



**PATIENT**

Sunny DePillo

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

Neutered Male

**AGE**

13

**WEIGHT**

26.6

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Natasha Stanley

**HOSPITAL NAME**

Viking Vet Hospital

**REFERRING VET**

Dr. Natasha Stanley

**INVOICE**

45085

**DATE**

2/12/23

**PRESENTING CLINICAL SIGNS**

Reason for visit: O stated Sunny has been lethargic & shaking for about 4 days. He started vomiting blood today. O noticed bloody stools as well. Completely stopped eating & drinking this morning & rejected treats Tuesday. O stated about a year ago Sunny was diagnosed with prostate cancer. Around thanksgiving Sunny had 2 seizures about a week apart. Sunny has a history of elevated kidney values in the past year. Hx occasional gagging, rDVM suspected acid reflux and Rx antacid. O never gave. Medications: Meloxicam 1/2 tab SID

Abnormal PE/Chem/CBC/UA Results: Leukocytosis/neutrophilia, azotemia, UTI

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The prostate revealed some cystic changes. Further imaging necessary for clarification. The residual prostate measured approximately 3.0 cm in width with areas of mineralization. If the patient was neutered later in life, this may be secondary from prostatic abscess. Cystic component noted measuring up to 1.0 cm, may be residual cyst or infection.

The **kidneys** presented significant degenerative changes with cortical irregularities, pyelectasia, subnormal size, and some minor areas of non-obstructive nephrolithiasis. The right kidney measured 5.0 cm. Blood flow to the kidneys appeared to be mildly subnormal.

**Adrenal Glands**

Both **adrenal glands** appeared subjectively subnormal in size. The left adrenal gland measured 0.40 cm. The right adrenal gland measured 0.40 cm.

**Spleen**

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted. Cranial folding of the spleen noted.

**Liver**

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,



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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.

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**Gastrointestinal**

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.

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**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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**ULTRASONOGRAPHIC FINDINGS**

- Chronic cystitis bladder pattern
- Cystic prostatic changes
- Significant degenerative renal changes
- Subnormal adrenal gland size
- Age related splenic and hepatic changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Screening for Addison's indicated even with the age of the patient. Urine culture and sensitivity warranted, given the pyuria and isosthenuria. Medullary washout is likely an issue. 72-hour IV fluid protocol, blood pressure measurements, IV antibiotics treating for lower urinary tract such as Ampicillin or Enrofloxacin would be recommended. Prognosis long-term is guarded depending upon response to therapy. Traumatic catheterization or FNA and drainage of the prostate would be appropriate, as well as cytology to assess for carcinoma versus chronic inflammatory or even abscessation.

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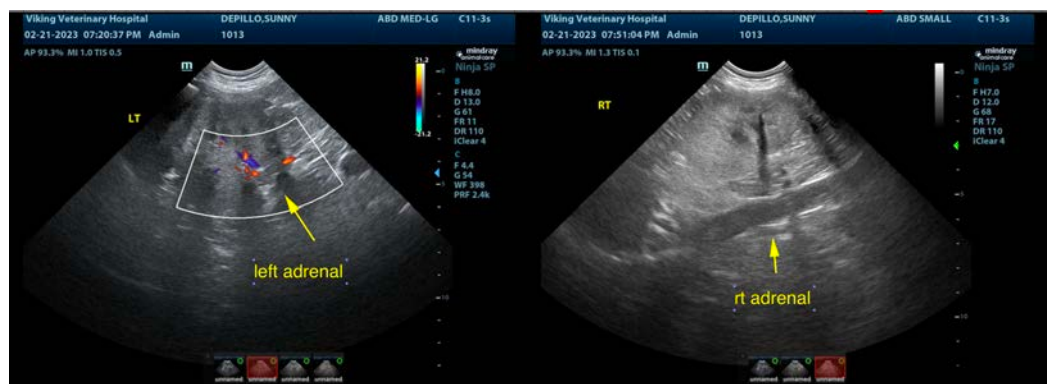
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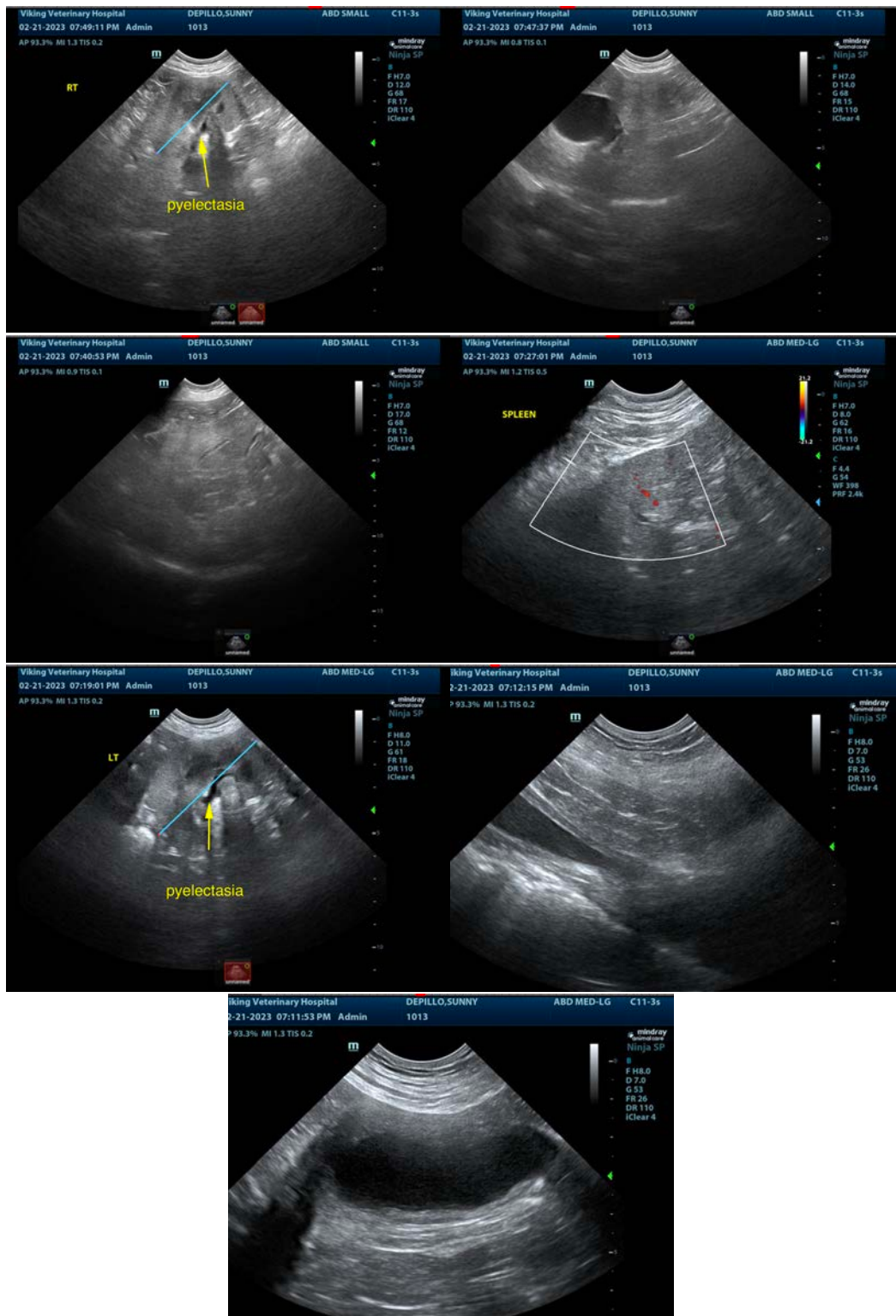
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Labrador

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

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