



**PATIENT**

Joy Kwon

**PRESENTING CLINICAL SIGNS**

INTACT MALE . NO CLINICAL SYMPTOMS . MEDIUM SIZE MASS IS PALPATED IN MID ABDOMEN DURING PHYSICAL EXAM. BLOOD WORK IS NORMAL

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Pekingese

The **urinary bladder** itself was unremarkable. The **prostate** was uniformly enlarged (2.4 cm) 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 enveloped the cystourethral junction.

**SEX**

Male

**AGE**

12 Years

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. The kidneys measured 4.0 cm each.

**WEIGHT**

16.7 Pounds

**Adrenal Glands**

The **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 0.30 cm. The right adrenal gland measured 0.50 cm.

**INTERPRETED BY**

Eric Lindquist, DMV

**Spleen**

The **spleen** revealed a 4.0 cm parenchymal mass deriving from the cranial pole. No evidence of metastatic disease. This may be histopathologically benign.

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Kyoung Han

**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.

**HOSPITAL NAME**

Tenafly Vet Center

**REFERRING VET**

Dr. Kyoung Han

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**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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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4/7/22



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**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.

**Free Abdomen**

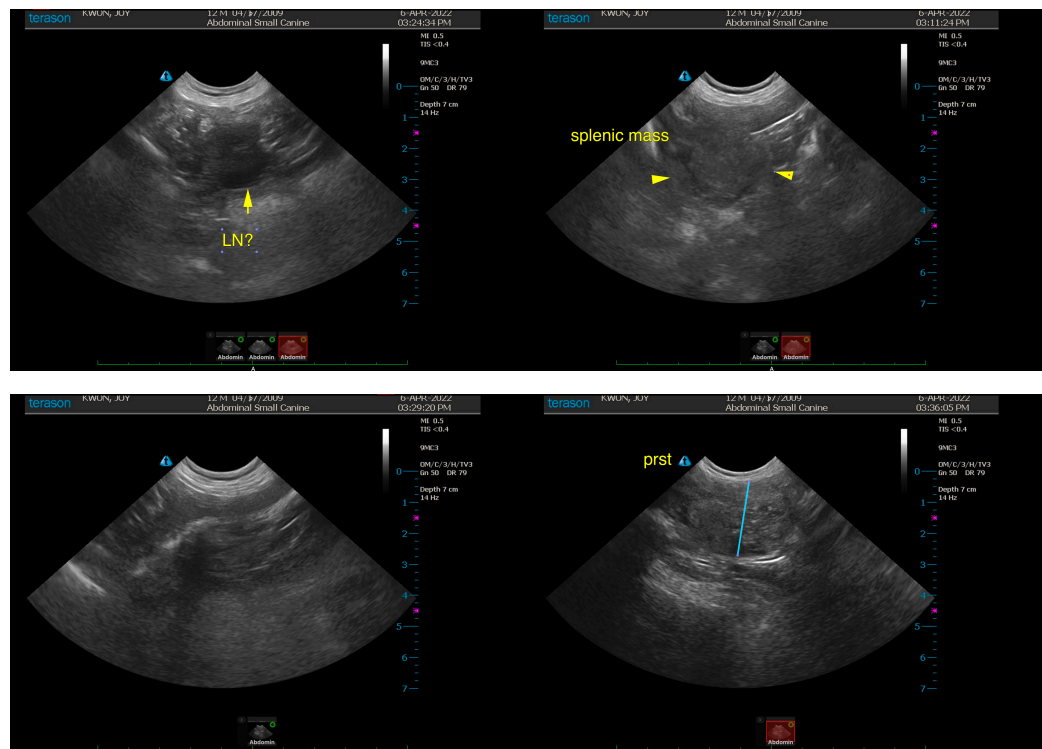
The mid abdomen revealed an undifferentiated mass, possible lymph node, measuring 2.5 cm.

**ULTRASONOGRAPHIC FINDINGS**

- BPH prostate
- Splenic mass
- Lymph node mass

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of both lesions could be considered, or direct exploratory surgery with removal of both. Age related changes elsewhere. Chest radiographs and rapid echocardiogram recommended to assess for metastatic disease.





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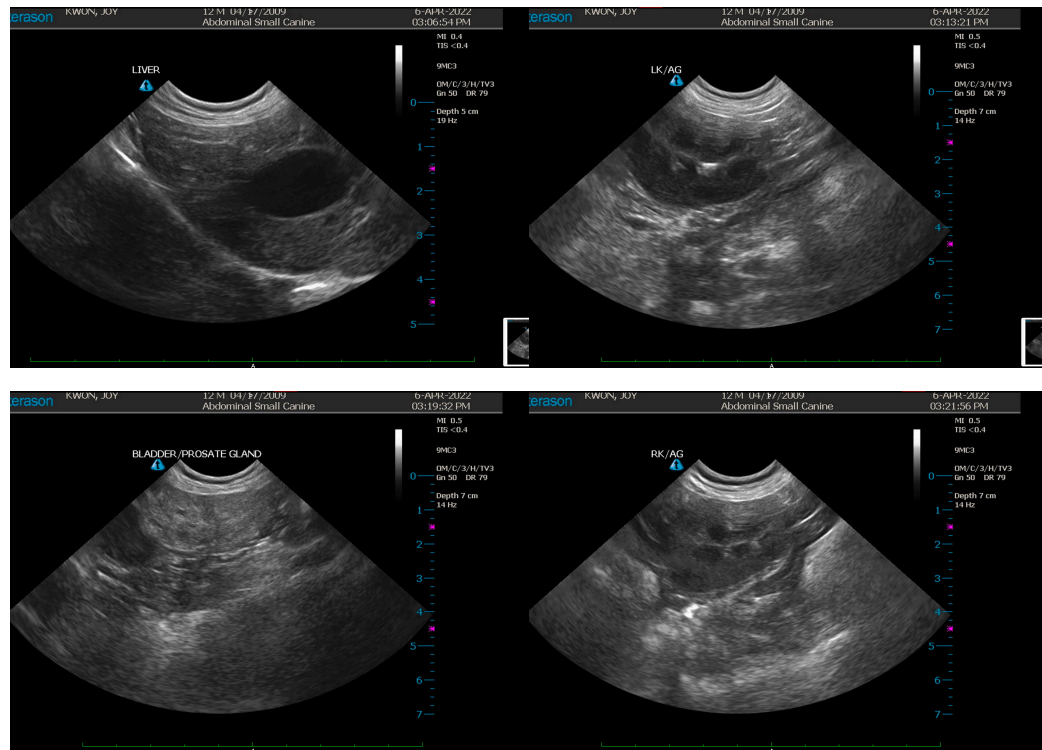
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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