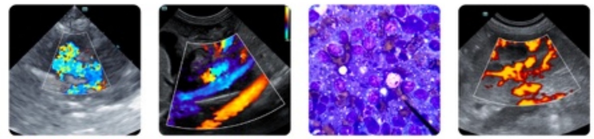


PATIENT

Capone Pierce

SPECIES

Canine

BREED

Pitbull Mix

SEX

Male

AGE

12 years

WEIGHT

36.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

HOSPITAL NAME

REFERRING VET

Dr.

INVOICE

74789

DATE

4/24/26

PRESENTING CLINICAL SIGNS

History: *Owner has noticed a significant amount of weight loss over the past 1-2 weeks. 3-4 days ago, Capone started with vomiting that has continued and is now having blood in the vomit. Capone has also chewed the nails off of his LH foot and vomiting was noted to have started after that. Also has a mass on the base of his tail that had a cytology done and is presumptively cancer. Difficulty with weakness in hind limbs when walking. Owner has also noted PU/PD. Owner notes hyporexia. P is having diarrhea.
*concern for prostate infection, neoplasia , Gi disease, other
Abnormal PE/Chem/CBC/UA Results: PE: moderate pain 1/4; BCS 4/9, thin almost cachexic; Reactive to abdominal palpation, palpates "full" in mid abdomen; unable to do thorough rectal- pet very painful- but could feel the prostate and seemed painful/large; Muscle atrophy, moderate generalized cbc: wbc 39.55 (primary neuts and mono), platelets 764, reticulocyte 277, hct 29 chem: bun 8.2, alp 279 epoc:: K+ 3.4, chloride 104 rads: enlarged prostate, possible gall bladder stones and enlarge gall bladder

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

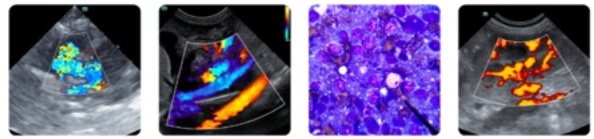
The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

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 8.5 cm. The right kidney measured 7.3 cm.

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. The prostate measured 4.5 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 0.6 cm. The right adrenal gland measured 1.1 cm at the cranial pole and 0.9 cm at the caudal pole.



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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. The spleen measured

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

The **stomach** was significantly over distended. The upper duodenum revealed an infiltrative mass with regional inflammation and loss of structural detail. This is an annular, obstructive mass causing delayed outflow and gastric stasis and measured 6.8 x 3.75 cm. Regional inflammation extended to the right pancreatic base. The distal small intestine revealed minor thickening, yet was otherwise unremarkable.

Pancreas

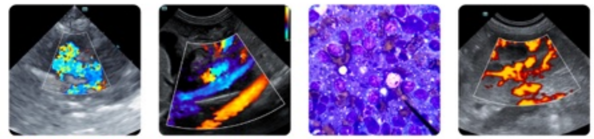
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Obstructive upper duodenal mass with secondary gastric over distension. Duodenal carcinoma is suspected, round cell neoplasia is less likely. Non-neoplastic granulomatous lesion is possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA can be considered in this patient for further definition or exploratory surgery. However, given the position of the mass resection would be challenging.



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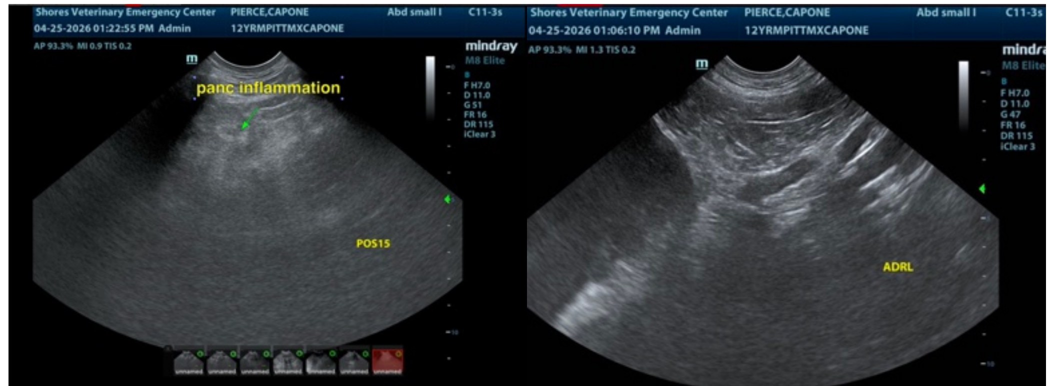

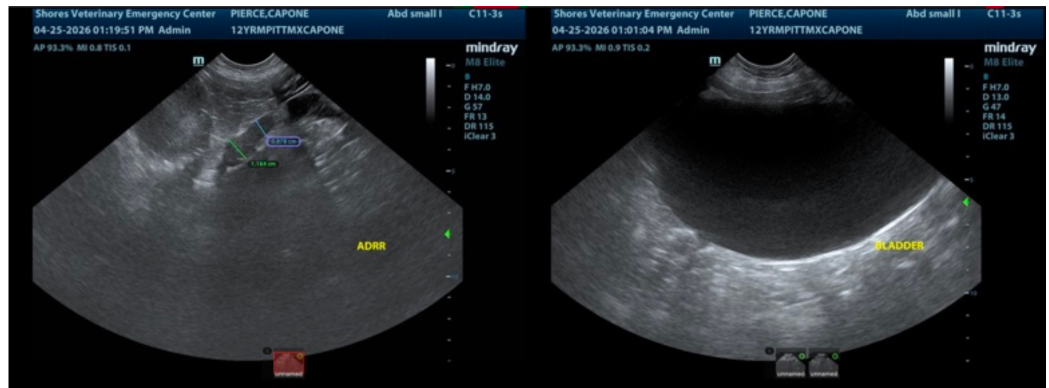

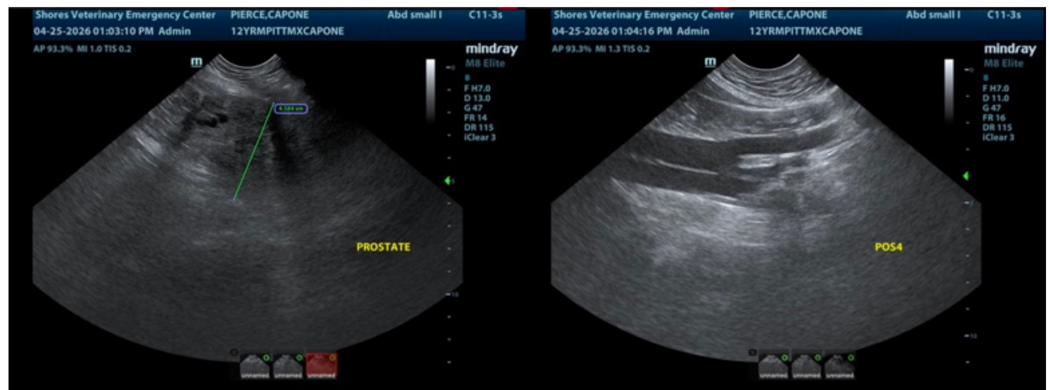

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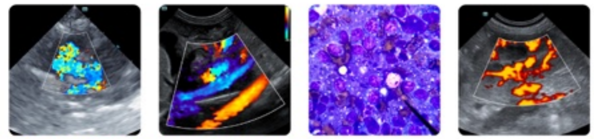

Clinical Sonography & Telecytology
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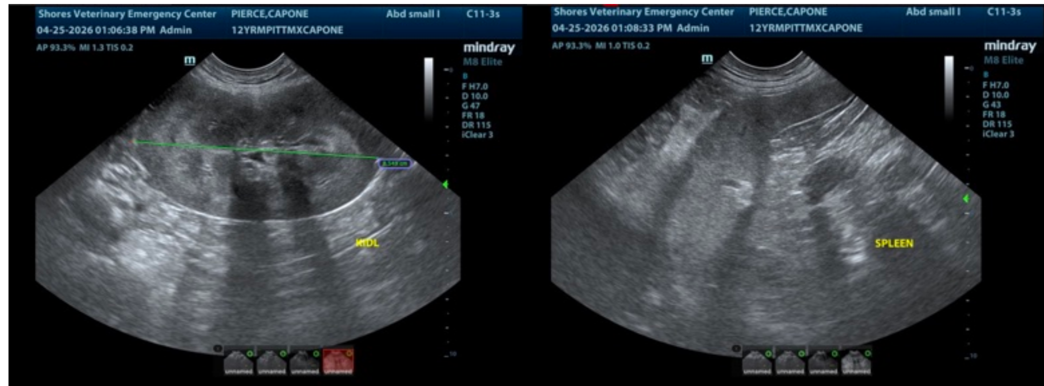

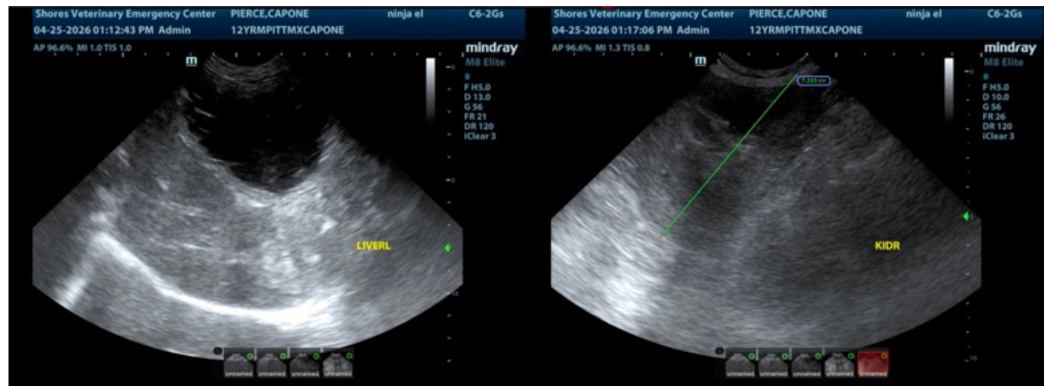

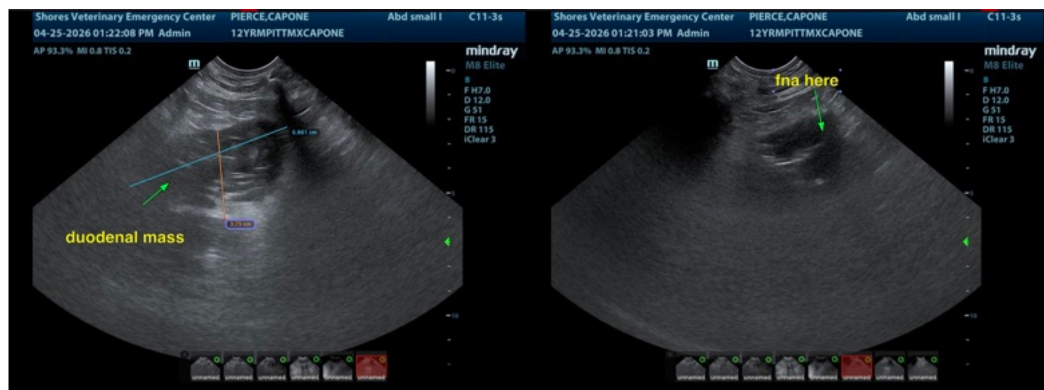

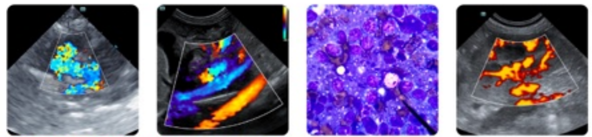

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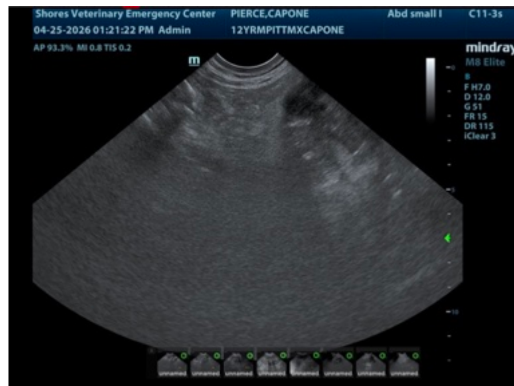

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com