



PATIENT

Toad Trimark

SPECIES

Canine

BREED

Boxer

SEX

Male

AGE

6 Years

WEIGHT

63

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Waffle

HOSPITAL NAME

Torch Lake VC

REFERRING VET

Dr. Waffle

INVOICE

25303

DATE

9/10/21

PRESENTING CLINICAL SIGNS

bilateral perineal hernia repair performed 9 days ago at ER clinic. Patient was doing well till 4 days when he stopped eating. Presented to me for recheck. Unknown what method of fixation was used. Anorexic. Has been vomiting. was started on cerenia yesterday. Has been on augmentin and metronidazole until 3 days ago when augmentin was discontinued.

Abnormal PE/Chem/CBC/UA Results: Bilateral perineal herniation recurrence. TPR WNL. Abdominal rads show potential mass effect in caudal abdomen. Inflammatory leukogram No evidence of obstructive pattern in GI tract on rads Chem - unremarkable

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 enlarged with minor inflammation and pericapsular fluid. Microcystic changes also noted. The prostate measured approximately 6.0 cm in width. Early formation of paraprostatic cyst noted. Edema lines noted as well as pockets of regional free fluid.

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 6.0 cm. The right kidney measured 6.0 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 left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.8 cm at the cranial pole and 0.5 cm at the caudal pole.

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.

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.

Gastrointestinal

The **stomach** itself was unremarkable. Some portions of intestinal luminal dilation noted, consistent with enteritis. However, no foreign body or neoplasia present.



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Pancreas

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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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ULTRASONOGRAPHIC FINDINGS

- BPH prostate, unremarkable abdomen otherwise
- Mild enteritis pattern

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of abdominal neoplasia. However, some level of prostatitis is present. Neutering is essential in this patient with supportive care and recheck sonogram in one week. The cause of anorexia may be prostatic related. However, no other evidence of significant pathology other than minor GI changes.

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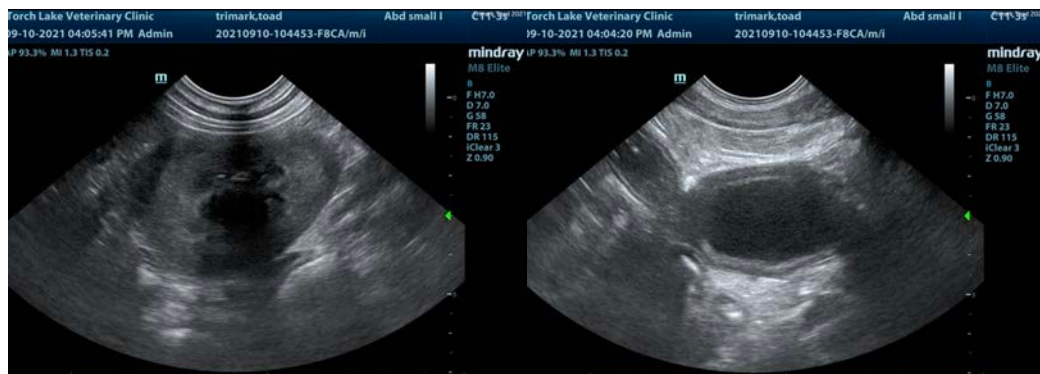
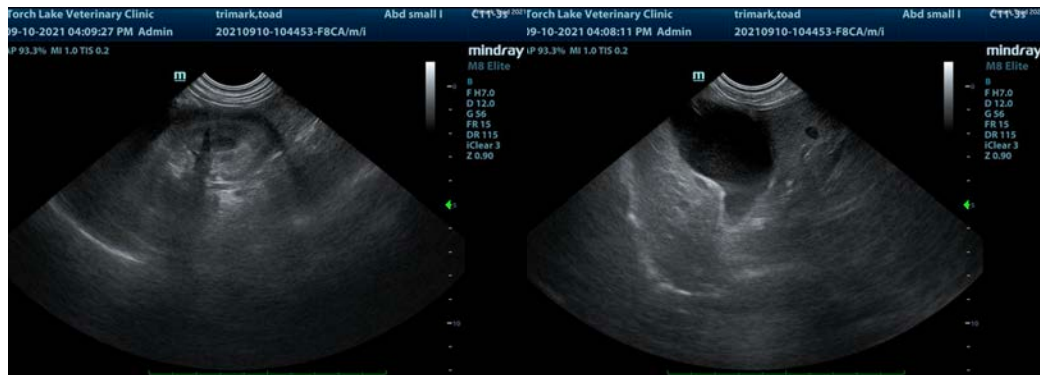
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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