



PATIENT

Teddy Gilsenan

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

13 Years 10 Months

WEIGHT

N/A

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. Hartwick

INVOICE

22193

DATE

4/28/23

PRESENTING CLINICAL SIGNS

History: For a while moaning, drooling x 24 hrs refused food am, diarrhea multiple medical issues. hx copper storage dz, cholecystostomy, pancreatitis, tcc, mass ventral distal colon. Rads distended stomach
Current meds: Today - cerenia, famotidine, IVF. Piroxicam, D penicillamine, Vit B6, Denaryl, prilosec, apoquel prn, tylan powder, dasuquin, tacrolimus + glaucoma meds.

Abnormal PE/Chem/CBC/UA Results: Chem = alt 157

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Polypoid changes were noted at the cystourethral junction of the **urinary bladder**. The urinary bladder itself, the body of the bladder and urine appeared unremarkable otherwise.

The **prostate** was enlarged, irregular and mineralized, measuring 1.63 cm, proliferating into the cystourethral junction. This is strongly suggestive for carcinoma.

An **iliac lymph node** was enlarged, irregular, and hypoechoic, measuring 1.0 cm. This is strongly suggestive of metastatic lesion.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. Mineralization was present in the kidneys. The right kidney measured 4.6 cm. The left kidney measured 4.42 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 right adrenal gland measured 2.0 cm x 1.0 cm at the cranial pole and 0.59 cm at the caudal pole. The left adrenal gland measured 1.62 cm x 0.81 cm at the cranial pole and 0.56 cm at the caudal pole.

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.

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture, heterogenous parenchymal changes and increased portal markings. The gallbladder and common bile duct were unremarkable. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is



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encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

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Shadowing material was noted in the **stomach** consistent soft foreign matter, nonobstructive, if the patient was NPO. The duodenum and colon were unremarkable and empty.

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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- Prostatic/cystourethral junction mineralizing mass, strongly suggestive for carcinoma
- Full stomach with soft shadowing material
- Hepatopathy
- Age-related renal changes with mineralization
- Age-related pancreatic changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient was not NPO, then 24-hour NPO and recheck sonogram of the pyloric outflow is warranted, however, the prostatic and iliac lymph node pathology is significantly concerning. Traumatic catheterization and/or FNA of the iliac lymph node, and/or prostate could be considered with some level of trailing.

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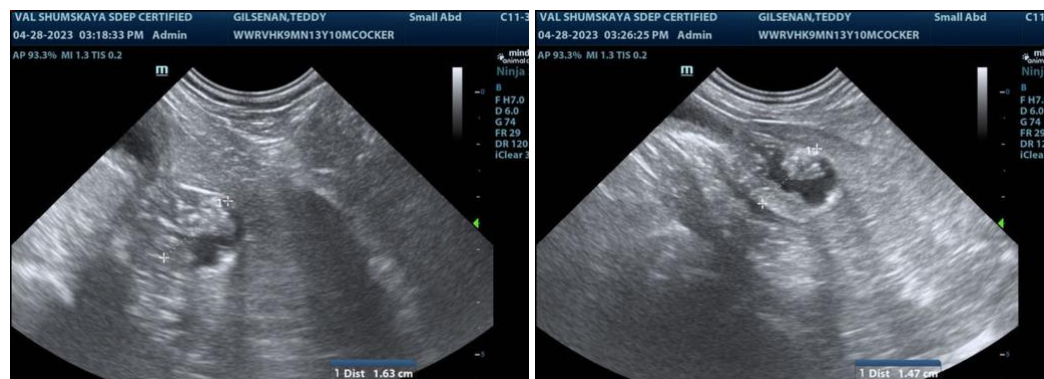
Dr. Hartwick

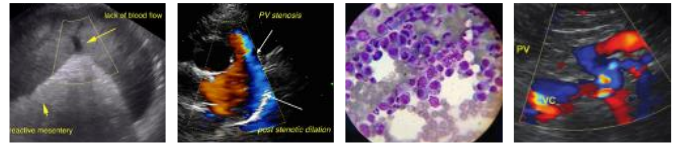
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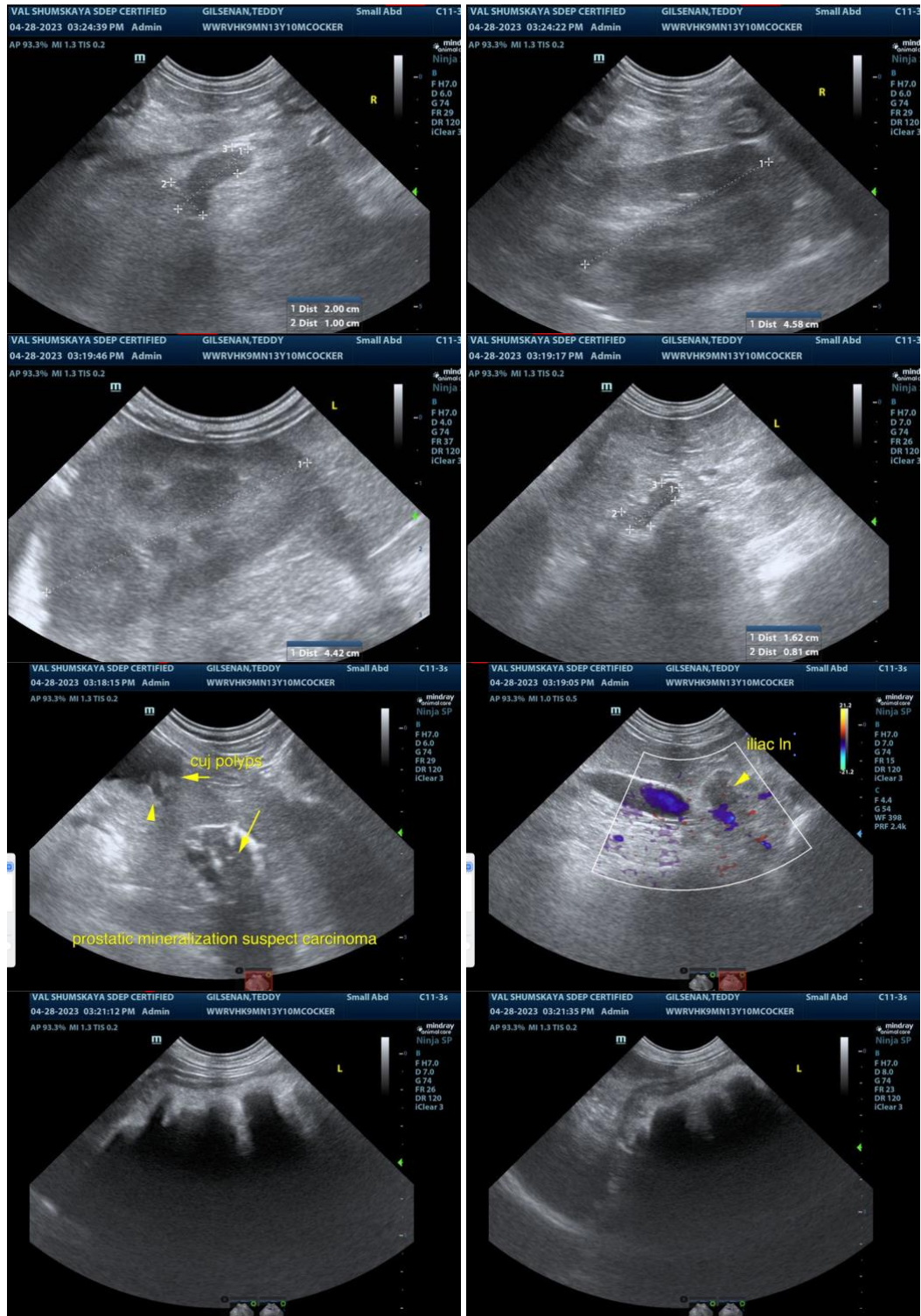
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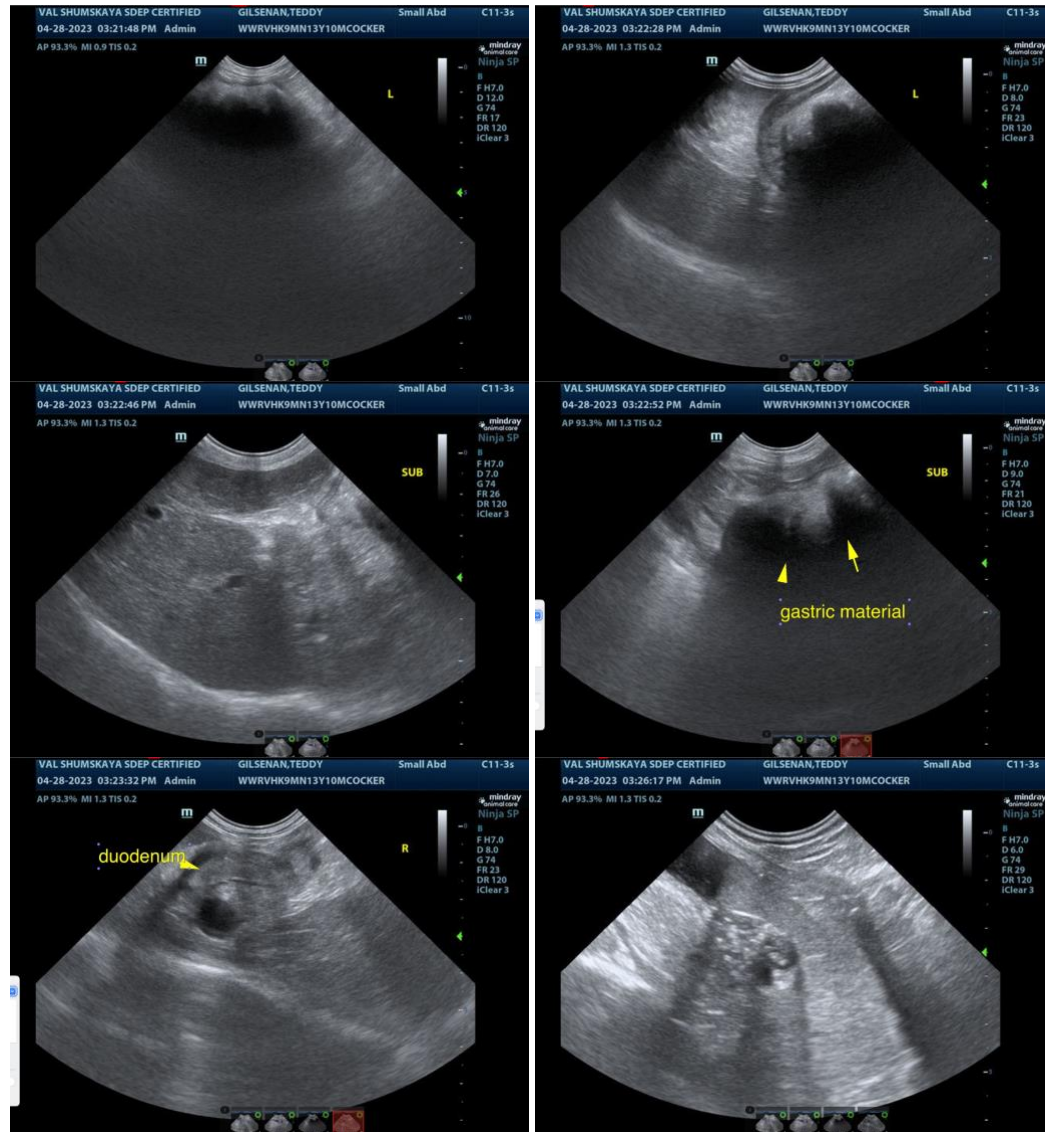
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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