



PATIENT

Champ Alves

SPECIES

Canine

BREED

Pit Mix

SEX

Male

AGE

8 Years 9 Months

WEIGHT

72

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Casulli

INVOICE

22265

DATE

5/1/23

PRESENTING CLINICAL SIGNS

History: FUIO, Vomiting and diarrhea, painful abdomen - especially caudal. Mild splenomegaly and prostatomegaly on rads 4DX - neg x 4 Provable, enrofloxacin, gabapentin was given to go home from AERA 2 days ago methadone given for pain in our office

Abnormal PE/Chem/CBC/UA Results: leukocytosis (18.31) mild with neutrophilia (16.74) urinalysis and urine culture pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 were noted. Ureteral papillae were normal.

The **prostate** was enlarged and cystic with echogenic debris, potential abscessation. The largest cyst measured 2.8 cm. The prostate measured 5.8 cm in width. Regional inflammation was noted. Slight free fluid was noted.

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. The left kidney measured 6.0 cm. The right kidney measured 6.7 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.

Spleen

The **spleen** itself was unremarkable, other than being folded upon itself.

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.

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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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.

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Free Abdomen

Slight **free fluid** was noted in the cranial abdomen between the spleen and liver. A mixed echogenic caudal abdominal steatitis type pattern was noted. The right caudal abdomen revealed a potential omental abscess or extension from the prostate.

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Pit Mix

ULTRASONOGRAPHIC FINDINGS

SEX

- Mineralizing prostatic cyst or abscess, possibility of concurrent prostatic carcinoma
- Infarcted lipoma or omental abscess in the caudal abdomen
- Free fluid
- Splenic fold

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided drainage at the site of the prostatic cyst (or abscess) with FNA of the parenchymal portion is warranted. FNA cytology and culture of the right caudal abdominal structure is warranted, or direct exploratory surgery with sampling and biopsies of both lesions. Chest radiographs are warranted to assess for comorbidities.

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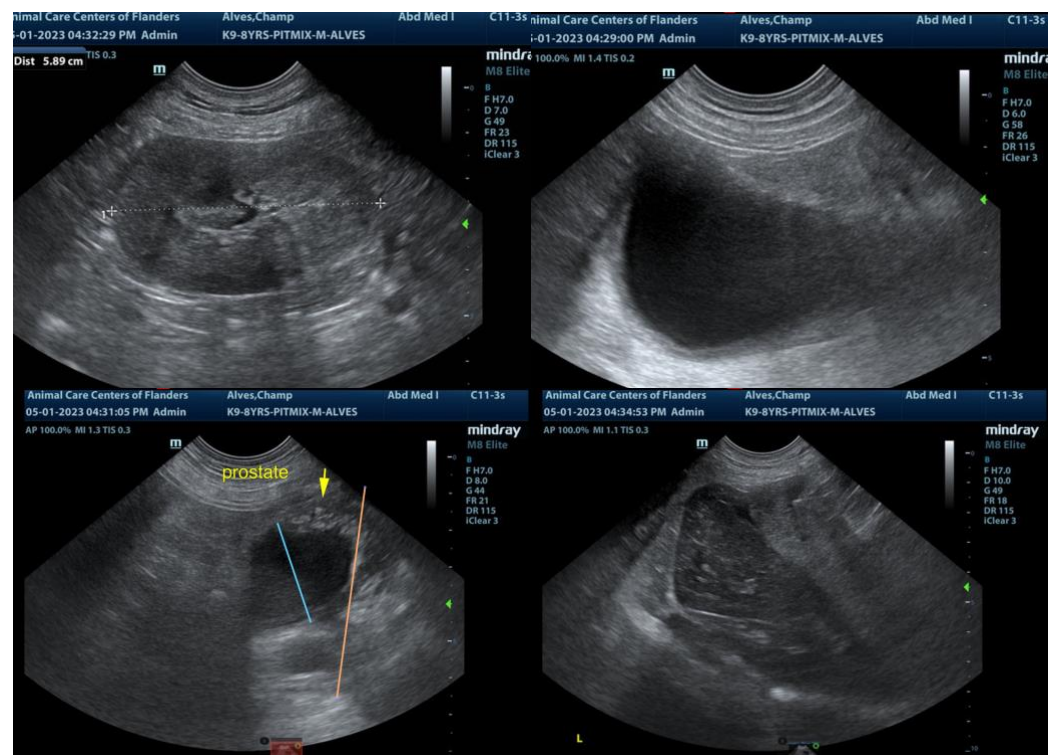
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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