



PATIENT

Buddy Cox

SPECIES

Canine

BREED

Heeler Mix

SEX

MI

AGE

12 yr

WEIGHT

21 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Hayley
Biederbeck

HOSPITAL NAME

Lomsnes Veterinary
Hospital

REFERRING VET

Dr. Hayley
Biederbeck

INVOICE

10866ag

DATE

06/20/2022

PRESENTING CLINICAL SIGNS

History: Was his mom's dog up until a month ago. Seems to be doing well at home. Here for mature neuter today and pre anes labwork marked abnormalities so u/s done and cancelled neuter.

Abnormal PE/Chem/CBC/UA Results: PE - L testicle is 2x the size of R and is more firm on palpation
CBC-nsf Chem-ALT - 300 (10-125), AlkP 697 (23-212), GGT 55 (0-11). Tbili normal, Chol 403 (110-320)
U/A- 1.021 Microscopic Exam: wbc: tntc bacteria: numerous cocci rbc: 1+ sperm: numerous cells:
squamous and transitional, abundant clumping so unable to determine morphology crystals/casts: none seen

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 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 in length. The right kidney measured 5.0 cm in length.

The prostate was uniformly moderately 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 left testicle revealed a cystic mass measuring 2.0 cm. The epididymis did not appear involved.

The right testicle appeared uniform and was free of pathology.

Adrenal Glands

The left and right adrenal glands were not visualized.

Spleen

The spleen was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These minor changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver



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The liver images submitted revealed an expansive mixed echogenic parenchymal mass with regional swelling measuring approximately 7 cm in the left liver. Additional hyperechoic nodules were noted within the liver and are most consistent with hepatoma, possibly benign. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

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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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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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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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- Left testicular mass
- BPH prostate
- Vacuolar hepatopathy/nodular hyperplasia liver pattern with hepatoma formation-minor potential for carcinoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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A CT of the liver would be ideal for potential surgical planning however the mass may be completely benign. A FNA of the variable textures of the left liver mass is indicated followed by neutering at the time of sedation for the FNA.

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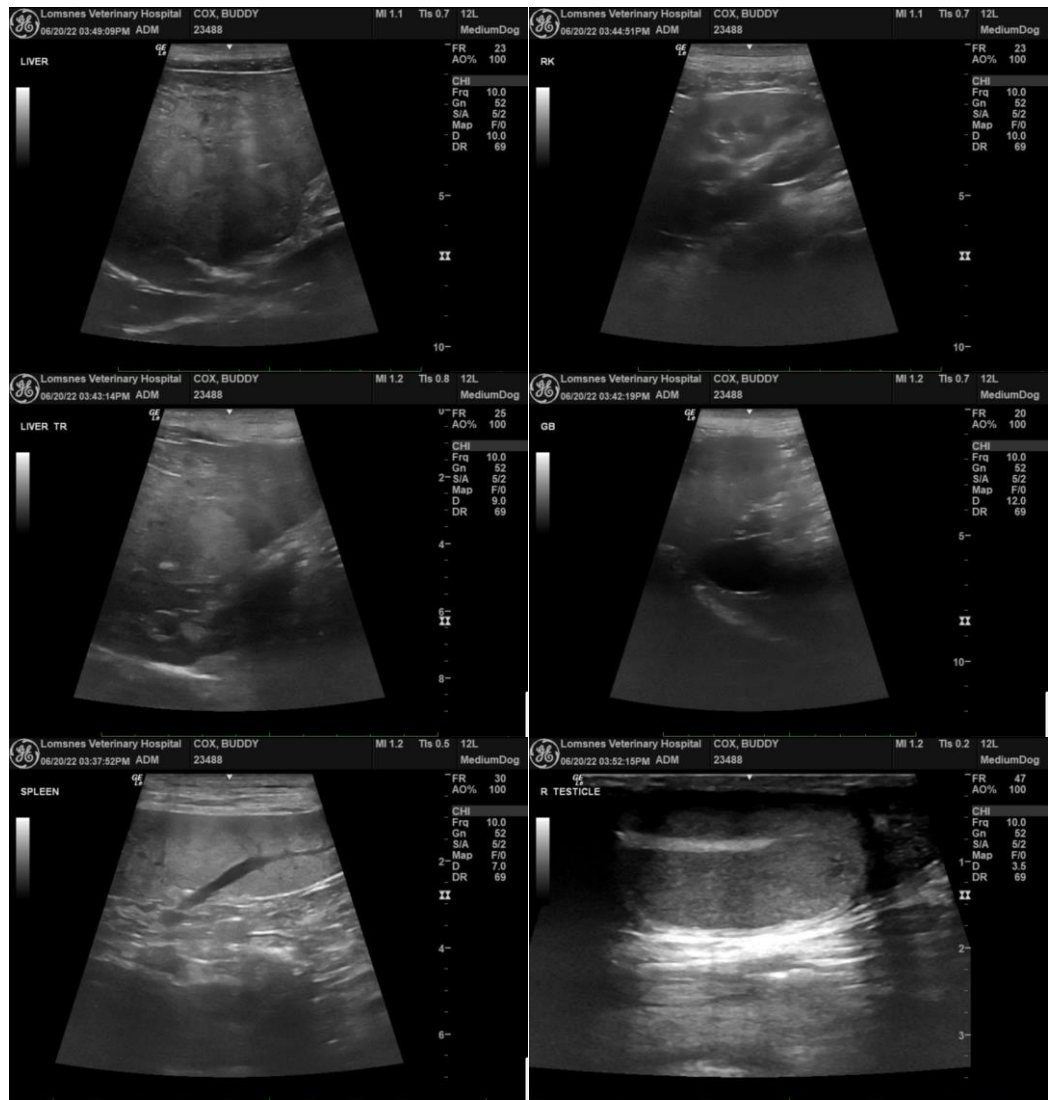
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Eric.Lindquist@SonoPath.com