



PATIENT

Capi Hernandez

SPECIES

Canine

BREED

Labrador Retriever

SEX

Intact Male

AGE

2 Years

WEIGHT

78 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gabriel Ferrer, DVM

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Maira Fonseca

INVOICE

16089

DATE

6/15/22

PRESENTING CLINICAL SIGNS

History: Patient presented as a referral for an urgent abdominal ultrasound. Pt presented today to the EC for evaluation because ADR. O indicates that today he noted Capi's belly to be enlarged, he was lethargic and unwilling to stand. Pt was inappetent, but drank a lot of water. Regular diet consist of dry food, but O gives bones and wet food. Two days ago he gave wet food; yesterday O gave pork chop bone. Today Pt has episode of diarrhea. Up to date in Vx and HW prevention. Lives with other canines siblings which are doing fine.

Abnormal PE/Chem/CBC/UA Results: PE: No major abnormalities or masses or abdominal distension noticed. Abdominal rads: Gas in the ascending, and transverse colon, but the rest was wnl. CBC: WBC + 21.36 95.05 -16.76), NEU + 18.54 (2.95 - 11.64) CHEM; WNL

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 uniformly enlarged with minor 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 4.35 cm.

The **kidneys** 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 capsules were acceptably uniform without significant irregularities. The right kidney measured 7.5 cm. The left kidney measured 7.82 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 left adrenal gland measured 0.53 cm. The right adrenal gland measured 0.4 cm at the cranial pole and 0.8 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



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infarctual changes were noted. The spleen was 2.28 cm in thickness. Caudal folding of the spleen was noted.

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Liver

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The **liver** itself was unremarkable, with uniform parenchyma. Double layered edematous gallbladder was noted.

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Gastrointestinal

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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

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The mesenteric **lymph nodes** (up to 3.5 cm x 1.06 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

78 Pounds

A slight amount of **free fluid** was noted in the mid caudal abdomen.

INTERPRETED BY

ULTRASONOGRAPHIC FINDINGS

Eric Lindquist, DMV
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- Mild gallbladder edema
- Slight free fluid
- Mesenteric lymphadenopathy
- BPH prostate
- Splenic fold
- Unremarkable abdomen otherwise

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The free fluid is likely owing to lymphatic congestion. No evidence of foreign bodies. Ultrasound guided FNA of the accessible mesenteric lymph nodes indicated with cytology and culture. The cause of the elevated white count may be related to the lymph nodes; however, no other evidence of significant disease is noted. If accessible, ultrasound guided abdominocentesis recommended with cytospin of the free fluid to assess it's character.

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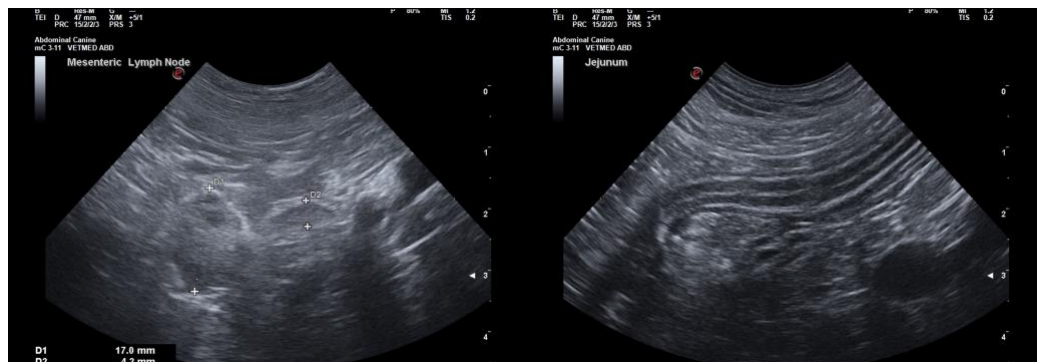
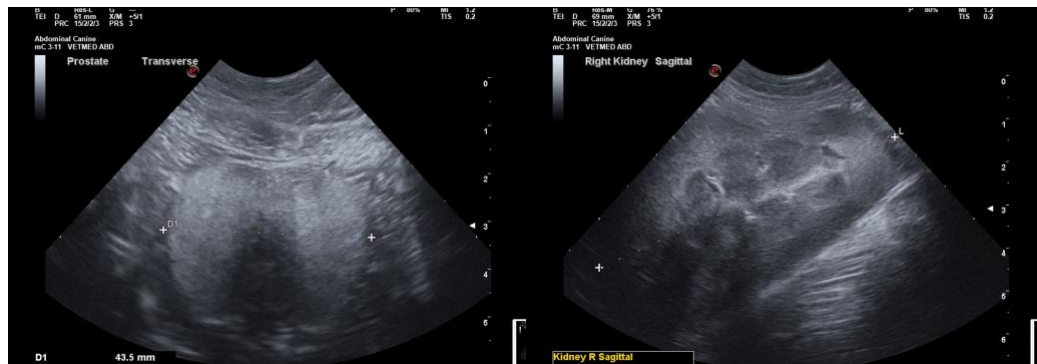
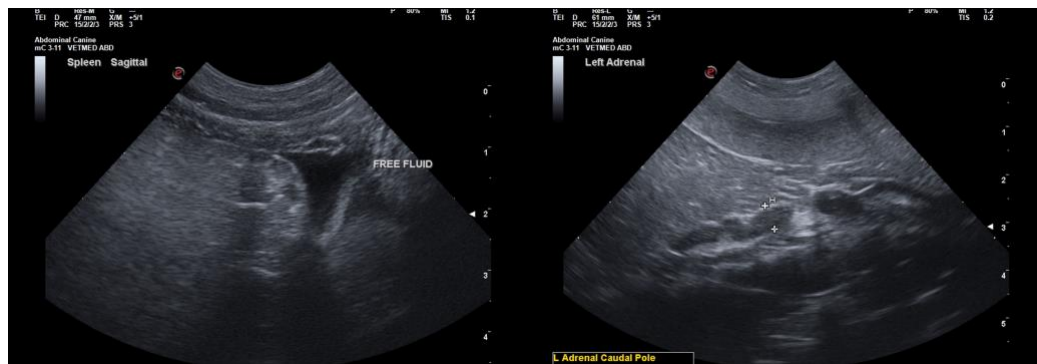
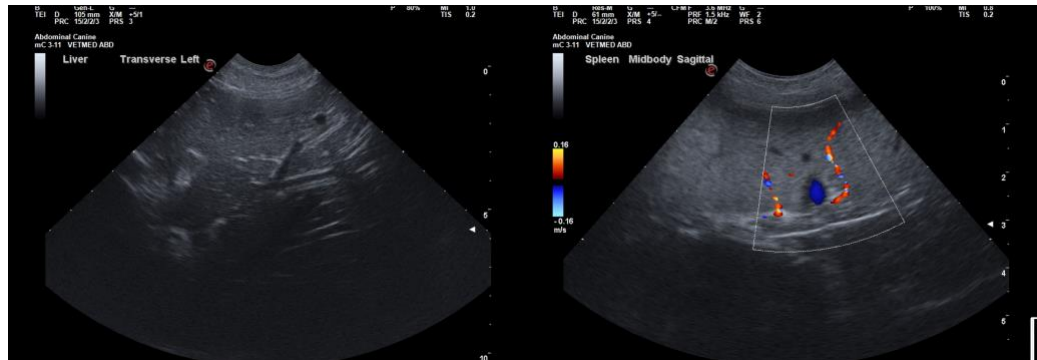
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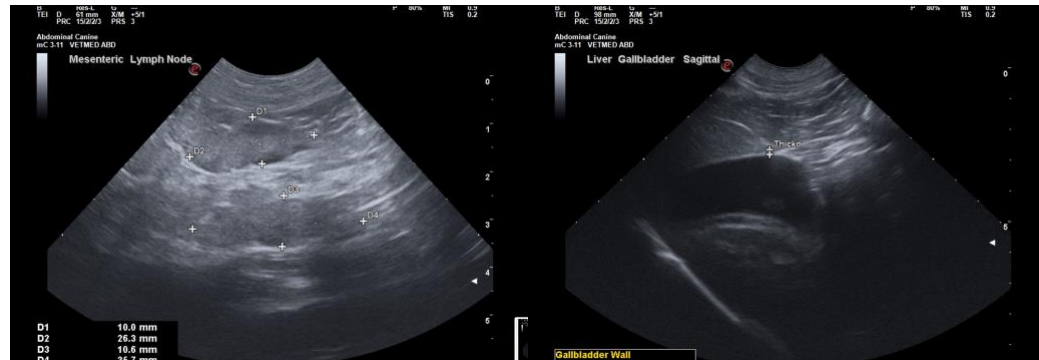
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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