

**DATE PRESENTING CLINICAL SIGNS**

2/3/23

Patient presented with history of PU/PD, polyphagia. Physical exam demonstrated abdominal distention, generalized papular rash on ventral abdomen, anterior uveitis. Elevated ALKP (1,395 U/L). Repeat U/A showed hematuria (microscopic), elevated protein, no evidence of bacteria. LDDST - Normal. Stools smaller/thinner and more frequent.

**PATIENT**

Max Jacobs

Current Medications: None.

Lab Results: See attached.

**SPECIES**

Canine

Date of Previous IntraPet Ultrasound: 2/16/18. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**BREED**

Labrador X

Imaging Performed By: Rachel Brillhart, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Neutered Male

**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.

**AGE**

2/8/13

The prostate was enlarged, irregular, and mineralized, measuring 3.9 cm, strongly suggestive for carcinoma. The prostatic mass continued into the post-prostatic urethra.

**WEIGHT**

57.5 Pounds

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 6.0 cm. The right kidney measured 6.0 cm.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**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 2.96 cm x 0.91 cm at the caudal pole and 0.73 cm at the cranial pole. The right adrenal gland measured 3.06 cm x 0.72 cm at the caudal pole and 0.76 cm at the cranial pole.

**HOSPITAL NAME**

Hickory Vet Hospital

**REFERRING VET**

Dr. McNesby

**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 were noted.

**INVOICE**

44790

**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, 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.

### ***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.

### ***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***

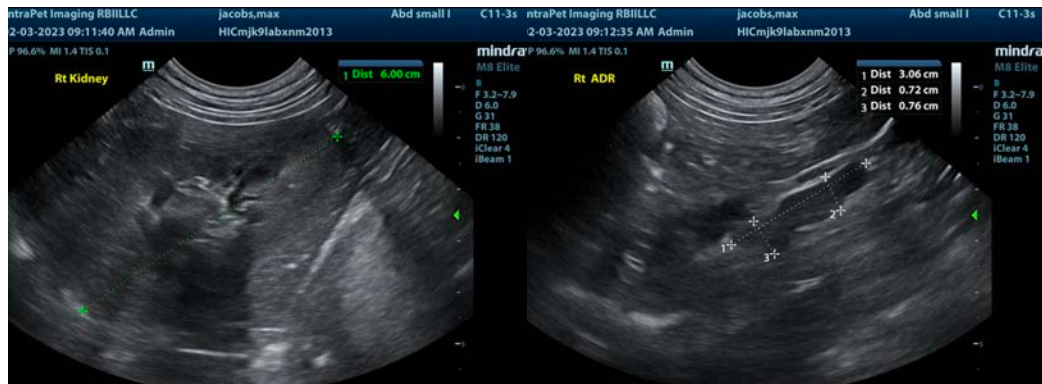
Sublumbar/iliac lymph nodes were enlarged, hypoechoic, and distorted, measuring 2.9 cm x 1.3 cm with pericapsular inflammation.

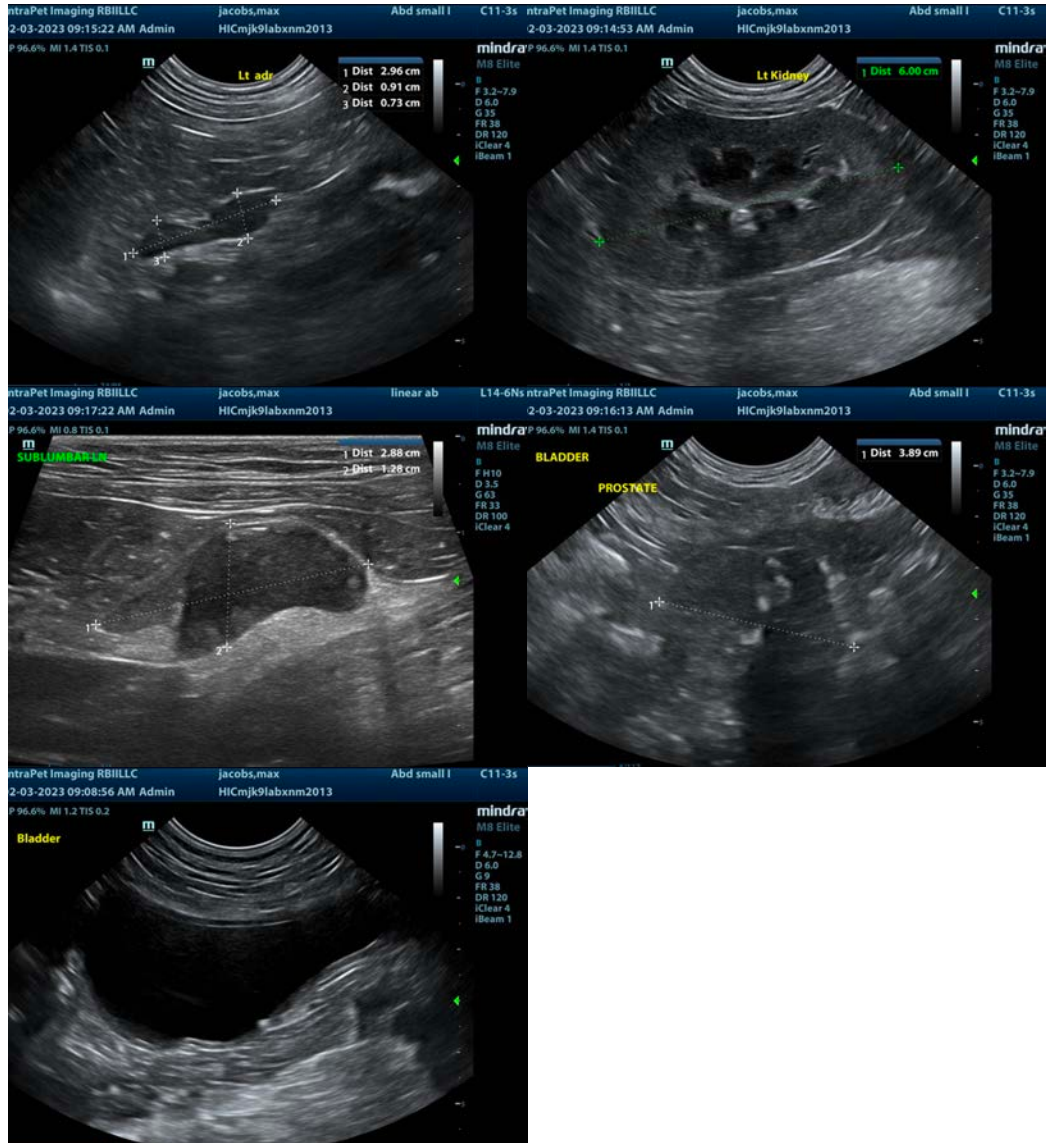
## **ULTRASONOGRAPHIC FINDINGS**

- Prostatic mass and iliac lymph node enlargement
- Age related hepatic changes

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Referral for chemotherapy and stent placement warranted. FNA of the iliac lymph nodes and prostate could be considered for further definition, yet this is strongly consistent with prostatic carcinoma. Traumatic catheterization could also be considered for definitive diagnosis. Iliac lymph enlargement would suggest spread.





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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