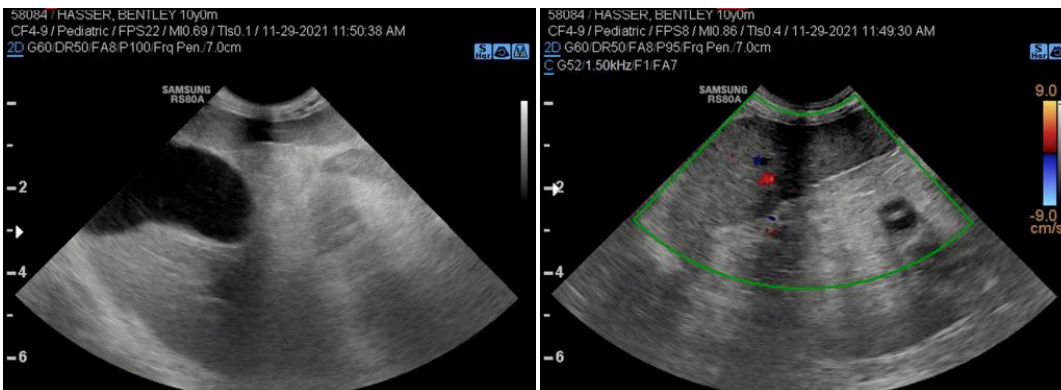
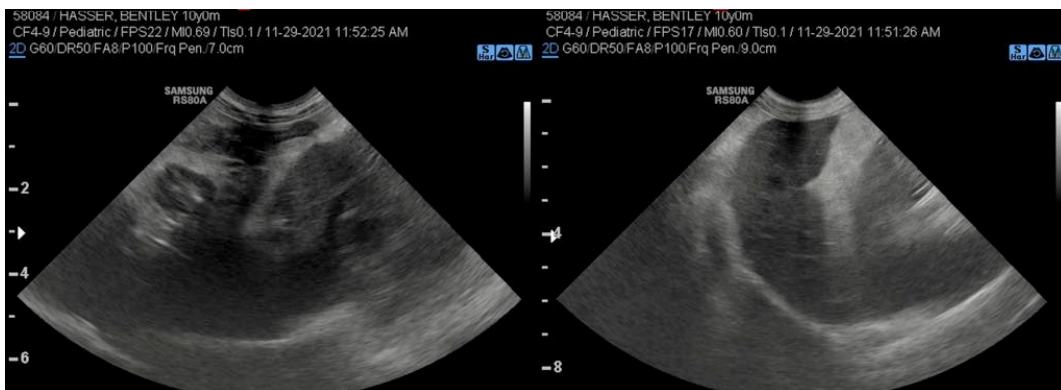
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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