**PATIENT**

Branch Smith

SPECIES

Canine

BREED

Golden Retriever

SEX

Male

AGE

4 years

WEIGHT

63 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Dr. Steep

INVOICE

76365

DATE

8/1/23

PRESENTING CLINICAL SIGNS

History: E/D fine and no v/d/c/s. Pt losing weight, was getting 3c Purina Pro Plan Salmon O switched to 4c a day in the last month

Abnormal PE/Chem/CBC/UA Results: Normal CBC/panel, baseline cortisol is 1.1, possible atypical Addisonian DDx - UTI, endocrinopathy (Addison's) Pre ACTH Cortisol 1.2, Post ACTH 9.0, DDx - Secondary Hypoadrenocorticism due to pituitary or hypothalamic lesion, **See attached in link.

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. Minor, micropolypoid changes were noted at the apex.

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 3.1 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 6.94 cm.

Adrenal Glands

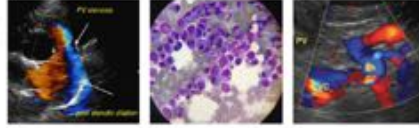
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.53 cm at the cranial pole and 0.47 cm at the caudal pole.

Spleen

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

Liver

The **liver** revealed slightly increased portal markings and was normal in size and contour. The portal vein was normal in size with normal branching and measured 1.2 cm. The vena cava was slightly dilated and measured 1.6 cm. This may be due to angular approach or possible passive congestion. However, the hepatic veins were not dilated. The gallbladder and common bile duct were unremarkable.

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Gastrointestinal

Excessive gas was noted in the stomach as well as slightly increased submucosal echogenicity and thickness. Otherwise, the lumen was empty. The intestines were 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. The mesenteric lymph node was reactive and measured 0.9 cm.

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.

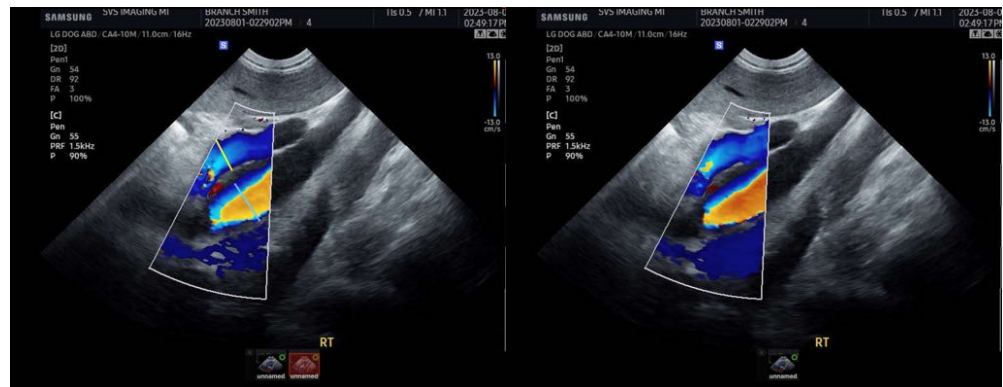
ULTRASONOGRAPHIC FINDINGS

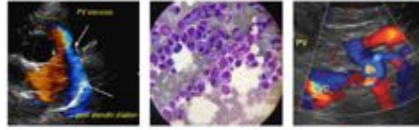
Mild BPH prostate.

Prominent vena cava, possible passive congestion issue.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An echocardiogram may be appropriate with rapid assessment of the heart for pericardial effusion or right-sided enlargement. However, there was no evidence of portosystemic shunting.





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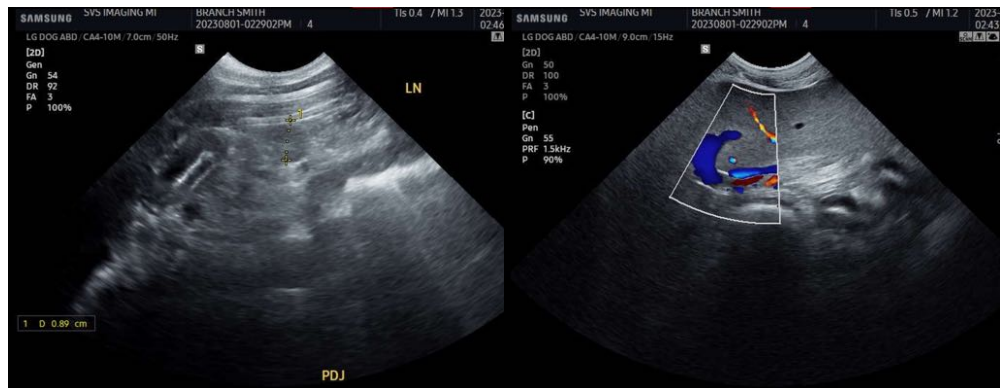
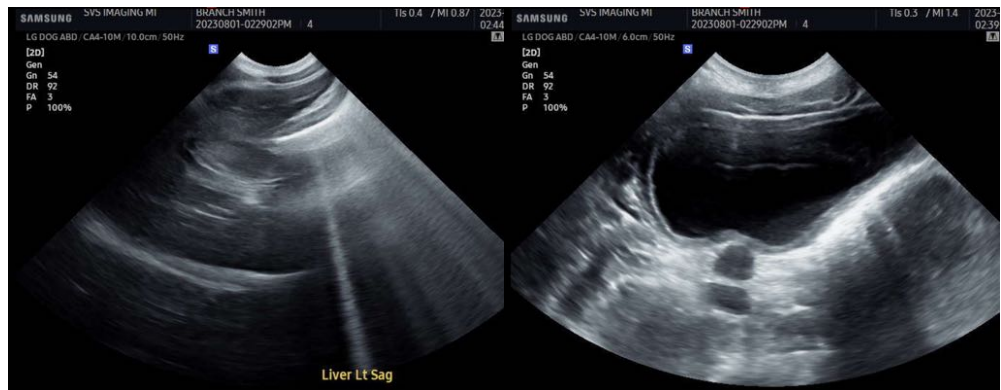
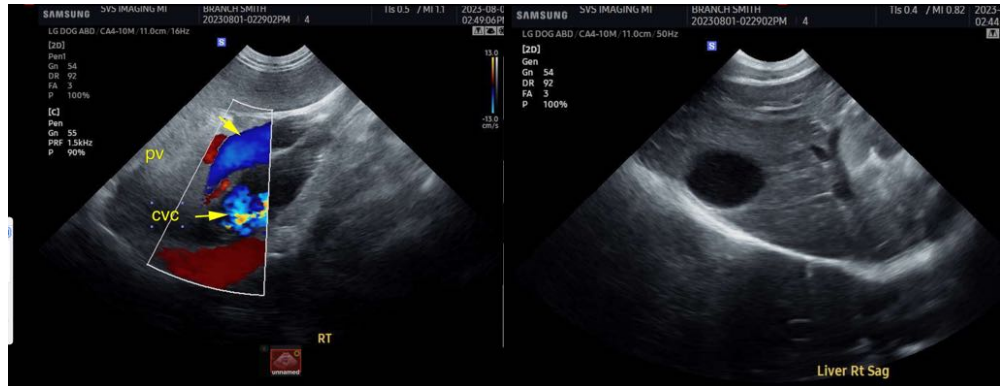
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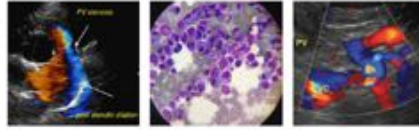
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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