



PATIENT

Can Kornie Unidad
Policia de PR

SPECIES

Canine

BREED

Belgium Malinois

SEX

Intact Male

AGE

10 Years

WEIGHT

71 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Ferrer, DVM

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Gabriel Ferrer

INVOICE

21081

DATE

2/13/23

PRESENTING CLINICAL SIGNS

History: This is a police dog that presented as walk-in as the handler noticed that pt has abdominal distension. This patient had a similar episode on 1-5-22. Still is mildly lethargic, but still acting well.

Abnormal PE/Chem/CBC/UA Results: PE: abdominal distension with fluid wave. no heart murmur BW: CBC and CHEM: all wnl ABD rads: loss of serosal detail, ascites

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. 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. This is a mild change. The prostate measured 3.8 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 7.5 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 3.0 cm x 0.78 cm.

Spleen

The **spleen** was mildly heterogenous with nodular changes in the mid body. An ill-defined, 3.0 cm region is in question. The spleen was mildly enlarged otherwise. Uniform splenic congestion was noted.

Liver

The **hepatic** veins were dilated, as was the vena cava, consistent with passive congestion. This is likely the cause of ascites. The gallbladder revealed a minor amount of debris, uniform.

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.

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.

Free Abdomen

A moderate amount of **ascites** was noted in this patient.

Other

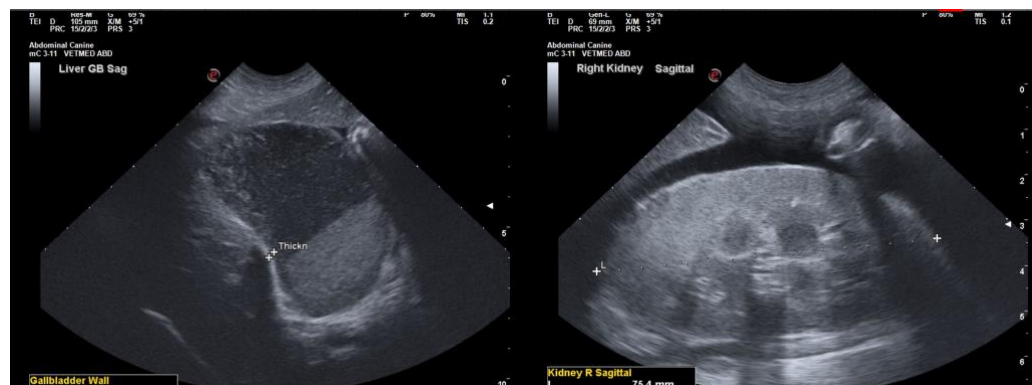
The transdiaphragmatic view revealed pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

- Ascites
- Passive congestion liver pattern, likely owing to thoracic pathology as a primary cause
- Nodular splenic change- hyperplasia vs round cell neoplasia or hemangiosarcoma all possible
- Gallbladder debris
- Pericardial effusion
- BPH prostate
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Echocardiogram, SDEP position 3, is recommended to assess for primary cardiac neoplasia or idiopathic or pericarditis causes of pericardial effusion. Chest CT would be ideal in this patient. 25-gauge FNA of the splenic nodular change is warranted for further definition.





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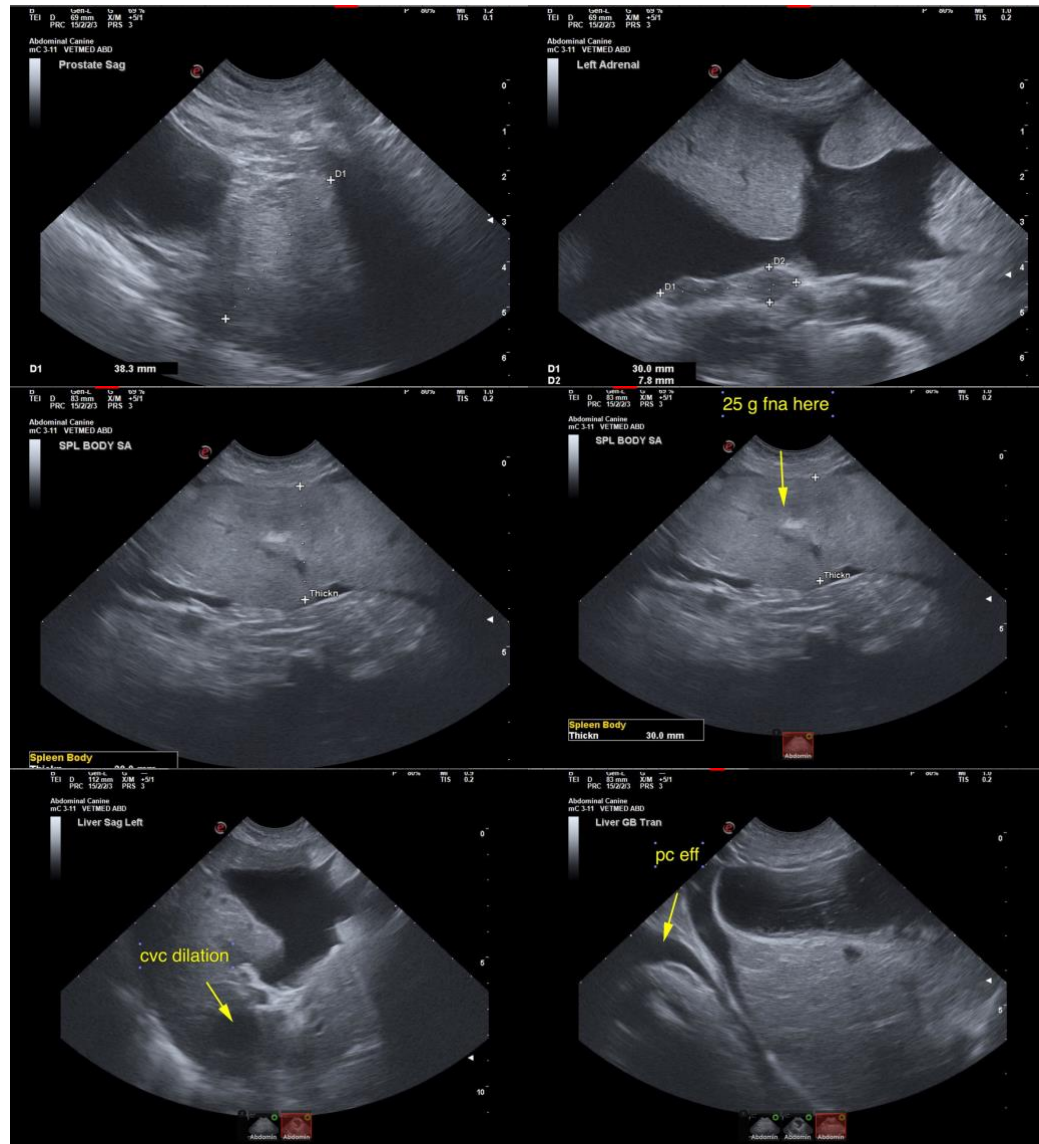
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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