



**PATIENT**

Jayden Forte

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Male

**AGE**

2 years

**WEIGHT**

99 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Leal

**HOSPITAL NAME**

Blairstown AH

**REFERRING VET**

Dr. Summers

**INVOICE**

91868

**DATE**

9/15/21

**PRESENTING CLINICAL SIGNS**

History: Dog presented vomiting/ diarrhea for 3 days. Anemic also physical exam essentially WNL. Radiographs inconclusive, ultrasound done for further diagnostics. Dog panting/tense for scan  
Bloodwork - slightly increased WBC (18k) Rest of CBC/ panel WNL

**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 was noted. Ureteral papillae were normal.

The **prostate** was uniformly enlarged 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 prostate measured 4.0 cm.

The iliac lymph nodes are unremarkable.

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 6.0 cm. The left 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 right adrenal gland measured 0.8 cm at the cranial pole and 0.5 cm at the caudal pole. The left adrenal gland measured 2.87 x 0.7 cm at the caudal pole and 0.5 cm at the cranial pole.

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

**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



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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**

The **gastric** wall appeared slightly thickened without loss of mural detail and an empty lumen. Underlying, low-grade gastritis is likely. There is no evidence or suspicion of neoplasia. The small intestines and colon were unremarkable.

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**Pancreas**

The **pancreas** was heterogenous with mixed, hypoechoic, parenchymal changes primarily in the right and left limb. Regional reactive lymph nodes were noted.

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**ULTRASONOGRAPHIC FINDINGS**

BPH prostate.

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Chronic active pancreatitis pattern with minor regional lymphadenopathy, likely reactive.

Suspect low-grade gastritis.

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A clinical trial of Amoxicillin, Metronidazole, hydrolyzed diet or similar is recommended. Recheck sonogram is recommended in 7-10 days to ensure adequate resolution of the pancreatic presentation.

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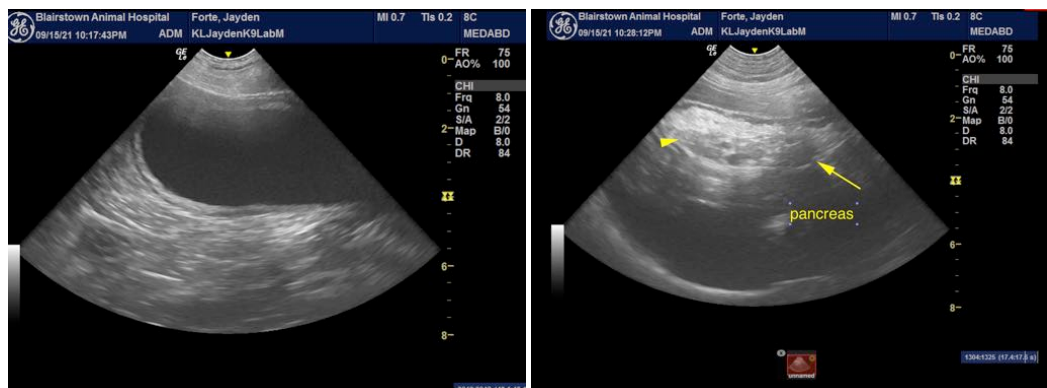
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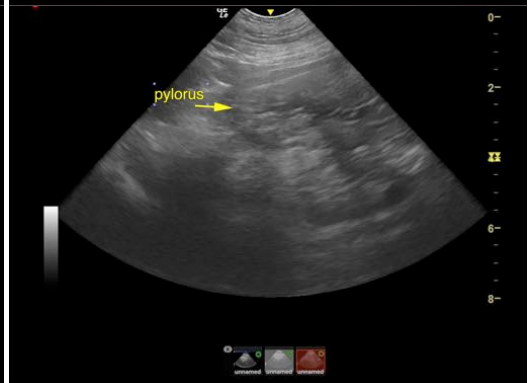
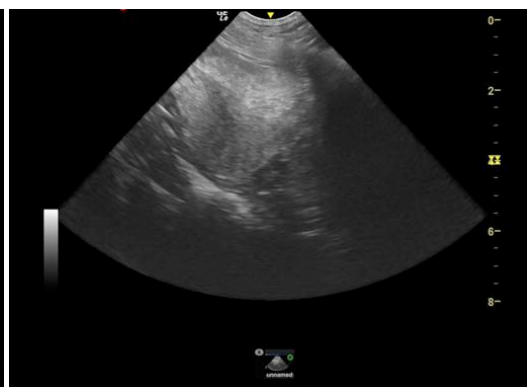
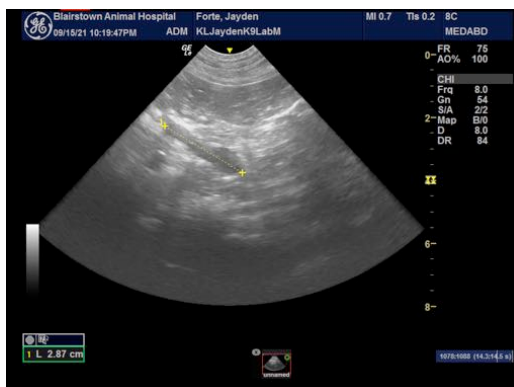
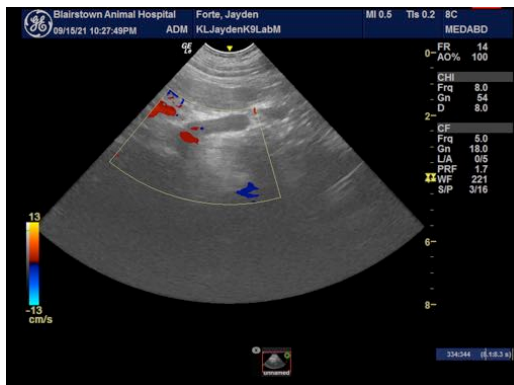
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the



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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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info@SonoPath.com

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