



**PATIENT PRESENTING CLINICAL SIGNS**

Remmy Sanderson History: ADR for a month, second opinion. Elev ALT, 1500. rest ok. T Bil fine. No fever

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED** 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.

Labrador

**SEX**

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 5.0 cm.

**AGE**

6 years

The **left kidney** 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 capsule was acceptably uniform without significant irregularities. Occasional renal nodule was noted in the left renal cortex. The left kidney measured 6.0 cm. The right kidney is not visualized.

**WEIGHT**

80 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Adrenal Glands**

The **adrenal glands** were not visualized.

**IMAGING PERFORMED BY**

Dr. Hunt

**Spleen**

The **spleen** revealed a mixed, hypoechoic splenic mass that measured approximately 8.0 cm and is comprised of coalescing nodular changes deriving from the caudal pole.

**HOSPITAL NAME**

Bayshore VH

**Liver**

**REFERRING VET**

Dr. Hunt

The **liver** revealed multi-focal, hypoechoic nodular changes with ill-defined, swollen, irregular contour. This is strongly suggestive for round cell neoplasia given the splenohepatic presentation. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

**INVOICE**

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**Gastrointestinal**

The visible **gastrointestinal tract** was unremarkable.

**DATE**

4/5/22



**PATIENT**

**Pancreas**

Remmy Sanderson

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

**Free Abdomen**

**BREED**

Labrador

Trace amounts of free fluid were noted adjacent to the spleen.

**SEX**

Splenic mass.

Male

Hepatic mass.

**AGE**

Renal nodules.

6 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

80 lbs

I recommend 20-22 gauge of the splenic, hepatic and ideally renal nodules in this patient. There is a strong concern for underlying neoplasia. Pronounced nodular hyperplasia or fungal disease is also possible. Core biopsy of the parenchymal portion of the spleen and liver could also be considered if cytology continues to fail to produce adequate results.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Hunt

**HOSPITAL NAME**

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**REFERRING VET**

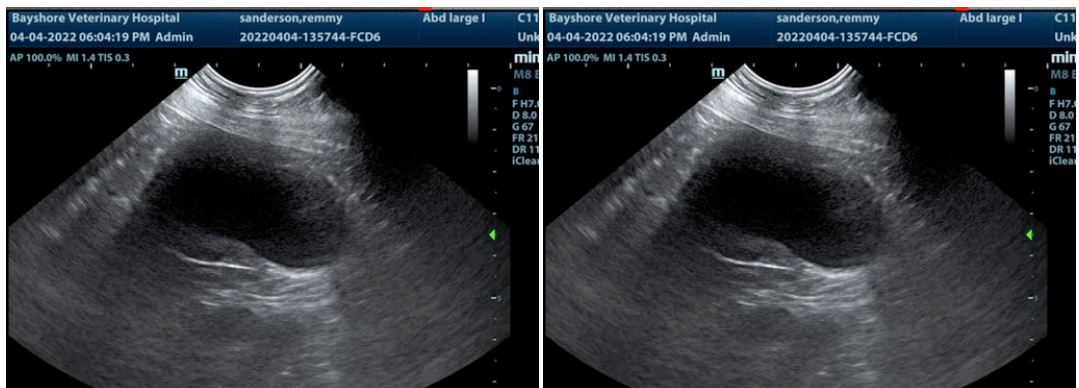
Dr. Hunt

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**DATE**

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**PATIENT**

Remmy Sanderson

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

Male

**AGE**

6 years

**WEIGHT**

80 lbs

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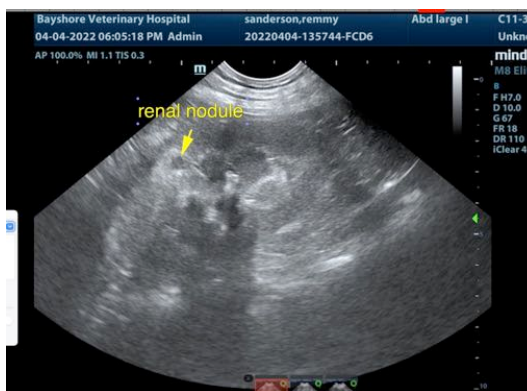
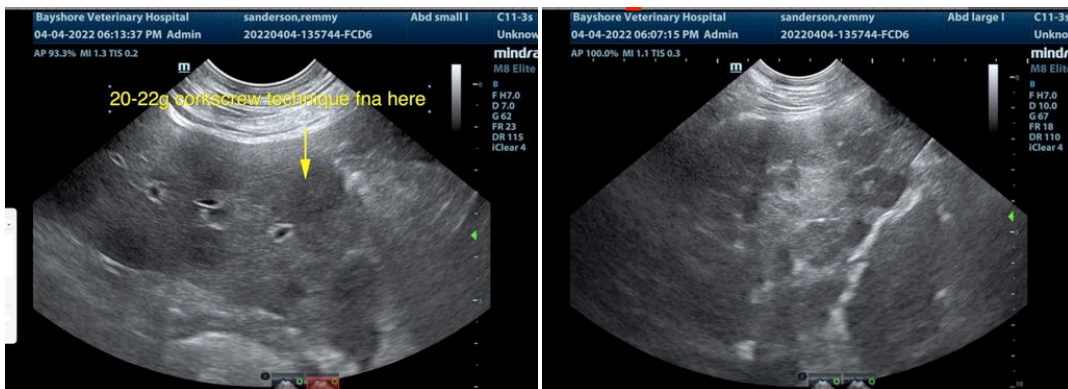
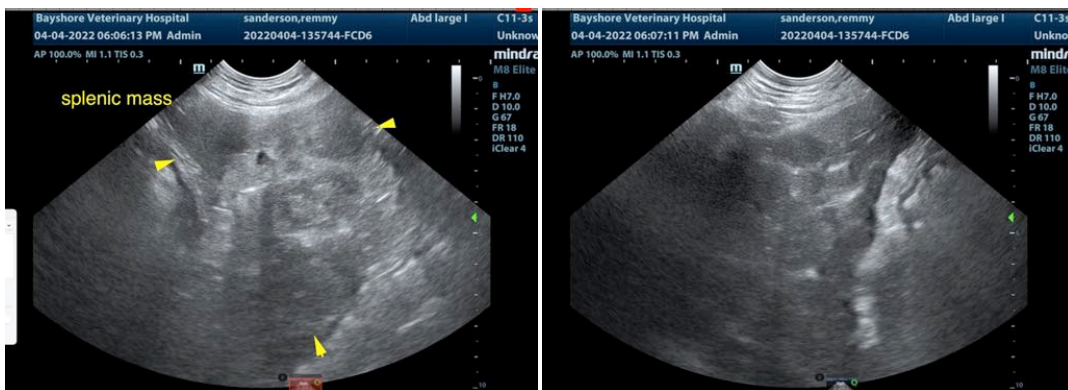
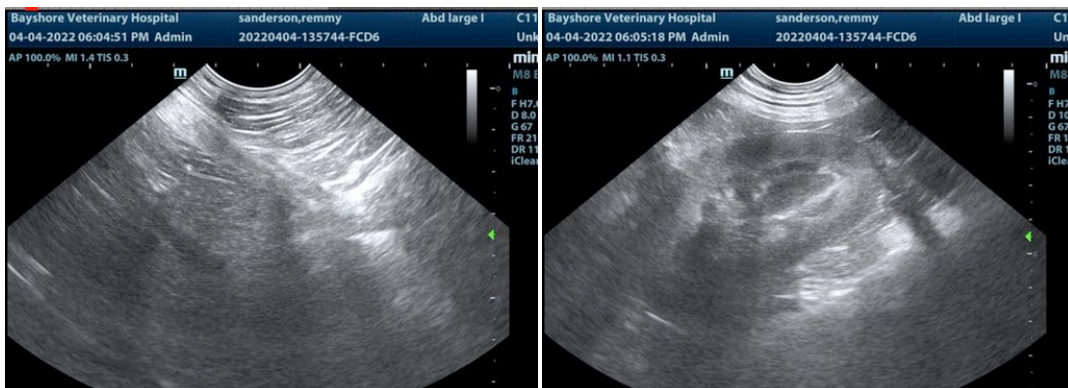
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**PATIENT**

Remmy Sanderson

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.

**SPECIES**

Canine

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.

**BREED**

Labrador

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

**SEX**

Male

**AGE**

6 years

**WEIGHT**

80 lbs

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**IMAGING  
PERFORMED BY**

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