



PATIENT PRESENTING CLINICAL SIGNS

Bode Phalon

History: Prior history of Pancreatitis / Enteritis at Eclipse on 02/08- 02/13. Still anorexic and picky with food most days, Chronic Bloody Diarrhea sometimes no blood seen, Tylosin caused vomiting. Currently on Pepcid AC 20 mg SID in evening, Cerenia 160 mg 1/4 tab SID, Add in Amoxicillin 500mg BID and cont Metronidazole 250 mg BID Owners using Entyce as well. Cobalequin 1 chew day for large dogs.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Some bruising noted ventral abdomen today, Grade 3 dental disease CBC - Mild stress leukogram, Platelets normal 472,000- today BW 2/17- Chem 27 ALKP 868 U/L Calcium 8.8 Precision PSL 223 U/L WBC 20,300/uL Neutrophils 16849/uL Monocytes 1218/uL T4 WNL

BREED

English Springer Spaniel

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Male

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 was noted. Ureteral papillae were normal.

AGE

13 years

The prostate is enlarged and cystic and measured 4.6 cm. The prostate was cystic in the near field and nodular in the far field. The iliac trifurcation was unremarkable.

WEIGHT

42 lbs

The **left** revealed normal size and structure with normal corticomedullary definition. 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 6.92 cm. There was loss of corticomedullary definition in the right kidney. The right kidney measured 6.76 cm with cortical infarcts and nodules. The right kidney revealed reactive surrounding mesentery and anechoic cysts at the caudal pole measuring 1.0 cm.

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUS

IMAGING PERFORMED BY

Marco Litchfield/Dr. Ammeraal

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 0.59 cm at the cranial pole and 0.44 cm at the caudal pole. The left adrenal gland measured 2.01 x 0.63 cm at the caudal pole and 0.54 cm at the cranial pole.

HOSPITAL NAME

Sova AH

REFERRING VET

Dr. Ammeraal

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 was noted.

INVOICE

43165

DATE

3/7/23



PATIENT

Liver

Bode Phalon

The **liver** was swollen and irregular with isoechoic, nodular changes. The gallbladder and common bile duct were unremarkable.

SPECIES

Canine

Gastrointestinal

BREED

English Springer Spaniel

The **stomach** revealed retention of ingesta. A particular part of the jejunum was thickened with reactive surrounding mesentery. There was loss of mural detail and this is best represented in video clip time stamped 2:13:45. The small intestines revealed diffuse thickening with hypertrophied muscularis. The colon was unremarkable. Reactive mesentery was noted around the small intestine.

SEX

Male

Pancreas

AGE

13 years

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.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

42 lbs

There are multiple issues in this patient. I am concerned about the intestine as neoplastic criteria appears to be emerging in focal regions of the intestine. The right kidney presents significant remodeling and potential emerging neoplastic event versus infarcts and inflammation.

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Eric Lindquist, DMV
DABVP, Cert. IVUSS

The prostatic enlargement is concerning as well as inflammation around the prostate. The cystic structure may represent an abscess.

IMAGING PERFORMED BY

Marco Litchfield/Dr.
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full thickness intestinal biopsies guided by intraoperative ultrasound would be optimal in this patient. Given the bruising full coagulation panel is indicated. If liver enzymes are elevating then ultrasound-guided FNA of the liver is indicated as it is enlarged to mildly irregular. This may be related to benign hepatopathy; however, an emerging round cell neoplastic event cannot be completely ruled out. The prognosis is guarded. I feel that sampling is in this patient's best interest likely from a surgical standpoint. Full urinary work-up is warranted given the bladder debris. FNA of the prostate and drainage of the cystic portion with culture is indicated as well as full urinary work-up. There is a possibility of prostatic carcinoma; however, prostatitis with microabscessation and UTI would be the best case scenario for this patient. However, this does not address the intestinal issues. Combination of both intestinal and prostatic/urinary issues are likely contributing to the clinical signs.

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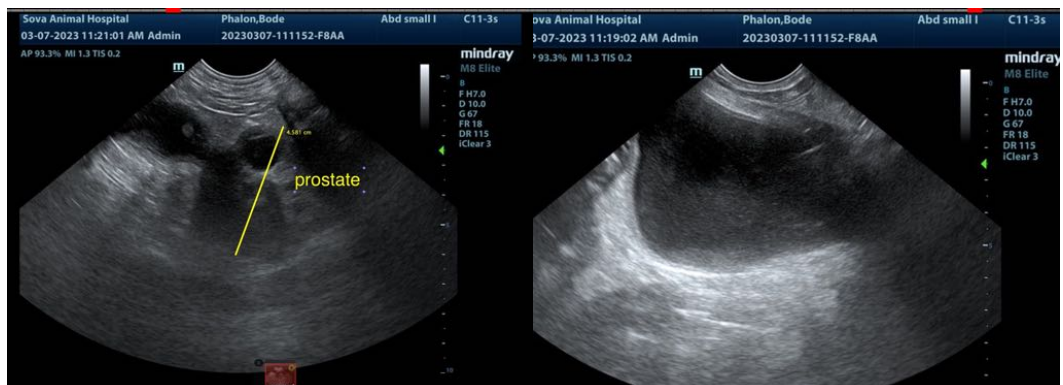
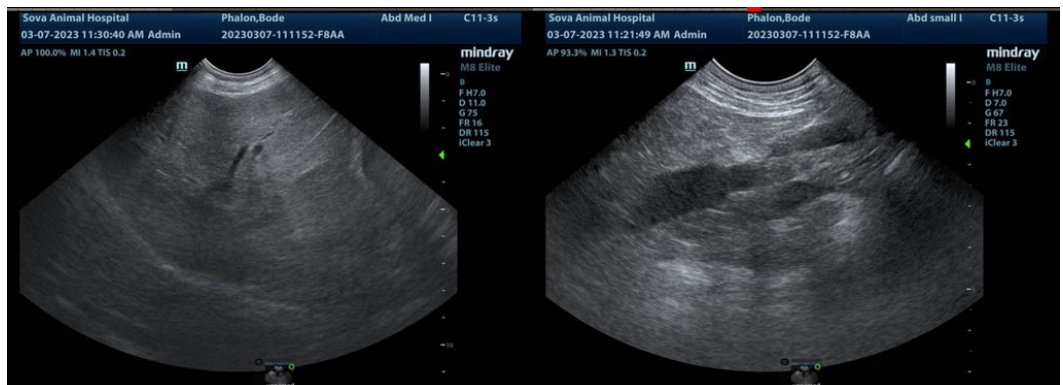
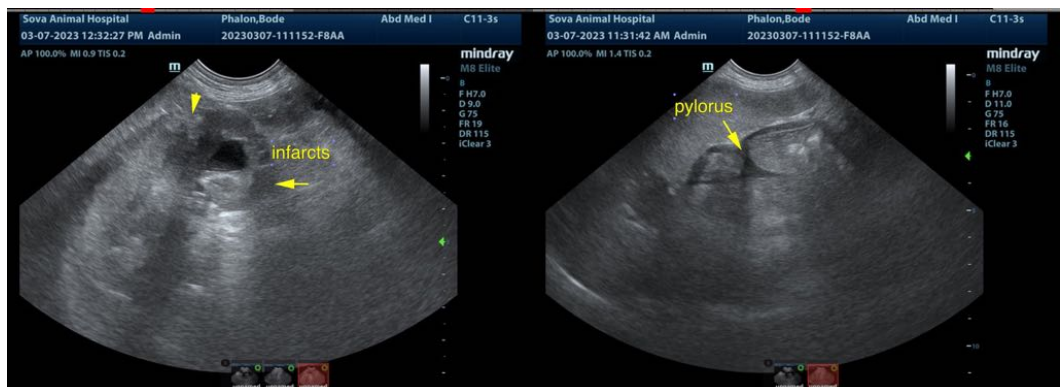
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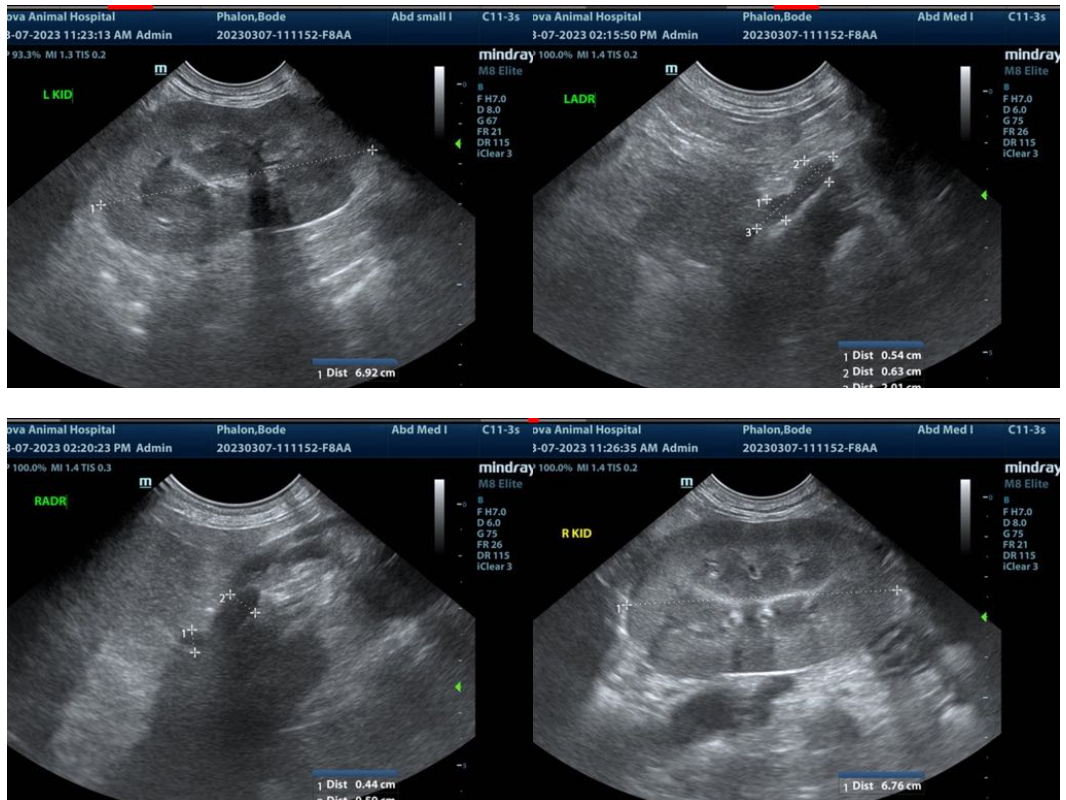
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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