



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Guinness Roth  
**SPECIES** Canine  
**BREED** Golden X  
**SEX** Male  
**AGE** 11 Years 10 Months  
**WEIGHT** 52.6 Pounds

O thinks P is losing weight Still eating normally, O has switched from dry to canned but switched after they noticed wt loss V/D- none Still acting normally, not lethargic Meds- none Travel- none L/B- none C/S- none PE notes: General Appearance: BAR, friendly, anxious; BCS 4/9 CRT/MM: WNL Eyes: lenticular sclerosis, sunken eyes Ears: No exudate observed, no redness present Oral Cavity: Minimal tarter/gingivitis; Grade Nasal Cavity: No nasal drainage, nares WNL Cardiovascular: Regular rhythm; no murmur detected Respiratory: Lungs auscultate clear bilaterally; trachea clear Abdomen: Abdomen palpates tensed and firm, with potential masses upon palpation, uncomfortable in palpation Musculoskeletal: temporal muscle atrophy, generalized sacropenia and muscle loss, cachexic look Integument: Normal amount of shedding; skin/coat WNL Lymph Nodes: Lymph nodes normal in size Urogenital: External genitalia appears normal Neurologic: No apparent abnormalities noted abd US: multiple nodular masses, prostatic enlargement Assessment: neoplasia, intact male, senior pet chem and cbc- nsf

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** was mildly overdistended with suspended debris. Mild apical wall thickening noted. No evidence of neoplasia or calculi.

The **prostate** was uniformly enlarged (3.5 cm) 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. The left kidney measured 6.7 cm. The right kidney measured 6.7 cm. The kidneys were displaced by adjacent pathology.

**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 0.30 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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Jessie Evoniuk

**HOSPITAL NAME**

State Ave Vet Clinic

**REFERRING VET**

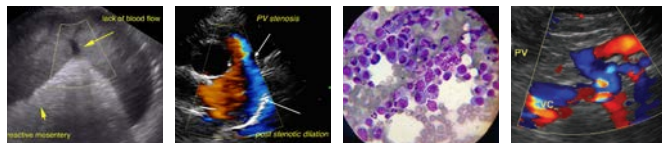
Dr. Jessie Evoniuk

**INVOICE**

44691

**DATE**

8/16/23



**PATIENT** *Liver*

Guiness Roth The cranial **liver** presented mild heterogeneous hypoechoic changes. However, given the abdominal presentation, underlying metastatic disease is a strong potential. The gallbladder was unremarkable.

**SPECIES** *Gastrointestinal*

Canine The majority of the **gastrointestinal tract** was unremarkable. However, masses deriving from the GI tract cannot be completely ruled out (see other), given the extent of the pathology and its undifferentiated nature. Masses impinge upon or possibly derive in part from the gastrointestinal tract.

**BREED**

Golden X *Pancreas*

**SEX** The region of the **pancreas** was occupied by masses, see “other”.

**Male** *Other*

**AGE**

11 Years 10 Months A mixed hypoechoic, expansive, peripherally inflamed mass was noted in the left cranial abdomen with periserosal inflammation. Other masses noted as well, up to 3.0 cm, rounded, hypoechoic, and irregular. The masses appear to be deriving from lymph nodes, possibly related to the spleen. However, the majority of the spleen appeared unremarkable. The masses were undifferentiated, occupying the region of the pancreas and cranial abdomen. Significant inflammation noted.

**WEIGHT**

52.6 Pounds Free fluid noted in the abdomen.

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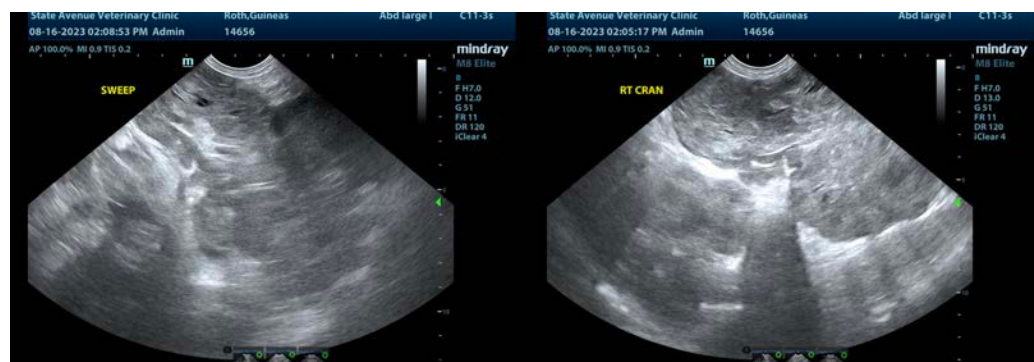
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**ULTRASONOGRAPHIC FINDINGS**

- Cranial abdominal neoplasia with possible metastatic disease to the liver – multifocal aggressive undifferentiated sarcoma likely.
- Urinary bladder debris and mild apical wall thickening
- BPH prostate
- Free fluid
- Age related renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA and immediate chemotherapeutic intervention recommended. This is a large neoplastic volume with a significant amount of inflammation associated with the pathology. Prognosis is poor.





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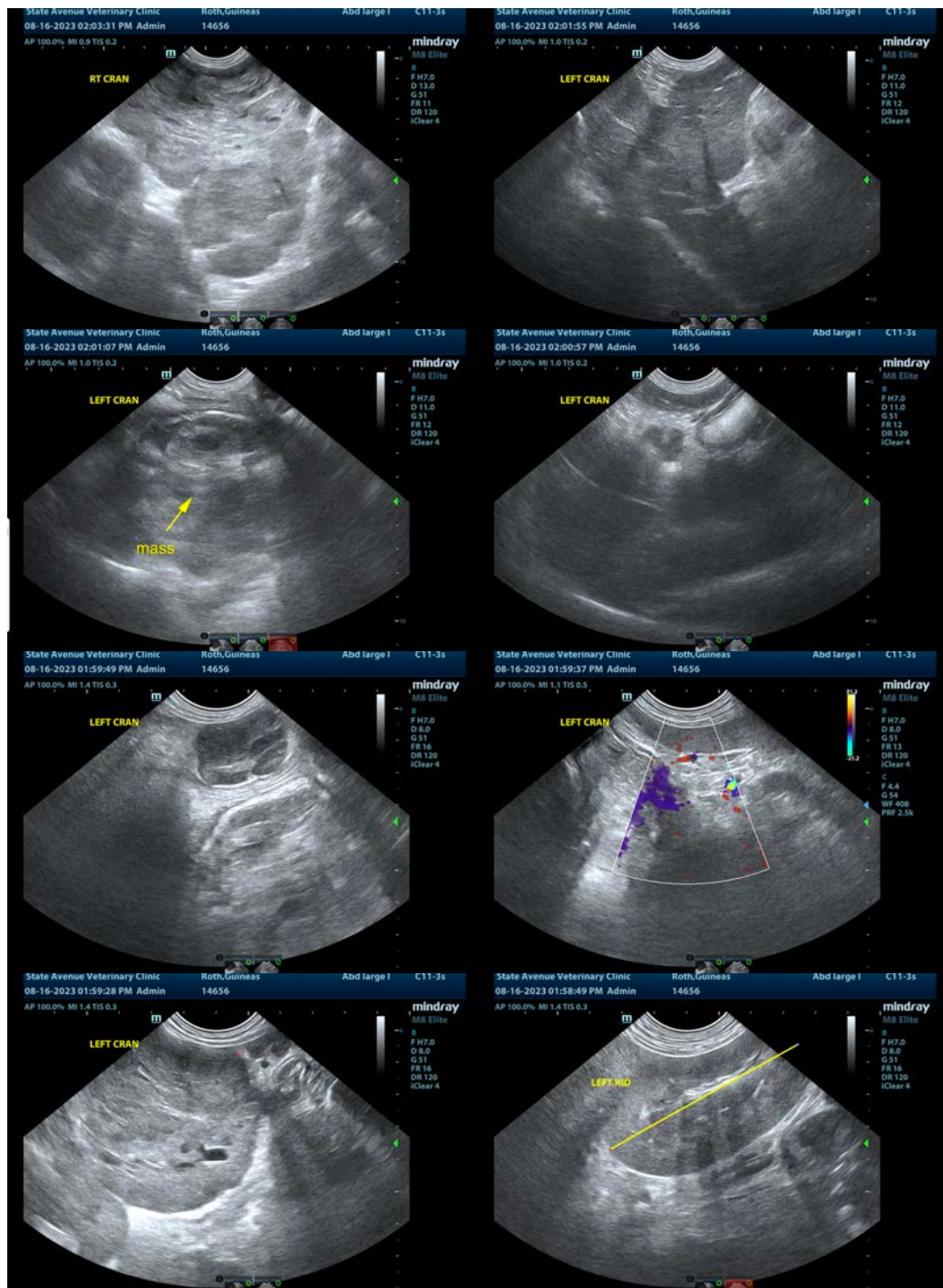
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)