



PATIENT

Roquefort Pedrao

SPECIES

Canine

BREED

Lab Retriever

SEX

Intact Male

AGE

8 Years

WEIGHT

69 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. John Ammeraal

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

Dr. John Ammeraal

INVOICE

33690

DATE

12/23/21

PRESENTING CLINICAL SIGNS

Patient vomiting blood at home and also diarrhea. Unsure if got into anything at home. Radiographs show some gas, non painful on palpation

Abnormal PE/Chem/CBC/UA Results: Non painful abdominal palpation ALT 186 U/L, Amylase > 2500 U/L. Lipase 1802 U/L, WBC 14,420/uL. Neutrophils 12,000/uL

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 were 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. Some edema lines were noted in the prostate. The prostate measured 6.0 cm. 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 **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 8.58 cm. The right kidney measured 9.19 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 2.48 cm x 0.72 cm at the cranial pole and 0.71 cm at the caudal pole. The right adrenal gland measured 3.13 cm x 0.73 cm at the cranial pole and 0.74 cm at the caudal pole.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** presented coarse architecture, hypoechoic parenchyma, and increased portal markings, consistent with non-specific cholangitis/cholangiohepatitis. The gallbladder was unremarkable.

Gastrointestinal

The upper **gastrointestinal tract** in this patient revealed minor, edematous wall. There was no evidence of foreign bodies. Minor areas of fluctuant fluid accumulation were noted within the lumen with hyperperistalsis. This pattern continued to the ileocecal valve. A portion of corrugated small intestine was noted, yet no evidence of foreign body. Variable areas of small intestine revealed chronic changes such as thickened submucosal and mucosal fogging. However, other areas appeared edematous and



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spastic. The colon revealed a fluid filled lumen. This presentation is most consistent with gastrointestinal irritation/inflammation without obstruction.

Pancreas

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Heterogeneous changes were noted in the right limb of the **pancreas**, fairly mild. No evidence of neoplasia.

ULTRASONOGRAPHIC FINDINGS

BREED

Lab Retriever

- Gastroenteritis
- Cholangitis liver pattern
- BPH prostate

SEX

Intact Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

24 hour NPO, GI protectants, treatment for enterotoxins recommended. Assessment for any long-term history of GI issues, as there is some level of chronicity. Acute on chronic inflammatory bowel likely.

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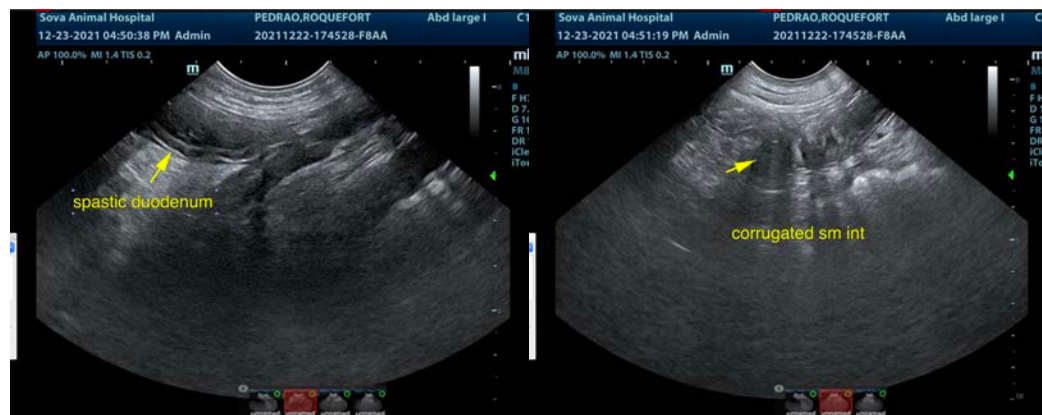
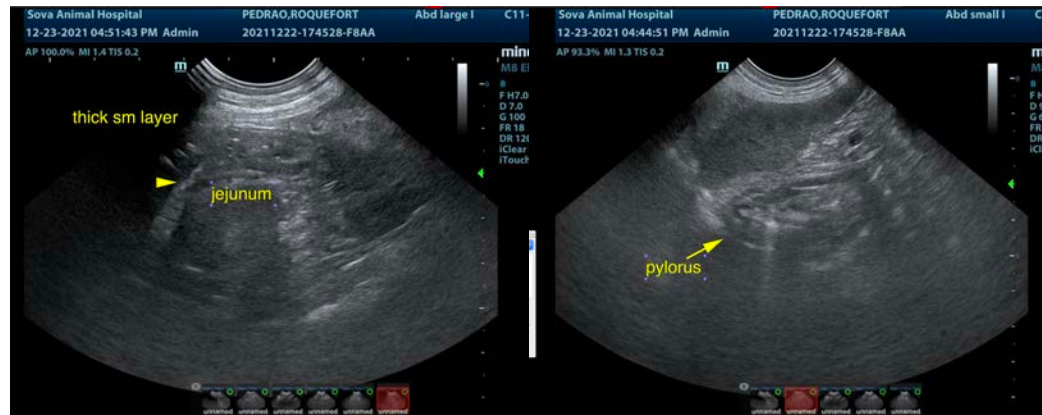
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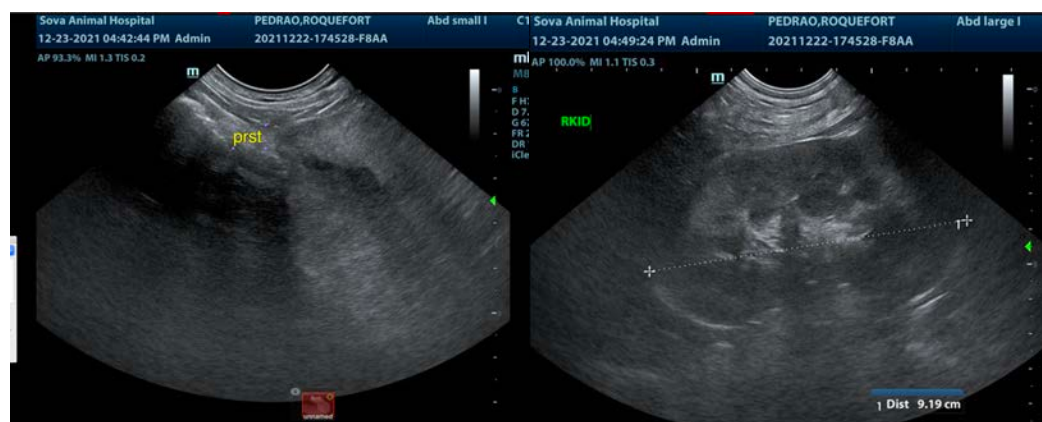
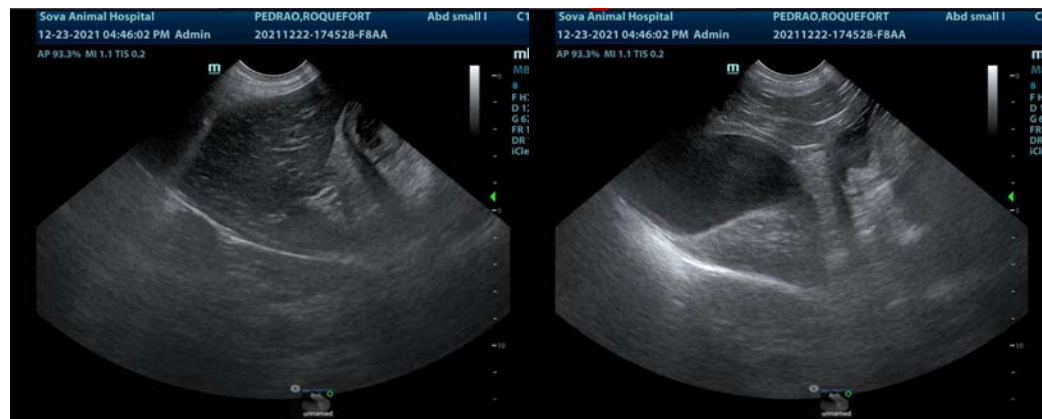
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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