

PATIENT

Arthas Pendergast

SPECIES

Canine

BREED

GSD

SEX

Male

AGE

6

WEIGHT

68

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Cathy Carter

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Amanda Profita

INVOICE

44934

DATE

8/24/23

PRESENTING CLINICAL SIGNS

8/23/23 HISTORY: _utd on vx's, we are pts rdvm. E/D- last full meal intake 8/22 8am same for keeping water down. UR/BM- bm have been inconsistent had D+ prior to recent solid bm's for the past 2-3 days, O would describe D+ yellow/brown pudding consistency texture; urination wnl's does not appear dark. V+ began sunday the 13th of aug, was intermittent, yellow/brown vomit now appears bright pink O's are concerned & brought pt to be seen. No signs of c/s. No recent exposures to large bodies of water, no prior hx of ingest fb material aside from pt likes to eat bee's, prior diagnosis- pt has a hx of stomach issues for the past 2 yrs. O's did share the housemate has also had bm issues stool was soft & orange. 8/24/23 pt went home 8/23/23 came back today with complaints of Black tarry stool, and pt still seeming painful. However seems to be getting better and has been eating and taking his medications since returning home.

Abnormal PE/Chem/CBC/UA Results: CBC: HCT- 56.5% WBC- 14.12 K/mcL, BASO- 0.17 K/mcL (high) PLT- 232 K/mcL CHEM17: AMYL > 2500 U/L, LIPA- 5771 U/L EPOC: hct- 52%, K- 3.3 mmol/L (low), PCO2- 27.3 mmHg (low), pH- 7.446 (high) na:k ratio = 44 CPL: > 2000 ng/dL PT: 15s PTT: 91s PCV: 54% TS: 6

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 (4.4 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.

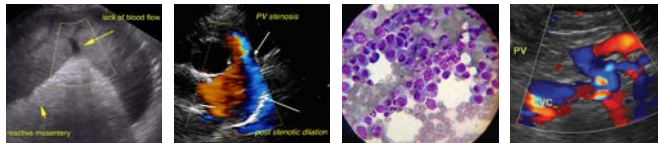
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.57 cm. The left kidney measured 6.82 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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



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congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

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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.

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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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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.

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Eric Lindquist, DMV

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen with partially full stomach and BPH prostate

DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease.

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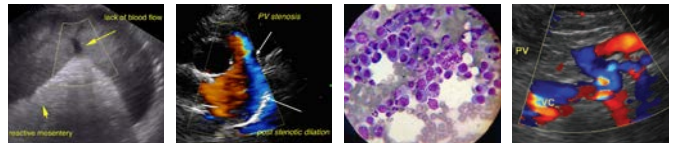
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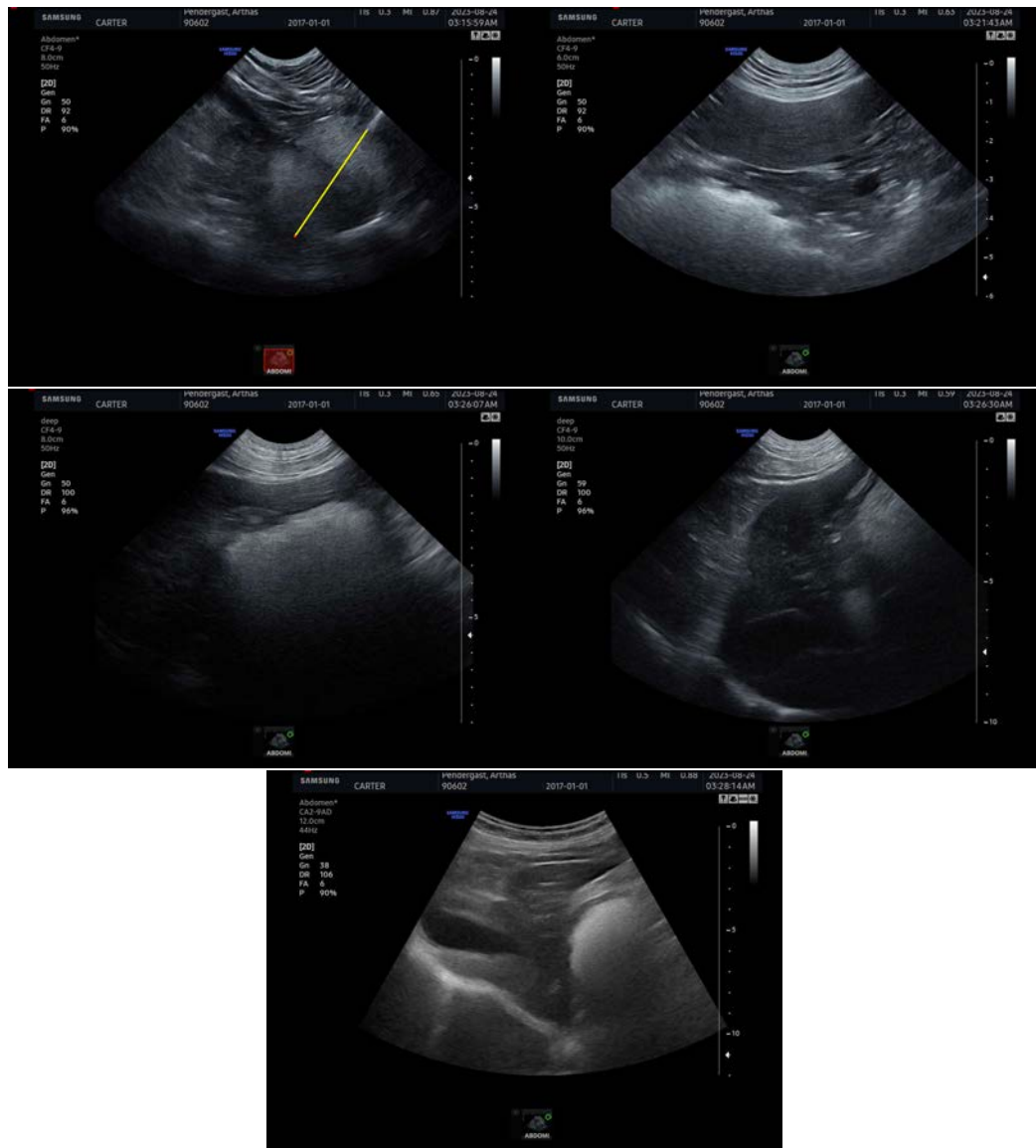
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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