



PATIENT

Simba Peralta

PRESENTING CLINICAL SIGNS

History: Ultrasound for neighboring clinic. Lethargic, not eating well. Vomited 1x, diarrhea 1x.
Abnormal PE/Chem/CBC/UA Results: Abdomen distended, otherwise nsf

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Miniature Schnauzer

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.

SEX

Neutered male

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 3.2 cm.

AGE

8 years

WEIGHT

9.6 kg

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. A cortical infarct The right kidney measured 5.0 cm. The left kidney measured 5.6 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The **adrenal glands** were not visualized.

IMAGING PERFORMED BY

Dr. Biederbeck

Spleen

HOSPITAL NAME

Lomsnes VH

The **spleen** was hypoechoic with a 0.5 cm nodule at the mid body. Generalized splenic enlargement was noted and expanded into a mixed echogenic and mineralizing mass measuring 7.0 cm. There was no evidence of metastatic disease. However, regional lymphadenopathy was present.

REFERRING VET

Dr. Biederbeck

Liver

INVOICE

44033

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

DATE

4/26/23



PATIENT

Simba Peralta

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Neutered male

AGE

8 years

WEIGHT

9.6 kg

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. The mesenteric lymph nodes were mildly enlarged and reactive measuring up to 1.5 cm.

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

Splenic mass with slight splenic lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no obvious evidence of metastatic disease. Chest radiographs and rapid echocardiogram are warranted as well as splenectomy and splenic lymph node removal with liver inspection and biopsy. Hemangiosarcoma versus round cell neoplasia. Hemangiosarcoma versus round cell neoplasia. Stromal tumor or benign hyperplasia is possible, yet less likely.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Biederbeck

HOSPITAL NAME

Lomsnes VH

REFERRING VET

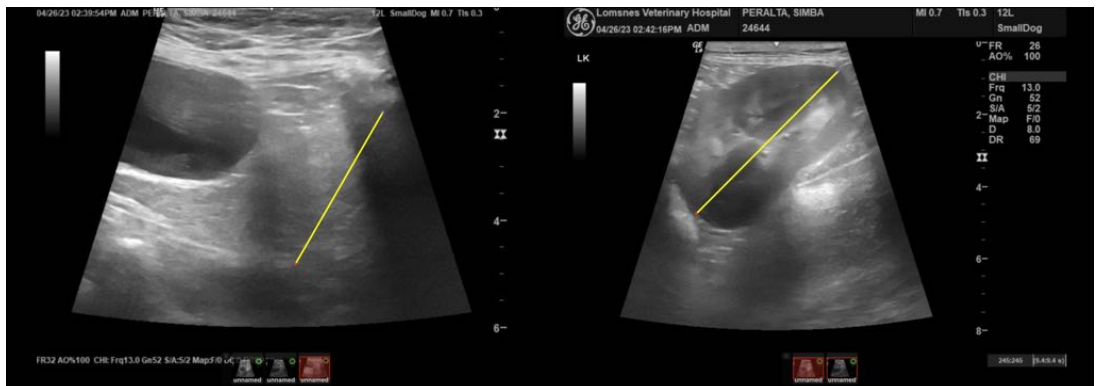
Dr. Biederbeck

INVOICE

44033

DATE

4/26/23





PATIENT

Simba Peralta

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Neutered male

AGE

8 years

WEIGHT

9.6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Biederbeck

HOSPITAL NAME

Lomsnes VH

REFERRING VET

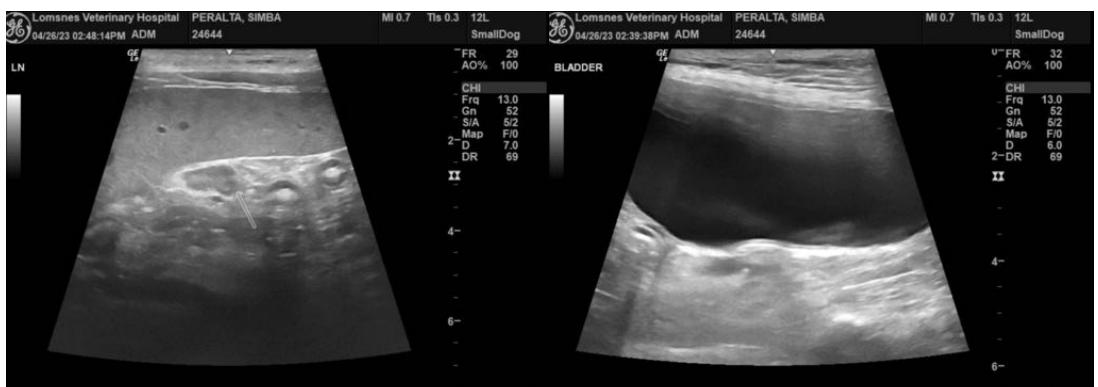
Dr. Biederbeck

INVOICE

44033

DATE

4/26/23



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
info@SonoPath.com