

PATIENT

Angus Collard

SPECIES

Canine

BREED

Scotty

SEX

Netuered male

AGE

12 years

WEIGHT

31 lbs

PRESENTING CLINICAL SIGNS

History: History progressively increasing ALT (206) and ALP (1,500). On Galliprant 200 mg. SID. Recent lethargy.

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 was noted. Ureteral papillae were normal.

The prostate was moderately enlarged and measured 2.0 x 4.0 cm. The prostate was hypoechoic and mildly irregular. Microcystic changes were noted and measured 2.31 cm in width.

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. Slight, microcystic cortical changes were noted in the right kidney and measured 5.53 cm. The left kidney revealed occasional cortical cyst. The left kidney measured 5.24 cm.

INTERPRETED BY

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

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 right adrenal gland measured 0.49 cm at the cranial pole and 0.5 cm at the caudal pole. The left adrenal gland measured 0.57 cm at the caudal pole and 0.56 cm at the cranial pole.

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

Spleen

The **spleen** was mildly enlarged with subtle, micronodular changes. The spleen had a swollen contour and was folded upon itself caudally.

HOSPITAL NAME

Falmouth AH

Liver

REFERRING VET

Dr. Switzer

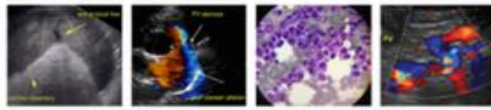
Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. A hyperechoic nodule was noted in the left medial liver and measured 1.72 x 1.42 cm. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

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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.

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 iliac lymph node were mineralized. This is suggestive for metastatic carcinoma.

Inguinal lymph nodes were enlarged, hypoechoic and irregular measuring up to 1.0 cm in width. Regional inflammation was noted in the inguinal area with hypoechoic lymph nodes that were enlarged and rounded.

ULTRASONOGRAPHIC FINDINGS

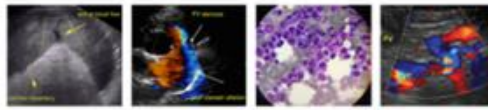
Enlarged prostate with iliac and inguinal lymphadenopathy. Strong concern for prostatic carcinoma.

Micronodular spleen.

Micronodular and swollen liver with a distinct nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient likely has two sperate pathologies or potentially multi-centric lymphoma involving the prostate, iliac and inguinal lymph nodes and possibly the spleen and liver. FNA of the spleen, liver, prostate and lymph nodes are recommended. Otherwise, separate pathologies such as prostatic carcinoma with metastatic pattern and possible round cell neoplasia of the spleen and liver may be playing a role. Sampling of all abnormal organs is recommended.



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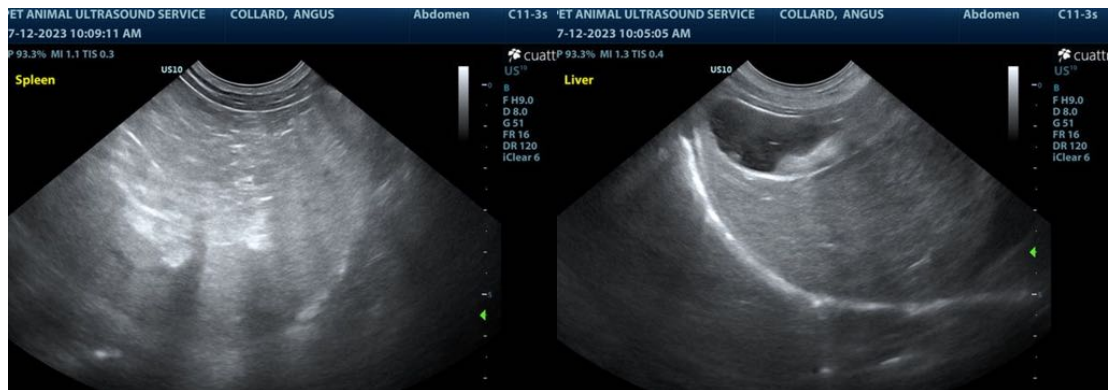
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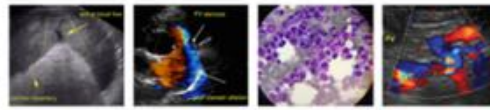
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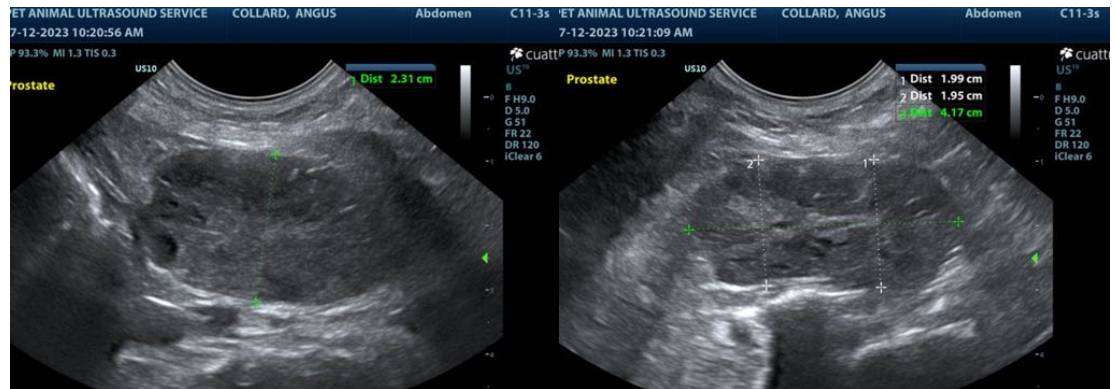
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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