



PATIENT PRESENTING CLINICAL SIGNS

Nikko Ramirez

P was seen at RDVM last week for limping, sent home with Rimadyl. Limping improved but sore spot on P's elbow got worse and O noticed blood spots in mouth, P's appetite started decreasing as well. O stopped Rimadyl on Tuesday after consulting with RDVM, P still not wanting to eat and energy decreasing so today O took P in again to RDVM once P's urine was noted to be brown. At RDVM did BW in house which was suspicious for ITP so transferred here. On PE, petechiation on gingiva, abdomen, prepuce. Slightly icteric.

SPECIES

Canine

BREED

Golden Retriever

Abnormal PE/Chem/CBC/UA Results: PT/PTT: 14.0 sec (WNL)/118.0 Sec (sl elevated rdvm bw: CBC plt 37k - no manual, neutro 33k, lymf 13k, Chem: SDMA 25, Crea 1.5, BUN 35, ALP 1400, tbili 4.5 4dx negative UA cocci/rods, no wbc or rbc (collected via cysto and petechiation noted afterward

SEX

Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

5 Years

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.

WEIGHT

72.9

The iliac trifurcation was unremarkable.

INTERPRETED BY

Eric Lindquist, DMV

The **prostate** was uniformly enlarged (5.2 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.

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gary Jimmerson

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 left kidney measured 8.0 cm. The right kidney measures 8.3 cm.

HOSPITAL NAME

Willamette VH

Adrenal Glands

REFERRING VET

Dr. Gary Jimmerson

The **left adrenal gland** was subnormal in size at 0.40 cm.

The **right adrenal gland** was not visualized, possibly owing to subnormal size.

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Spleen

DATE

8/18/23

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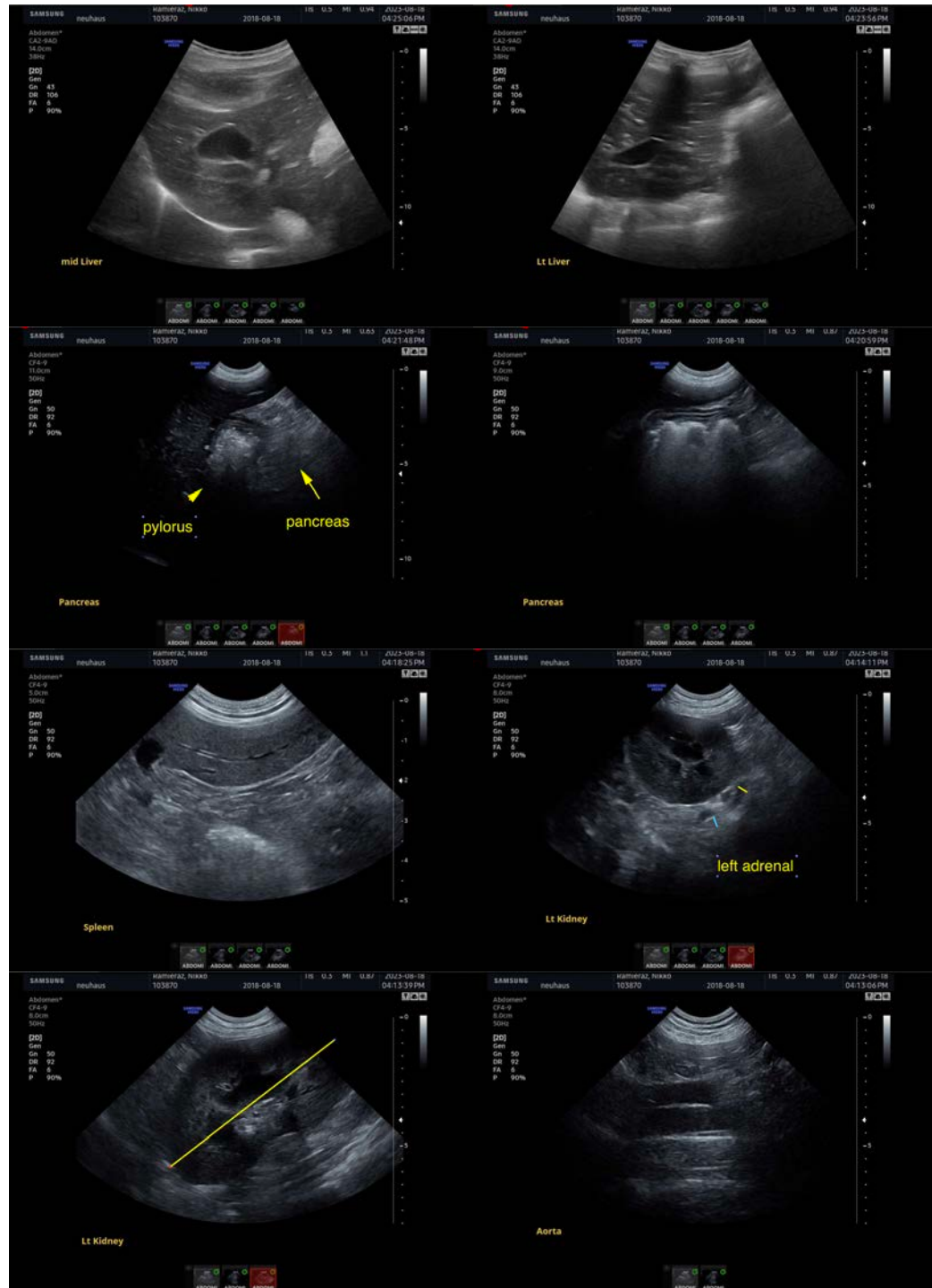
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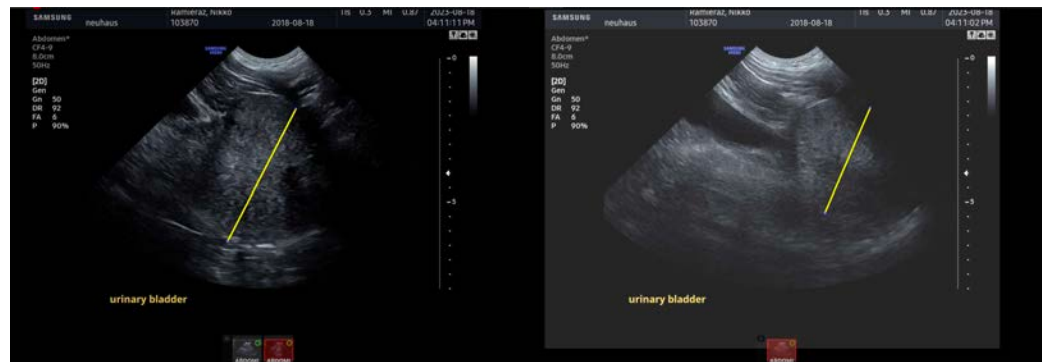
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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