



PATIENT

Dobbie Sowards

SPECIES

Canine

BREED

Chihuahua X

SEX

Male

AGE

12.5 Years

WEIGHT

5.7 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Laura de Cordon

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

Dr. Laura de Cordon

INVOICE

39491

DATE

7/13/22

PRESENTING CLINICAL SIGNS

O states pt was seen ~1week ago at rDVM for vomiting and bloody diarrhea. O reports that pt was put on Metronidazole and potentially diage. O reports pt perked up and was normal. Last does of Metronidazole given this AM. O came home today and had multiple small piles of watery diarrhea and a large pile of yellow slime that potentially was vomit. O states pt will have bm and stand straining to defecate for a couple of minutes

Abnormal PE/Chem/CBC/UA Results: <5% dehydrated Diarrhea - brownish yellow fecal staining
Chem: ALP 188 Lytes: K 3.3 CBC: WBC 26, neuts 25, dec lymphs cPLI: Normal 2 view abdominal rads:
Small amt fluid in stomach. Curvilinear small intestines fluid filled. Pylorus appears thickened. Spleen congested but normal shape.

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 (3.0 cm in width) with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. Reactive mesentery and edema lines noted, suggestive for prostatitis. 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 **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. The left kidney measured 4.46 cm. The right kidney measured 4.34 cm. Trace pyelectasia noted.

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 1.01 cm x 0.31 cm.

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 infarctual changes were noted.



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Liver

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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.

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Gastrointestinal

The **stomach** revealed retention of ingesta and edematous wall. Hyperperistalsis noted in the small intestine with empty colon.

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Pancreas

A hypoechoic area of the **pancreas** was noted measuring approximately 2.5 cm x 1.0 cm. This should be monitored. Reactive mesentery noted around the pancreas.

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PRIMARY FINDINGS

- Gastroenteritis pattern with heterogeneous pancreas and delayed gastric outflow
- Hypoechoic pancreas
- BPH prostate

WEIGHT

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SECONDARY FINDINGS

- Age related renal changes
- Age related hepatic changes

INTERPRETED BY

Eric Lindquist, DMV

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the hypoechoic structure in the region of the pancreas would be ideal. Treatment for gastroenteritis indicated/enterotoxin, or direct exploratory surgery with the objective of obtaining GI and lymph node biopsies. Possibility of emerging round cell neoplasia. Prognosis is guarded. Cytology and culture of the structure caudal to the stomach would be indicated. The structure is undifferentiated and likely of lymph node origin. However, reactive mesentery is noted in the region. Some level of pancreatitis is likely.

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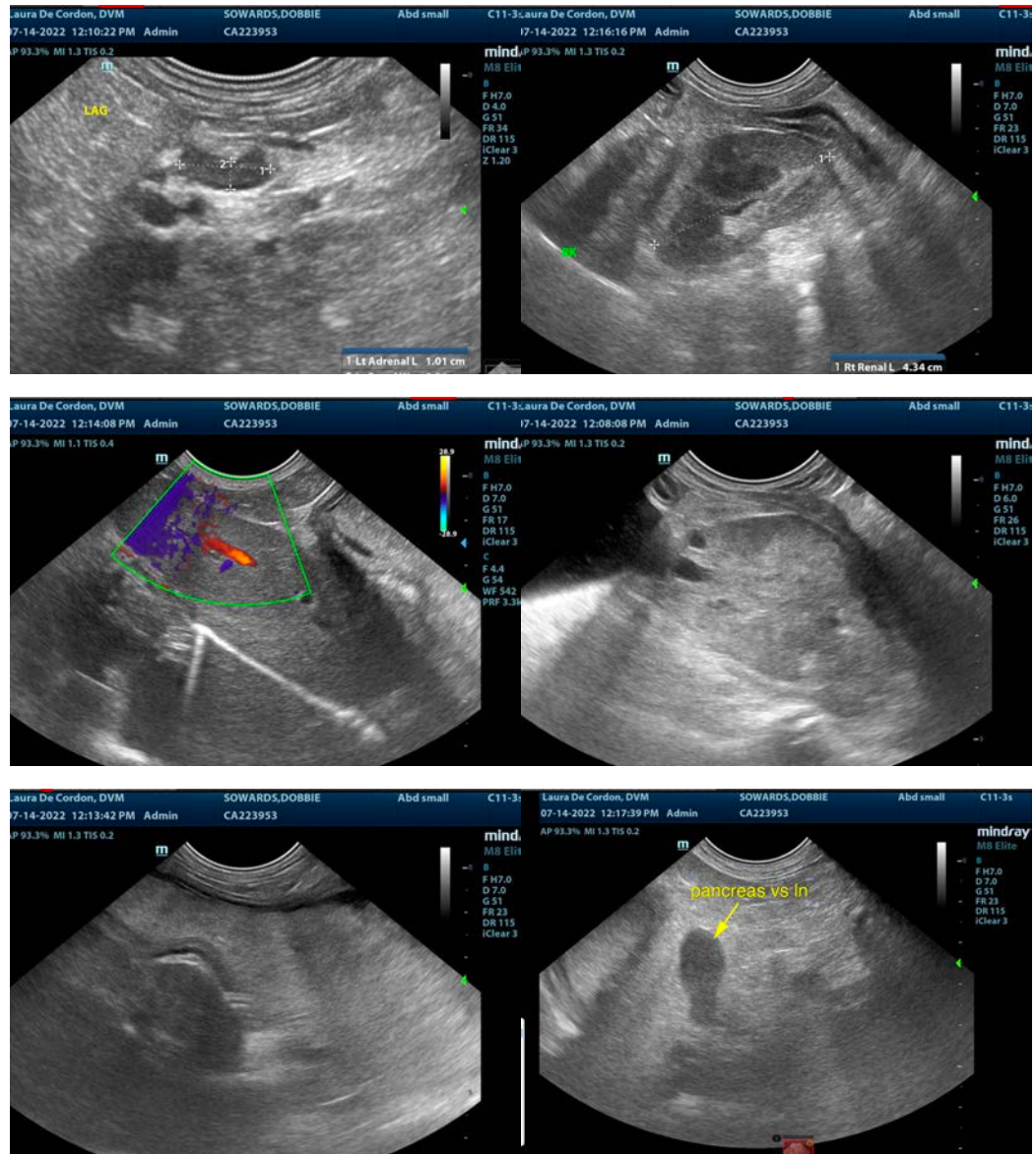
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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