



**PATIENT**

Triton Sisney

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Neutered male

**AGE**

1.3 years

**WEIGHT**

30 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Wepprich

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Wepprich

**INVOICE**

94508

**DATE**

12/13/21

**PRESENTING CLINICAL SIGNS**

History: fever of unknown origin in April 2021 and beginning December. In December signs began 2-3 days after given a hoof treat. Has had courses of Clavamox, doxycycline, and Baytril with rDVM. Yesterday pt vomited large amt containing pieces of the hoof treat, defecated out a few pieces of a hoof treat.

Abnormal PE/Chem/CBC/UA Results: labs are from 12/3, prior to completing courses of antibiotics  
CBC - mild neutrophilia chem - WNL UA 12/03 - USG 1.040, tntc WBC (started Baytril)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. 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.

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 3.5 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 right kidney measured 6.0 cm.

**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 0.5 cm. The right adrenal gland measured 0.6 cm.

**Spleen**

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.



**PATIENT** *Liver*

Triton Sisney 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**

The **stomach** revealed minor mucosal hypertrophy. The curvilinear patterns were maintained. There was a minor amount of luminal fluid and gas accumulation. Minor, soft chyme accumulation was noted in the pylorus and does not appear obstructive. It is suggestive of partially undigested hard food or similar. The small intestine is empty. Mesenteric lymph node measuring 2.7 cm with a 1.5 cm hypoechoic structure in the middle is suspected to be cystic. However, a separate lymph node was hypoechoic and irregular measuring 2.0 cm.

**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.

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**Free Abdomen**

The iliac lymph nodes were unremarkable and reactive measured 2.0 x 0.5 cm.

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**ULTRASONOGRAPHIC FINDINGS**

Gastritis pattern with soft shadowing pyloric material, non-obstructive or partially obstructive.

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Mesenteric lymphadenopathy, cystic. Separate lymph node parenchymal. Reactive lymphadenitis versus emerging round cell neoplasia.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound-guided FNA and drainage of the cystic portion as well as FNA of the parenchymal portion is warranted under sedation. Supportive care for gastritis is warranted. Conservative therapy could be considered with broad spectrum antibiotics with GI protectants and a recheck sonogram in a week to assess if the lymph nodes have resolved and the pyloric material has also resolved.

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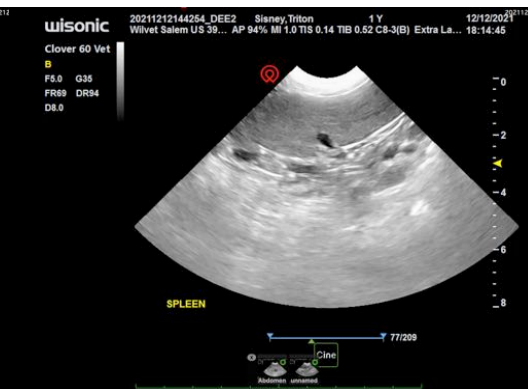
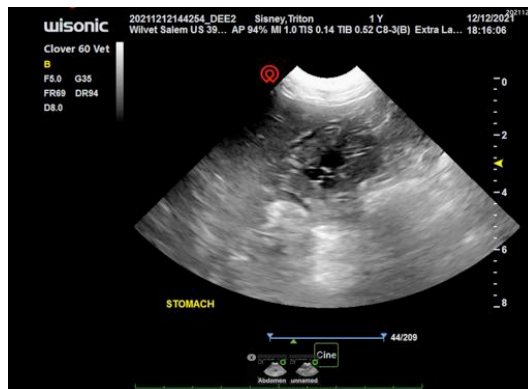
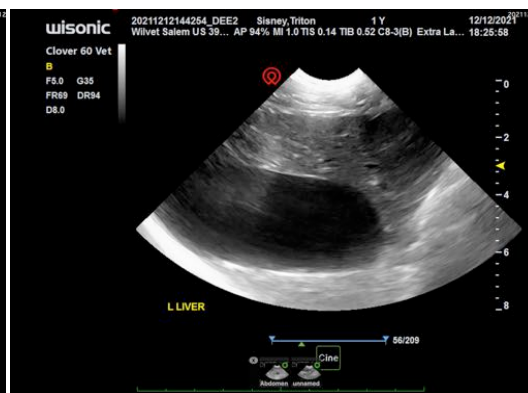
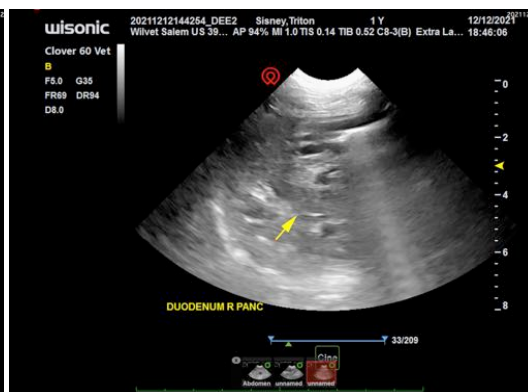
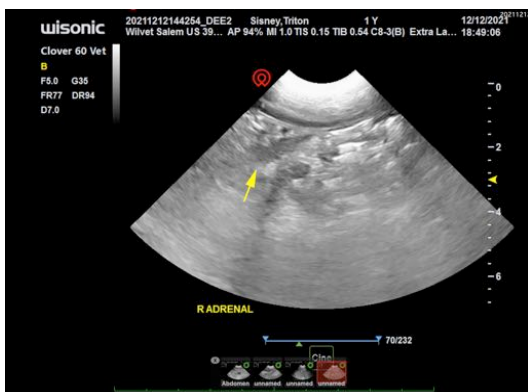
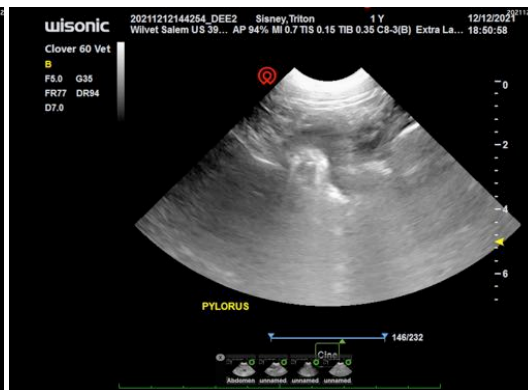
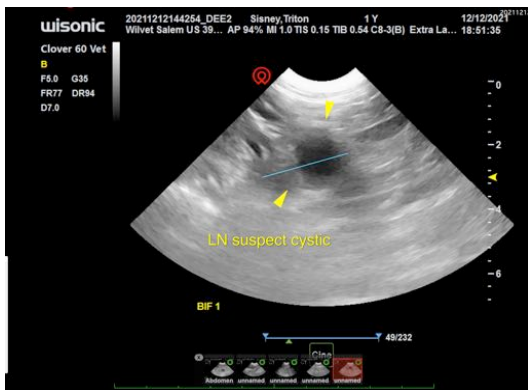
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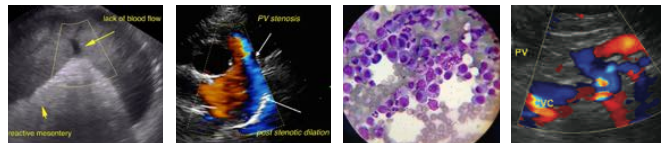
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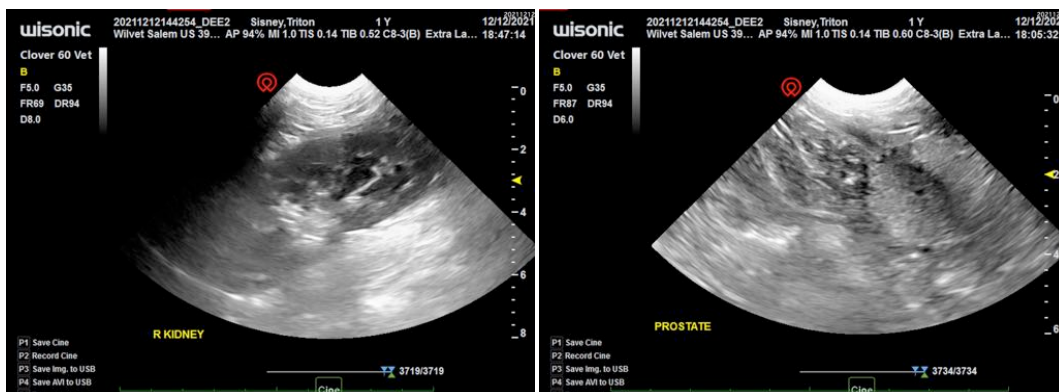
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com