



PATIENT

Doom Weyl

SPECIES

Canine

BREED

Labrador Retriever

SEX

Intact Male

AGE

9 Years 3 Months

WEIGHT

43.6 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dallas Reynolds, LVT

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Munoz

INVOICE

17518

DATE

9/30/22

PRESENTING CLINICAL SIGNS

Presents for evaluation of vomiting and not eating since Monday. P was seen at dermatologist on Monday for chronic ear infection. Since then, p has been vomiting once daily, straining to defecate, not drinking water, urinating often, not eating and is lethargic. P has lost ~5lbs in 2 months. P also seems uncomfortable, O reports grunting at home.

Abnormal PE/Chem/CBC/UA Results: cbc (9/27) - HCT 56%, nsf Chem (9/27) - ALT 137 (12-118) UA (9/27): 2+ prot, USG 1.038, pH 7.5 cbc (9/29) - WBC 24.10, Neu 22.30, Plt 161, Hct 43% chem (9/29) - ALP 163, Phos 2.1 UA (9/29) - USG 1.049, prot 4+, occult blood 3+, WBC >50, RBC 21-50 Hct: 45%, TP: 7.4 (9/30) Xrays: Five images were received for review consisting of right lateral, left lateral and VD abdominal radiographs dated 9/29/22. Visceral detail is normal. The stomach is nondistended with minimal luminal gas and no identifiable solid contents. The small bowel are normal in distribution being mildly to moderately distended with gas and minimal soft tissue opaque contents. The cecum is not definitively identifiable. The colon is moderately to fully distended with gas and no identifiable solid contents. The distal descending colon and rectum are displaced dorsally by the enlarged prostate. The liver extends beyond the costal arch with rounding of the caudal ventral margin compatible with mild generalized hepatomegaly. The spleen is normal in size and margination. The kidneys are partially obscured by overlying contents with no abnormality identified. The retroperitoneal and sublumbar areas are normal. The prostate is enlarged measuring 5.2 cm in transverse dimension. The prostate is uniformly soft tissue opaque with smooth distinct margination. The urinary bladder is mildly distended with uniform soft tissue opaque contents. No identifiable mineral opaque urolithiasis is observed. The intrathoracic structures within the field of view are normal with no identifiable esophageal abnormality. A mineralized intervertebral disc in situ is observed at L2-L3. The remaining observable spine is normal. The observable ribs and sternum are normal. The more caudally positioned left lateral view shows evidence of dorsal subluxation of one of the femoral heads. The joint space of the opposite coxofemoral joint is indistinct. Evidence of sclerosis is observed dorsal to both coxofemoral joints. Assessment: Gas distention of the gastrointestinal tract with minimal soft tissue opaque contents is compatible with gastroenterocolitis of undetermined etiology. No identifiable gastrointestinal foreign material is observed. No evidence of gastrointestinal obstruction is observed at this time. The mild generalized hepatomegaly is a nonspecific finding and can be associated with benign or less likely malignant disease. The prostatomegaly most likely represents benign prostatic hypertrophy. Prostatitis and prostatic neoplasia cannot be ruled out radiographically. The remaining intra-abdominal structures are normal. The mineralized intervertebral disc in situ at L2-L3 indicates degenerative disc disease. No definitive evidence of fragmentation of the mineralized disc or narrowing of the intervertebral disc space is observed to indicate a probable herniated intervertebral disc at this time. The remaining observable spine is normal. Subluxation of one of the coxofemoral joints and additional changes suggestive of bilateral coxofemoral joint abnormality compatible with hip dysplasia and secondary degenerative joint disease based on a partial lateral view. A well-positioned VD legs extended pelvic radiograph would be necessary for more definitive evaluation of the coxofemoral joints. The remaining observable skeletal structures are normal. The intrathoracic structures within the field of view are normal.

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 peripheral inflammation consistent with prostatitis, measuring 4.0 cm. Heterogeneous parenchymal changes noted.



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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. Slight pinpoint mineralizations were noted.

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Adrenal Glands

BREED

Labrador Retriever

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 0.6 cm. The left adrenal gland measured 0.5 cm.

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Spleen

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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.

WEIGHT

43.6 kg

Liver

INTERPRETED BY

Eric Lindquist, DMV

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.

DABVP, Cert. IVUSS

Gastrointestinal

IMAGING PERFORMED BY

Dallas Reynolds, LVT

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. This is a mild change. The colon was empty.

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Pancreas

REFERRING VET

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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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Free Abdomen

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The iliac **lymph nodes** were enlarged and reactive, measuring up to 2.0 cm x 1.0 cm.

ULTRASONOGRAPHIC FINDINGS



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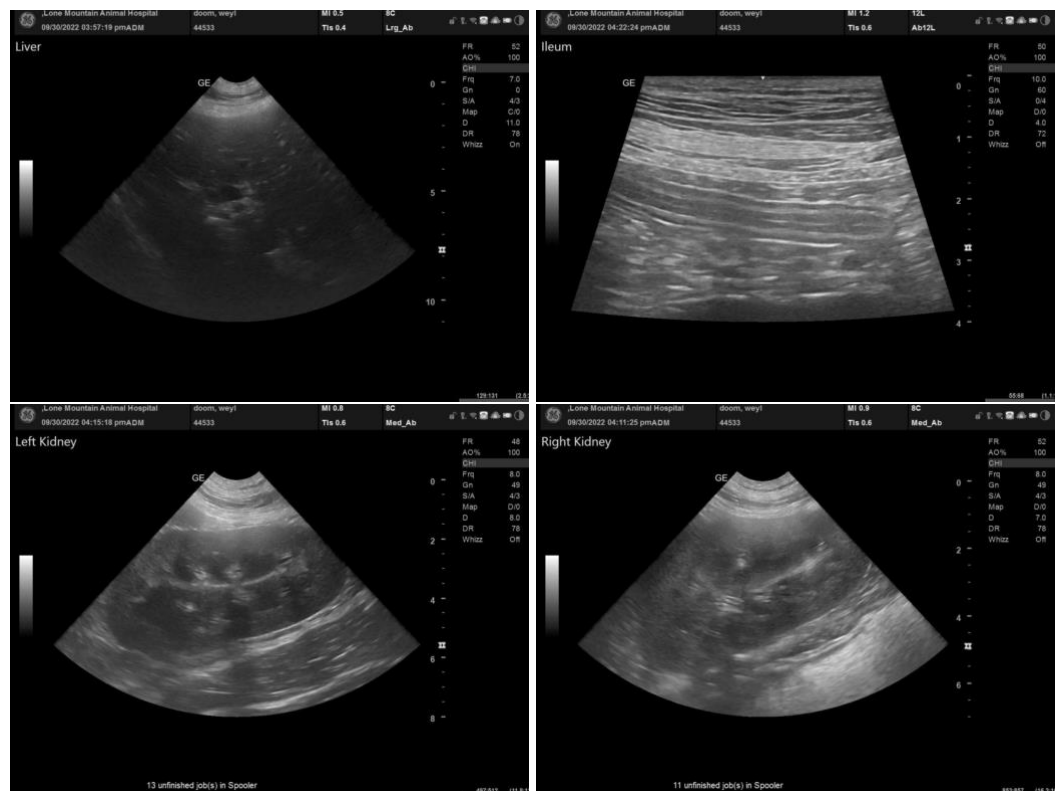
9/30/22

- Prostatitis pattern
- Age-related renal changes with mineralization
- IBD GI pattern
- Enlarged reactive iliac lymph nodes
- Unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the prostate and lymph nodes with cytology and culture indicated. Neutering + enrofloxacin over a 4-week period and recheck of the bladder at 4 weeks prior to stopping the antibiotics. If neutering is absolutely not an option, and cytology is benign, then a clinical trial fo the following could be considered.

Finasteride at 1 mg/kg/day can be utilized as an off-label approach to reducing prostatic size in BPH cases. Coverage for prostatitis would also likely be appropriate with Fluoroquinolone/Baytril or similar. A recheck sonogram is recommended in 3-4 weeks with reassessment of the urinalysis and evaluation of any inflammatory sediment.



13 unfinished pb(s) in Spooler

11 unfinished pb(s) in Spooler



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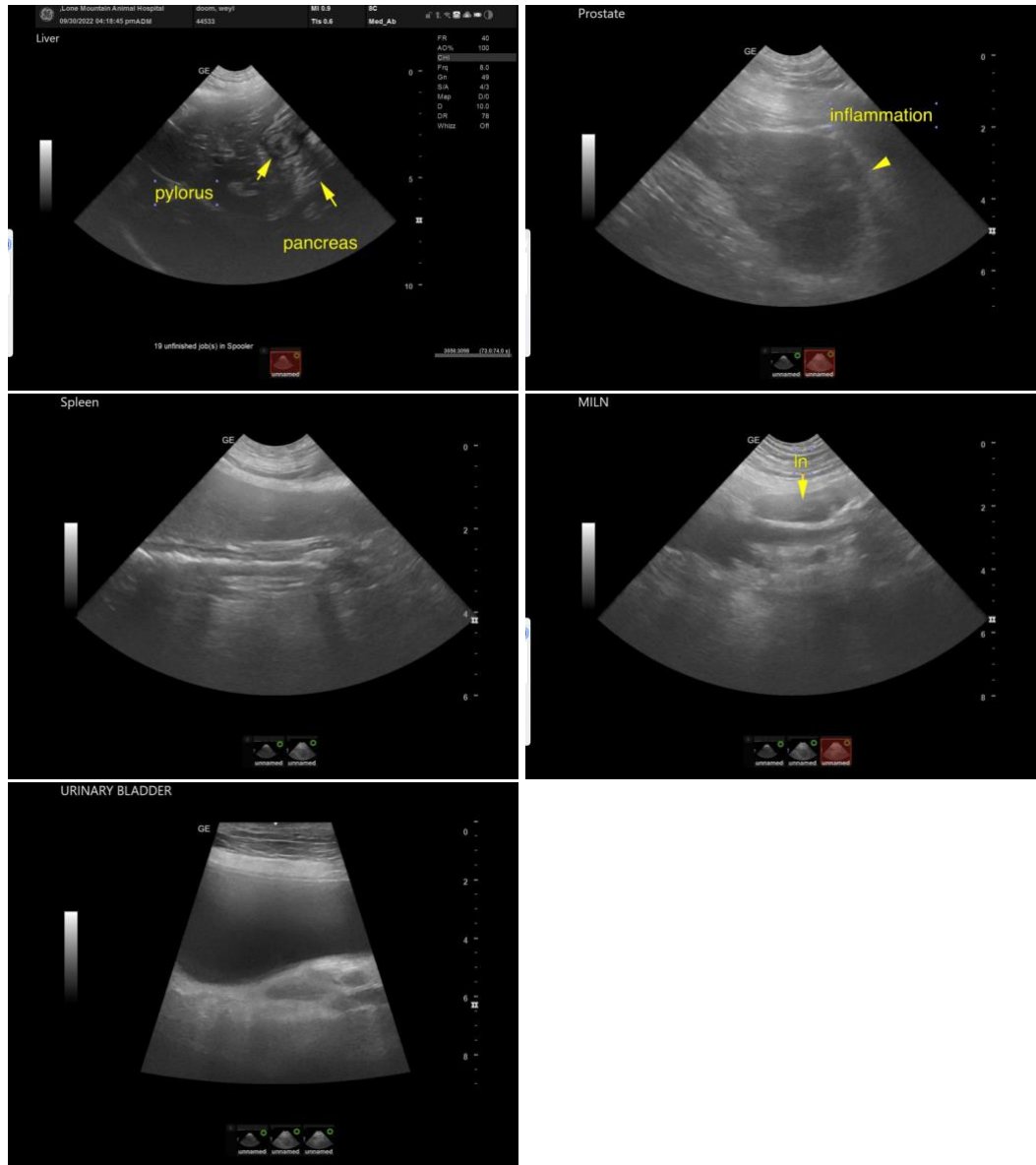
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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