

**DATE**

2/9/23

PATIENT

Flacco Sinnott

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

7/1/10

WEIGHT

90 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Alexander AH

REFERRING VET

Dr. Alexander

INVOICE

45035

PRESENTING CLINICAL SIGNS

Submandibular and left axillary swelling with history of oral malignant melanoma, with possible mid abdominal mass versus organomegaly.

Current Medications: Carprofen 100mg BID.
Lab Results: Mild anemia HCT 35%.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brillhart, RDMS.

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 (6.7 cm) 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. Prostatic changes were moderate to severe.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 left kidney measured 7.7 cm. The right kidney measured 7.62 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 3.28 cm x 0.84 cm at the caudal pole and 0.70 cm at the cranial pole. The right adrenal gland measured 3.22 cm x 0.87 cm at the caudal pole and 0.62 cm at the cranial pole.

Spleen

The **spleen** revealed a moderately complex cystic and expansive disorganized mass, measuring 10+ cm. Reactive mesentery noted associated with the mass. A separate splenic nodule was noted measuring 1.0 cm at the mid body.

Liver

The **liver** was mildly heterogeneous with slight increased portal markings. Micrometastasis is a potential. 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.

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.

Other

Transdiaphragmatic view revealed some areas of lung consolidation and pleural effusion. Ringdowns/B-lines noted. Rapid view of the heart revealed pericardial effusion as well as pleural effusion. No overt masses present, yet given the presentation occult cardiac hemangiosarcoma likely.

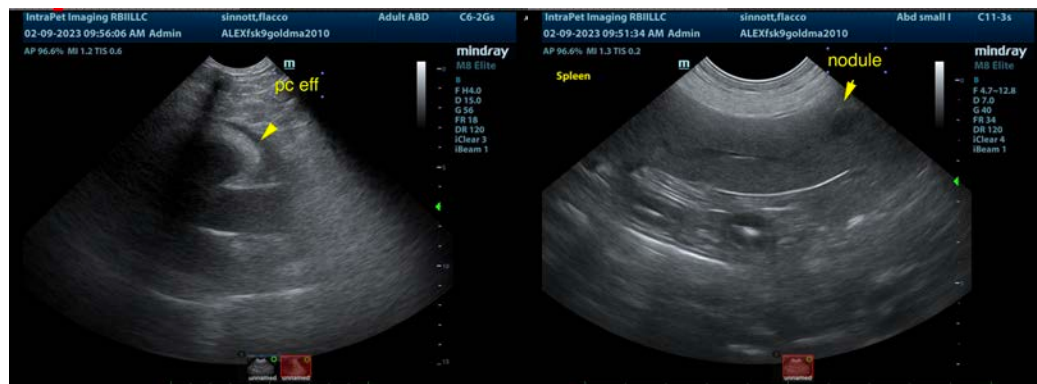
Testicles were imaged with multiple nodular changes in both.

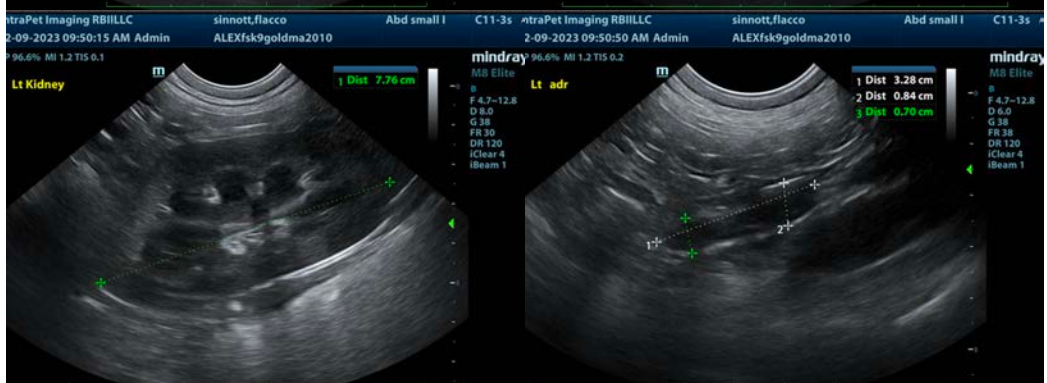
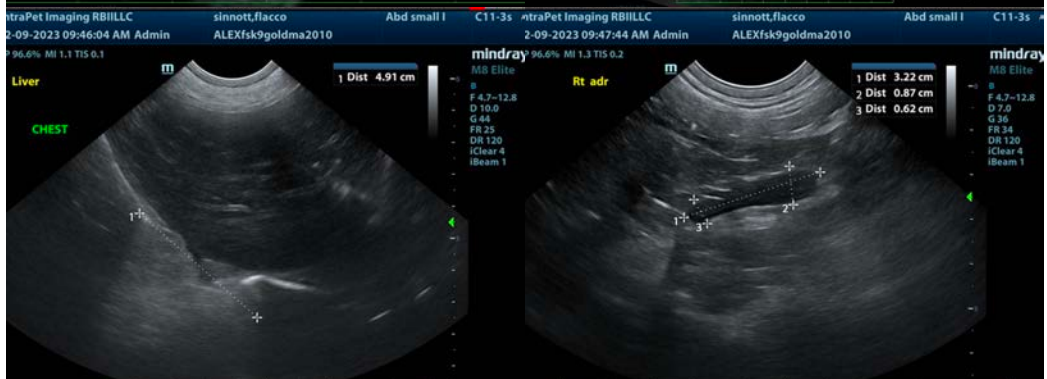
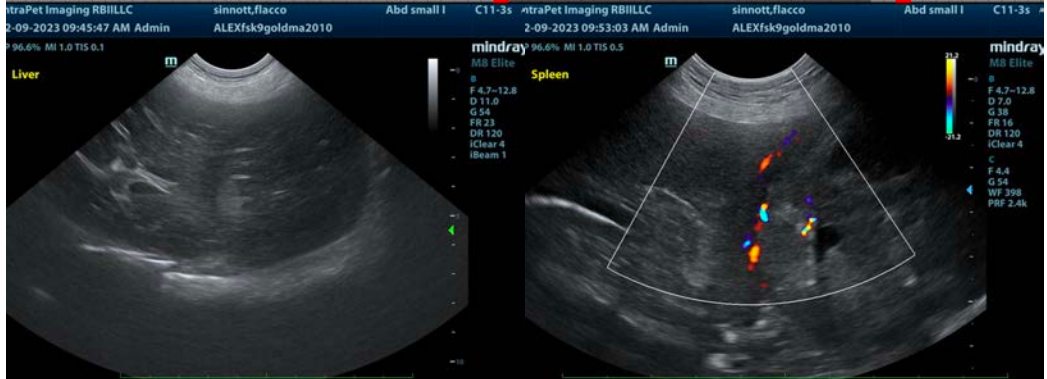
ULTRASONOGRAPHIC FINDINGS

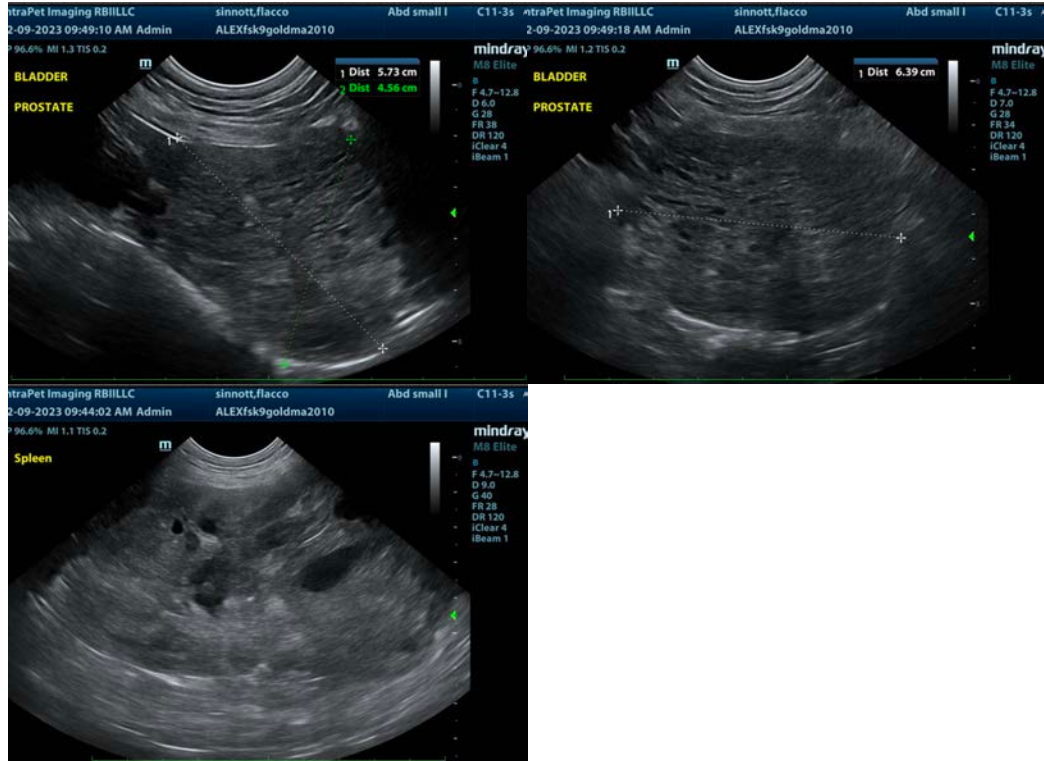
- Splenic mass – strong concern for hemangiosarcoma
- Mildly heterogeneous liver
- BPH prostate
- Testicular nodules
- Age related renal changes
- Lung consolidations and pleural effusion – suspect metastatic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest CT indicated. Prognosis is poor.







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.

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