



## PATIENT PRESENTING CLINICAL SIGNS

Levi Drongesen Lethargic, lack of appetite/h<sub>2</sub>O consumption, vomiting, some with blood. 13# weight loss in the last month. Hx of decreased CP pelvic limbs. Mass effect cranial abdomen. SI displaced caudally and laterally. Aerophagia.

## SPECIES

Canine

## BREED

German Shorthaired  
Pointer

## SEX

Intact Male

## AGE

13 Years

## WEIGHT

79.7 Pounds

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Sara Hansen

## HOSPITAL NAME

Reid Vet Hospital

## REFERRING VET

Dr. Heider

## INVOICE

39274

## DATE

7/7/22

## 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 (6.7 cm in width) 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 **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. Mineralization noted in both kidneys. The right kidney measured 8.3 cm. The left kidney measured 8.2 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 right adrenal gland measured 2.69 cm x 1.42 cm at the cranial pole and 0.78 cm at the caudal pole. The left adrenal gland measured 4.11 cm x 1.23 cm at the caudal pole and 1.14 cm at the cranial pole.

### Spleen

The **spleen** was mildly heterogeneous with hypoechoic nodular change in the mid body with mild swelling. The spleen was folded upon itself caudally.

### Liver

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.



**PATIENT** *Gastrointestinal*

Levi Drongesen The **stomach** was thickened with concentric pyloric hypertrophy and fluid accumulation/stasis. Abnormal gastric wall measured up to 2.9 cm. The distal small intestine and colon were unremarkable.

**SPECIES** *Pancreas*

Canine Heterogeneous mixed hypoechoic **pancreatic** changes noted.

**BREED** *Free Abdomen*

German Shorthaired Pointer Regional lymphadenopathy and inflammation present.

**SEX** *PRIMARY FINDINGS*

- Intact Male
- Gastric stasis, no evidence of foreign body, and abnormal gastric wall – strong concern for underlying gastric carcinoma versus lymphoma. Severe gastritis possible.
  - BPH prostate

**AGE** *SECONDARY FINDINGS*

- 13 Years
- Age related renal and hepatic changes
  - Heterogeneous spleen
  - Heterogeneous pancreas

**WEIGHT**

79.7 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Eric Lindquist, DMV Endoscopy would be ideal to obtain mucosal biopsies. FNA of the spleen warranted, though likely hyperplasia. No evidence of masses. The gastric fundus is likely occupying the cranial abdomen and may palpate as a mass formation. However, infiltrative gastric mural disease is present. Sampling is essential. Prognosis is extremely guarded. Surgical biopsies of the pyloric outflow and caudal aspect of the gastric wall as well as regional lymph nodes would also be valid.

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

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***Radiographs: Abnormal small intestinal gas pattern.***

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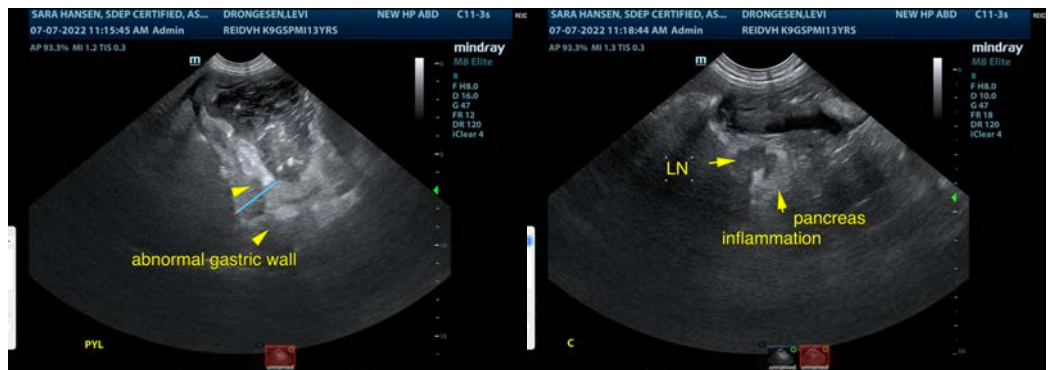
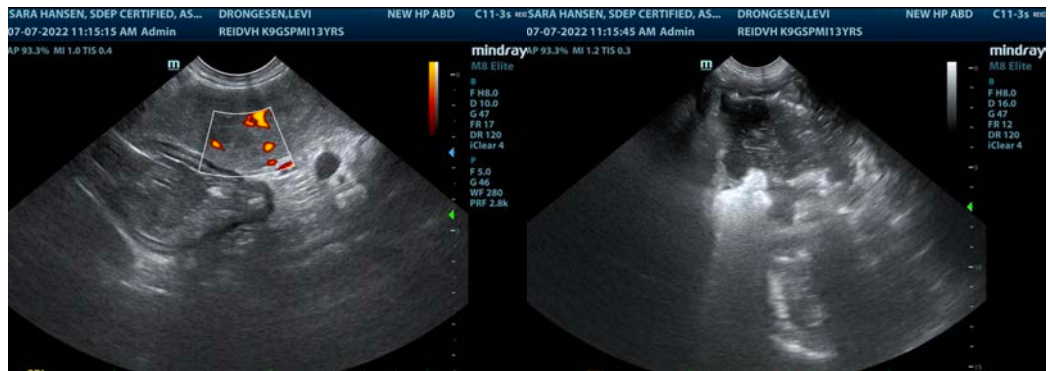
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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