

PATIENT

Griz Steffens

SPECIES

Canine

BREED

German Wirehaired Pointer

SEX

Intact male

AGE

8 years

WEIGHT

52.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Krell

HOSPITAL NAME

Paws and Prairie AC

REFERRING VET

Dr. Krell

INVOICE

31953

DATE

7/26/22

PRESENTING CLINICAL SIGNS

History: Noted changes in feces about 4-5 weeks ago, bloody found on and in stools. Had a urinary accident - not like him, but only one time. Had a large number of ticks on him. Anaplasmosis +, UA and fecal relatively unremarkable. Trial of bland diet, probiotics, started on Doxycycline - no improvement in symptoms. Added Enrofloxacin for suspect UTI on 7/11 as well. No real change - recheck on 7/21, completed AUS - stomach full recommended FNA but would like coags, CBC, Chem and fasted for redo AUS. Still no improvement by today. PE relatively unremarkable yet, O mentioned bloody/blood on stool still present.

Abnormal PE/Chem/CBC/UA Results: PE: Mild tartar, grade 1/4 periodontal disease Left teste softer and smaller than right, nonpainful. OWNL. 7/11 US for cysto: urinary bladder wnl, noted prostatomegaly capsule appears slightly deviated in some sites with cyst(s) and regional lymphadenopathy. 7/11 4Dx : Anaplasmosis + 7/11 Fecal: Rods/Cocc TNTC 7/11 UA collected via cysto: suspect bacterial (cocci), hematuria, pyuria, proteinuria 1+, 7/21 Chemistry: ALT 171, ownl 7/21 Coags : normal 7/21 CBC: Normal 7/28 FNA cytologies of spleen, regional inguinal Inn and prostate pending. 7/28 Thoracic rads - NSF

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 uniformly 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 prostate measured 3.4 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 6.64 cm. The left kidney measured 7.13cm.

Adrenal Glands

The left adrenal gland was uniform and measured 2.54 x 0.61 cm at the cranial pole and 0.67 cm at the caudal pole. The region of the right adrenal gland was imaged with no evidence of pathology.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease.



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Liver

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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.

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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The visible descending colon was unremarkable. However, colorectal lesions that may be metastatic to the iliac lymph nodes cannot be completely ruled out given the patient's history.

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.

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Free Abdomen

The iliac lymph nodes were enlarged. Grouping of which measured 3.0 x 2.0 cm.

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ULTRASONOGRAPHIC FINDINGS

Iliac lymphadenopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA was performed on the iliac lymph node without complication. There is a strong concern for metastatic or primary neoplasia. Chest radiographs are warranted to assess for metastatic disease. Perineal imaging of the anal glands and colorectum may prove helpful.

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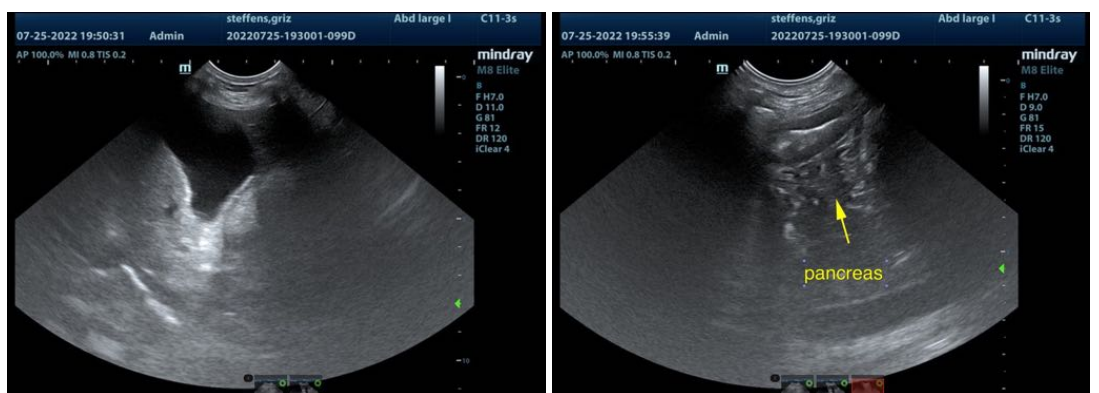
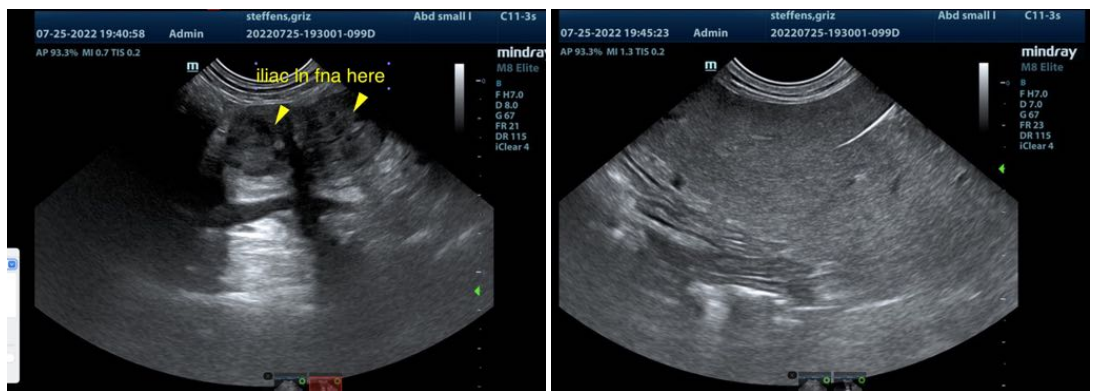
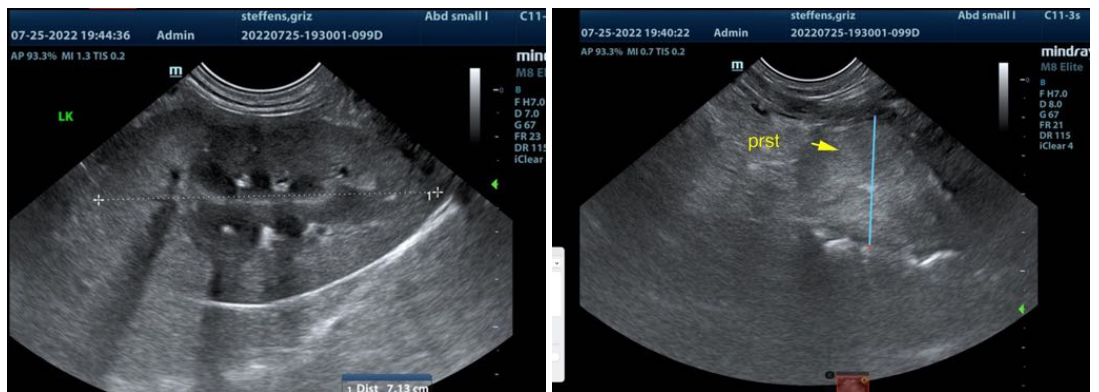
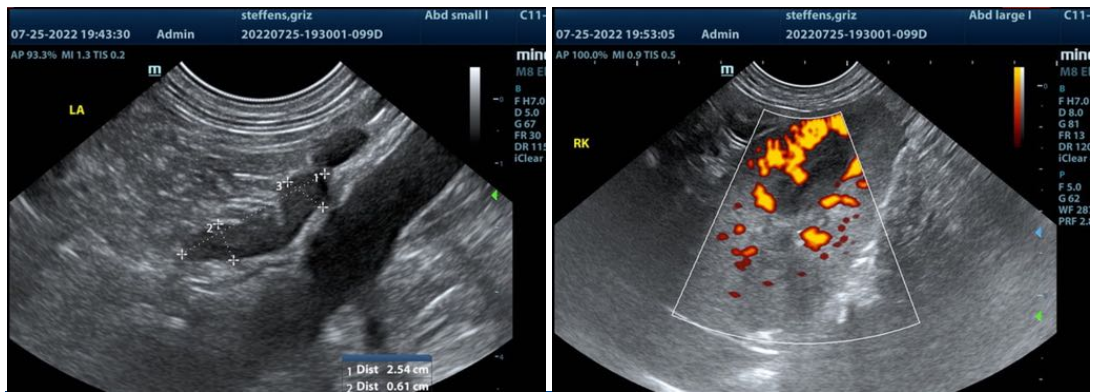
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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