



PATIENT

Sig McCluskey

SPECIES

Canine

BREED

Fat Coated Retriever

SEX

Intact Male

AGE

3.9 Years

WEIGHT

83 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Animal Mansion

REFERRING VET

Dr. Parker

INVOICE

35949

DATE

2/28/22

PRESENTING CLINICAL SIGNS

Not doing right, brief in-house u/s revealed nodular irregular pattern in liver. Confirmed hemoabdomen. No current meds.

Abnormal PE/Chem/CBC/UA Results: AST 323 (66 H), ALP 172 (131 H), Amylase 14628 (1125 H) Accuplex borderline Anaplasmosis

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 prostate measured 3.65 cm. 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 **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 7.0 cm. The left kidney measured 6.8 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 right adrenal gland measured 2.37 cm x 0.57 cm at the cranial pole and 0.74 cm at the caudal pole. The left adrenal gland measured 1.99 cm x 0.51 cm at the cranial pole and 0.47 cm at the caudal pole.

Spleen

The **spleen** presented minor heterogeneous parenchymal changes without overt masses.

Liver

The **liver** in this patient was riddled with multiple disruptive mixed hypoechoic, moderately complex nodules coalescing into masses, occupying the right and left liver. The gallbladder was unremarkable.

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.



PATIENT

Pancreas

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Some nodular changes were noted in the **pancreas** and may be related to primary disease.

SPECIES

Free Abdomen

Canine

A minor amount of free fluid was noted in the abdomen.

BREED

ULTRASONOGRAPHIC FINDINGS

Fat Coated Retriever

- Diffuse hepatic neoplasia with secondary adhesions
- Free fluid owing to portal hypertension or lymphatic obstruction

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Prognosis is poor. FNA of the liver masses could be considered for further definition. However, given the extent of the pathology, humane euthanasia should be considered in this patient.

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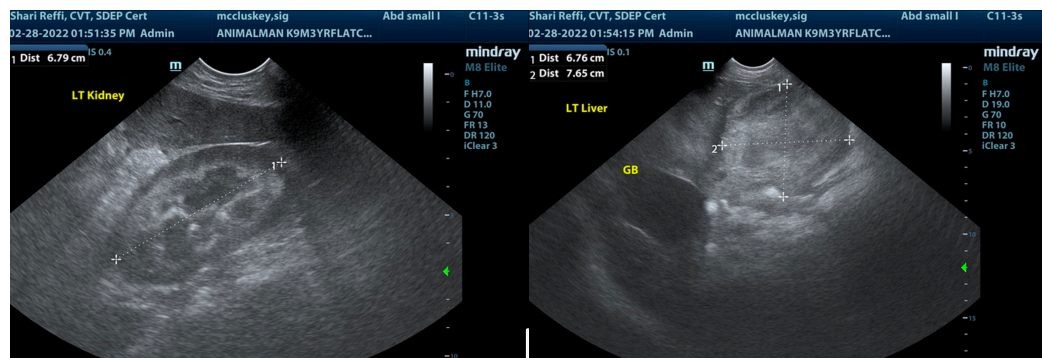
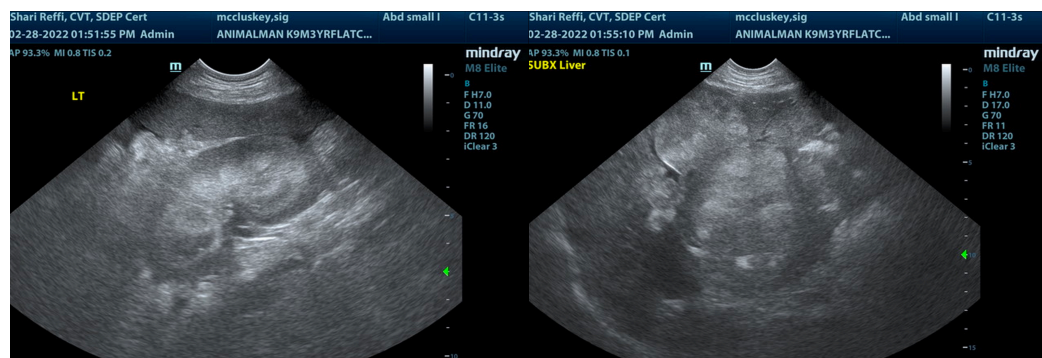
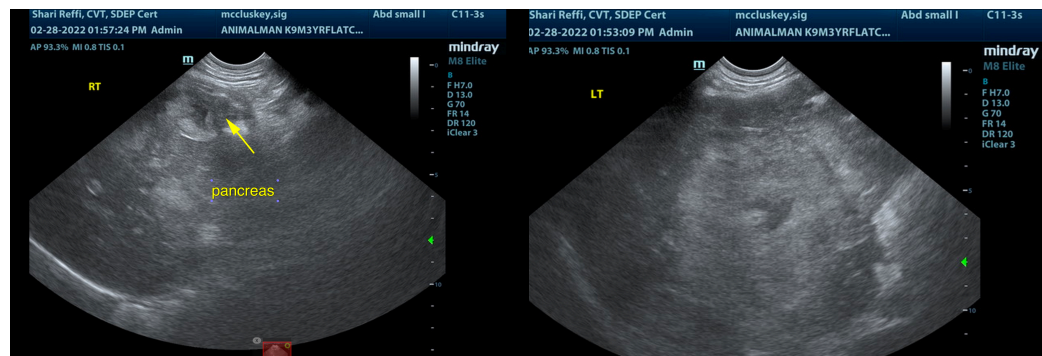
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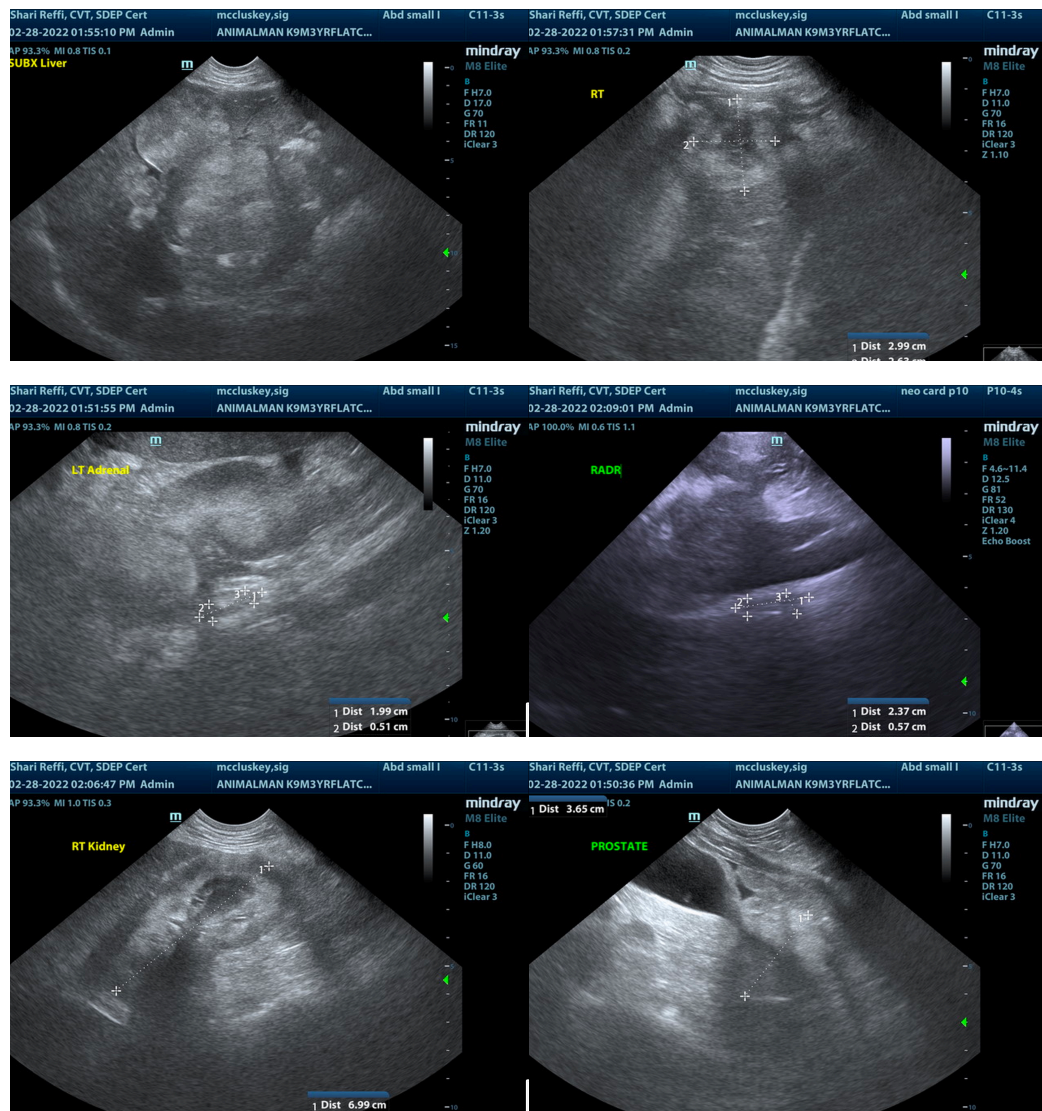
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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