



**PATIENT**

Brownie Fenton

**PRESENTING CLINICAL SIGNS**

History: Patient presents for hematuria. Unable to palpate prostate, firm mass-like lesion caudal most abdomen. Current meds: Baytril and Galliprant.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

German Shepherd Mix

The **urinary bladder** was over distended. 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**

Intact male

The prostate is enlarged, mixed hypoechoic, irregular nodular changes measuring up to 6.2 cm. The left testicle revealed multiple masses and cystic changes measuring 4.47 cm.

**AGE**

11 years

A right **renal mass** was noted and measured 6.5 cm. The right kidney measured 9.5 cm in its entirety. A left renal mass measured 4.4 cm and was similar to the right kidney. The left renal mass was hypoechoic and undifferentiated. The masses in the right and left kidney are power Doppler positive. This is indicative of parenchymal disease as opposed to abscessation or cyst.

**WEIGHT**

**Adrenal Glands**

The right **adrenal gland** was uniform and measured 2.1 x 0.77 cm at the cranial pole and 0.56 cm at the caudal pole. The left adrenal gland was slightly enlarged at the cranial pole measuring 2.12 x 1.02 cm at the cranial pole and 0.62 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS,  
CEO of SonoPath.com

**Spleen**

The **spleen** revealed a hypoechoic nodule with disrupted architecture and capsular expansion measuring 1.83 x 1.35 cm. Other, hypoechoic nodular changes were noted in the spleen. A separate nodule measured 0.65 cm.

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**HOSPITAL NAME**

Brenda King VS

**REFERRING VET**

Dr. King

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**Gastrointestinal**

A hypoechoic **gastric wall** was noted, particularly the caudal aspect of the pyloric outflow. An anechoic lumen is present. The small intestines and colon were unremarkable.

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**Pancreas**

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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.

**SPECIES**

Canine

**Heart**

**BREED**

Rapid view of the heart revealed thickened, irregular left ventricle. Myocardial lymphoma is a potential in this patient.

German Shepherd Mix

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Intact male

Prostatic and renal masses with splenic nodules. There is a strong concern for multi-focal lymphoma or similar neoplasia involving the kidneys, spleen and prostate.

**AGE**

Left testicular mass.

11 years

Myocardial lymphoma is a potential.

**WEIGHT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

This is not a typical benign prostatic hyperplasia. Given the renal and splenic changes I am concerned for prostatic lymphoma. FNA of the either renal mass, splenic nodules and prostate are strongly encouraged in this patient.

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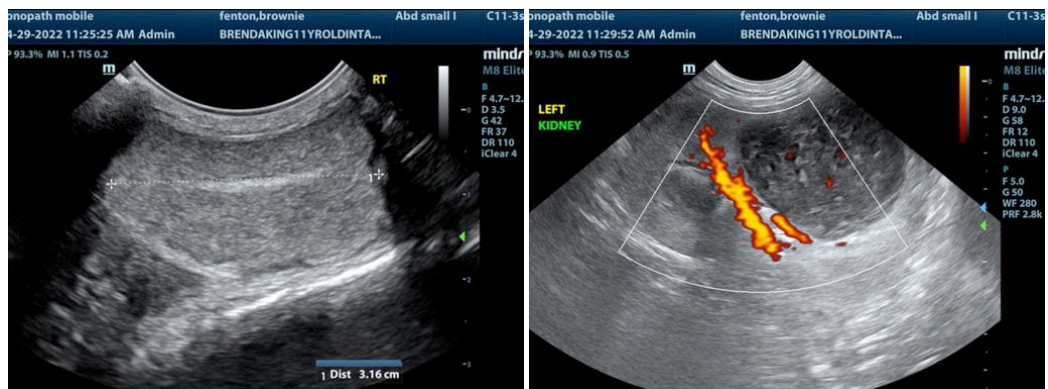
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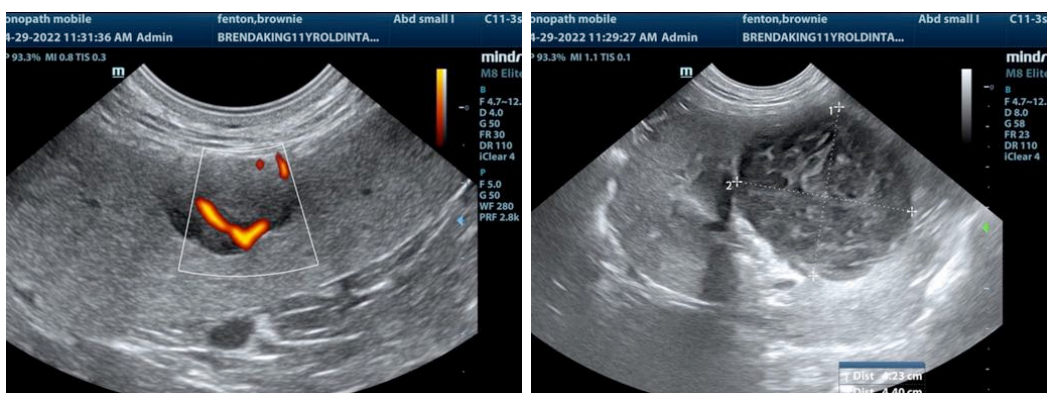
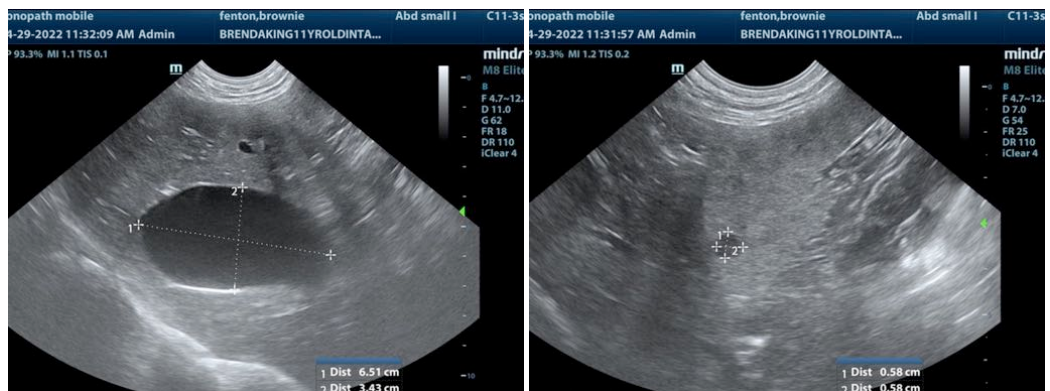
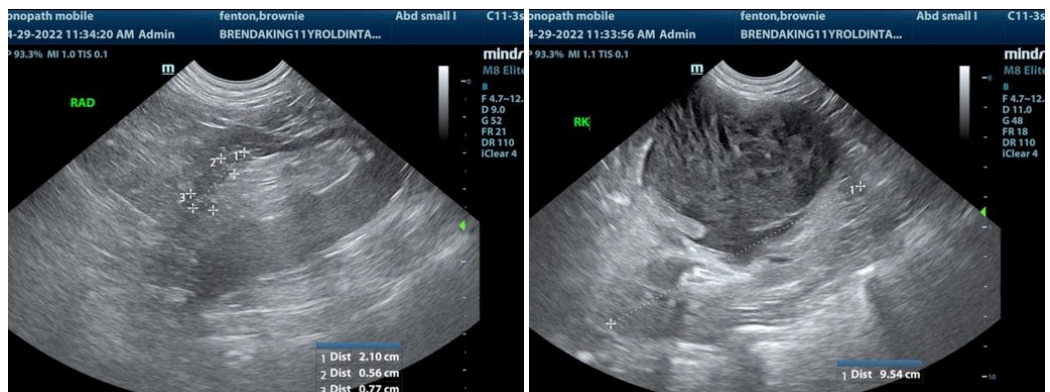
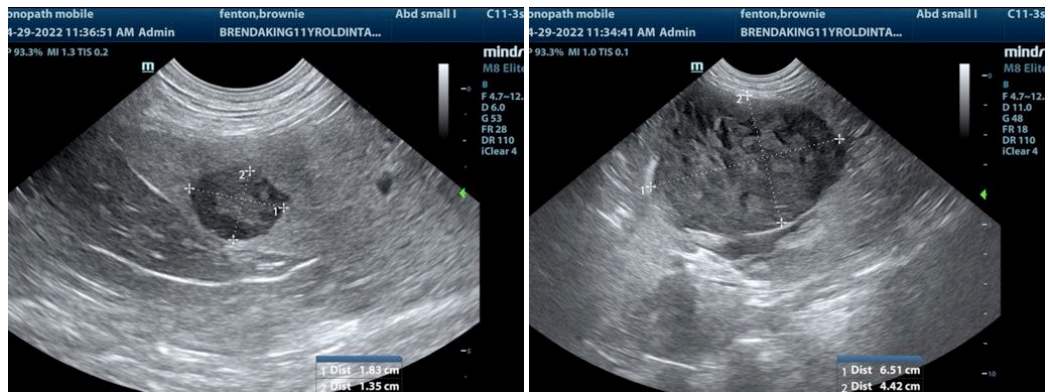
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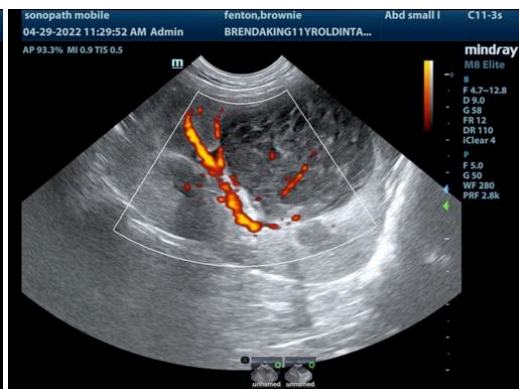
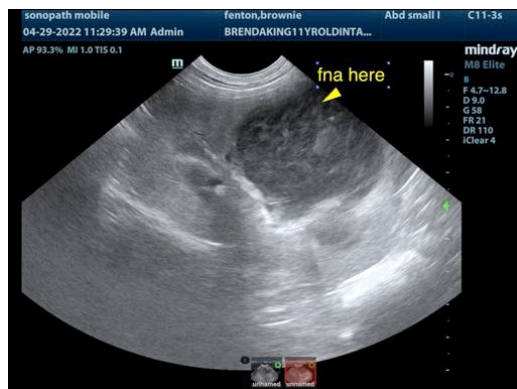
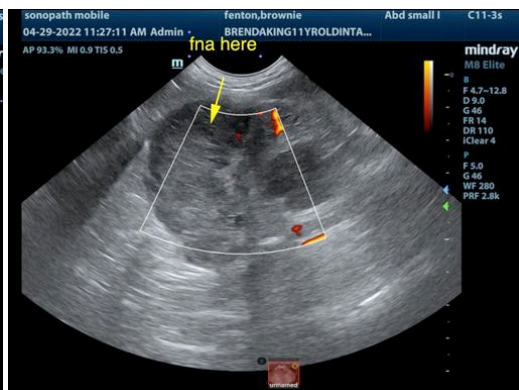
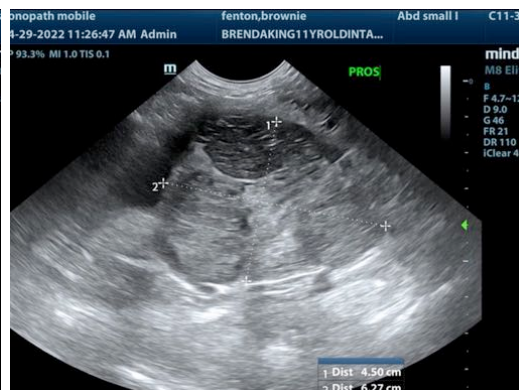
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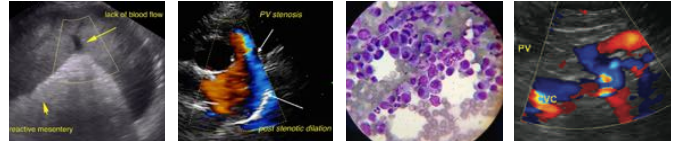
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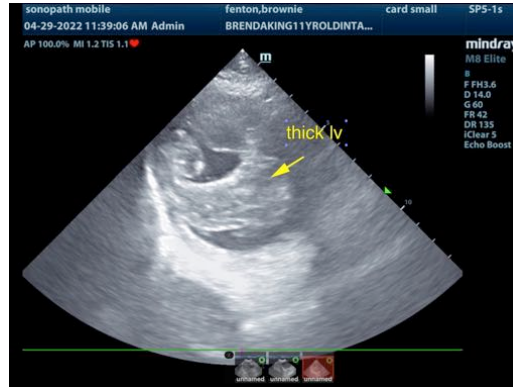
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Info@SonoPath.com



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