



PATIENT PRESENTING CLINICAL SIGNS

Cooper Schneyer

Weight loss, not eating, swollen joints - hocks and carpus. Currently on Doxy with minor improvement. Abnormal PE/Chem/CBC/UA Results: globulin 4.1. AlkPhos 232. Ca 8.8. mono 1314, Eos 1314, T4 = 0.5. Accuplex negative. UA: pH= 6.5. protein: 2+ blood 1+. ma 730

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Hound x

The cranial **urinary bladder** appeared unremarkable, yet the cystourethral junction, urethra and prostate were occupied by a mineralizing neoplastic process, primarily deriving from the prostate with capsular expansion. The prostatic mass measured 4.0 cm. An undifferentiated, hypoechoic, expansive iliac lymph node was noted, metastatic pattern. Regional inflammation noted throughout the pelvis, secondary to the prostatic, urethral and lymph node pathology. No obstructive ureteral disease noted at the time of the sonogram.

SEX

Neutered Male

AGE

9 Years

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 5.54 cm. The left kidney measured 5.54 cm.

WEIGHT

58.3 Pounds

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV

The **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 2.76 cm x 0.50 cm. The right adrenal gland measured 2.0 cm x 0.60 cm.

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ken Leal

Spleen

The **spleen** revealed a hypoechoic nodule in the mid cranial body measuring 0.50 cm.

HOSPITAL NAME

Newton Vet Hospital

Liver

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.

REFERRING VET

Dr. Wyman Greenwald

INVOICE

44601

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine 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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

DATE

8/2/23



PATIENT *Pancreas*

Cooper Schneyer

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

- Mineralizing prostatic mass with iliac lymph node metastatic pattern
- Concurrent splenic nodule

Hound x

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Traumatic catheterization and FNA indicated with oncological intervention. Stent placement and chemotherapy likely the best option.

Neutered Male

AGE

9 Years

WEIGHT

58.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

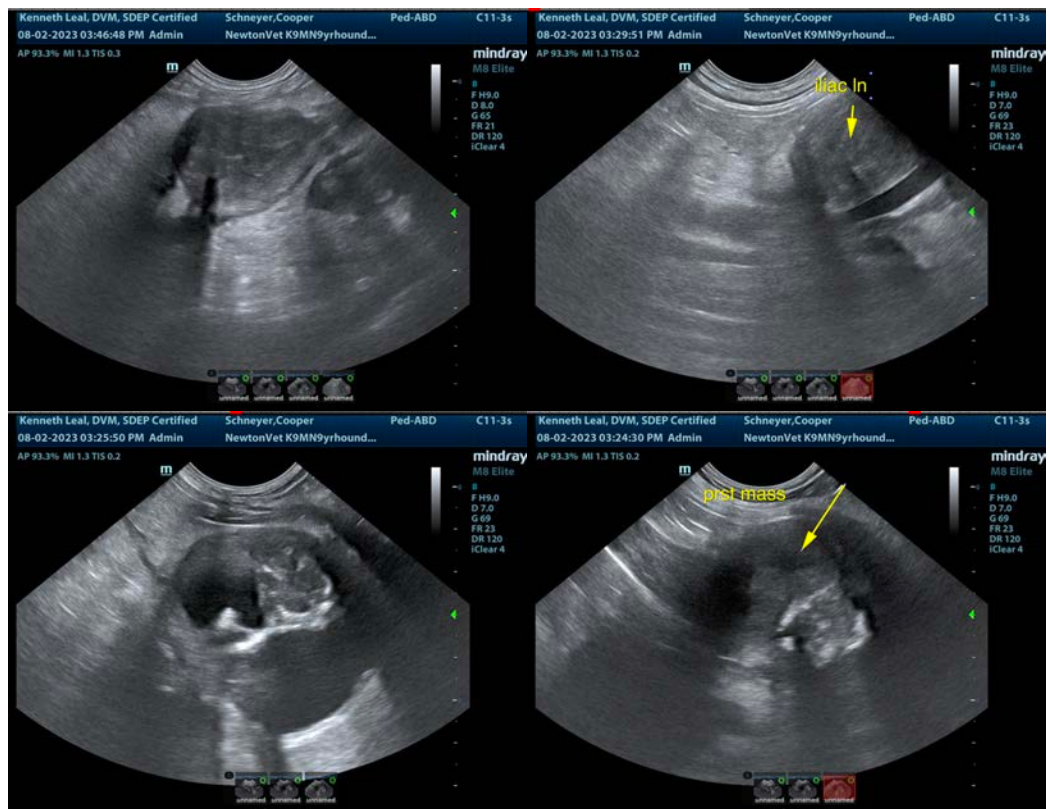
Dr. Ken Leal

HOSPITAL NAME

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REFERRING VET

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PATIENT

Cooper Schneyer

SPECIES

Canine

BREED

Hound x

SEX

Neutered Male

AGE

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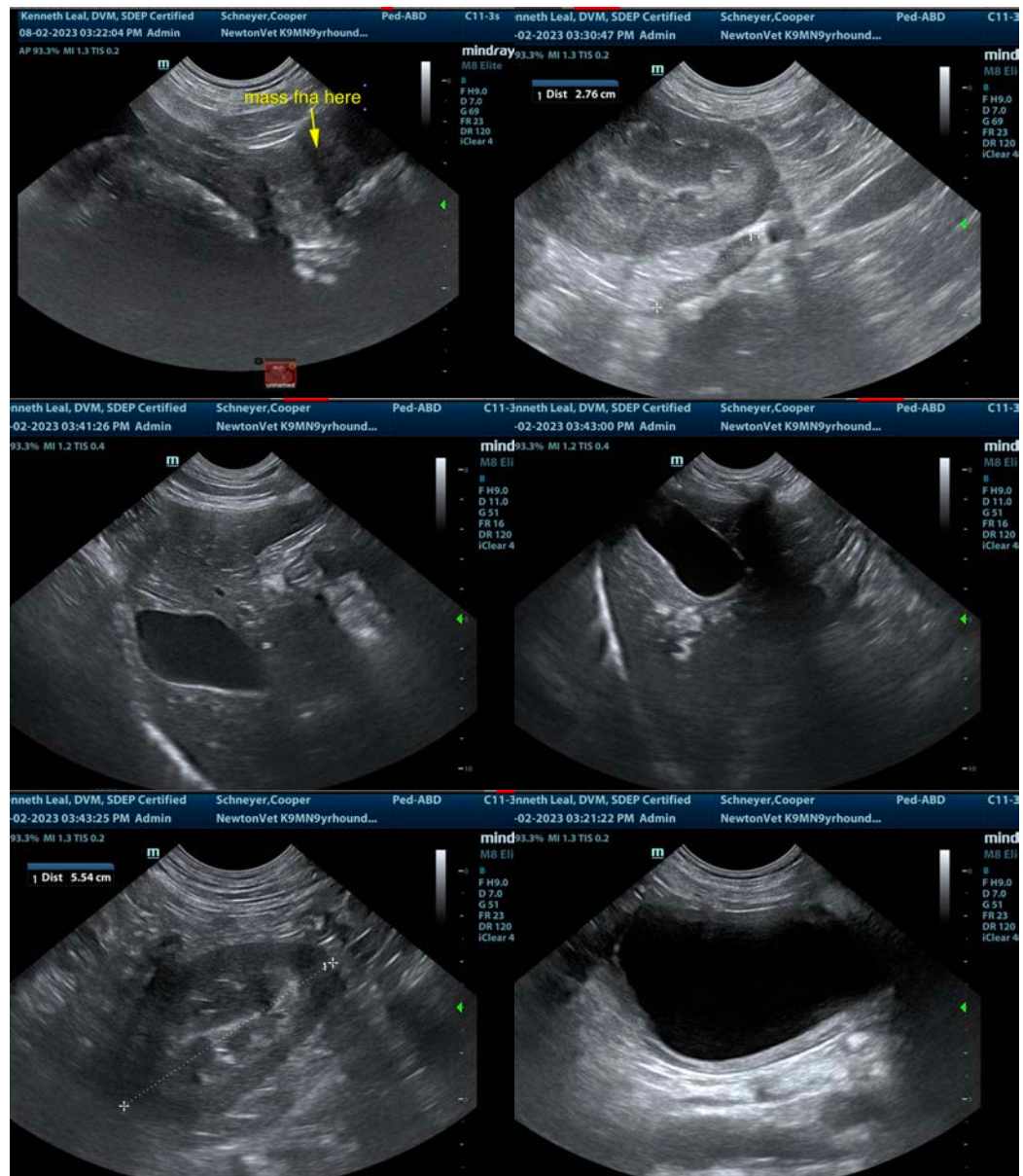
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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