



PATIENT

PRESENTING CLINICAL SIGNS

Pumkin Torres Ortiz

History: Patient presented as a referral abdominal ultrasound as pt has not been doing well at home. PT presented with bradycardia of 70 bpm and pale mucus membrane and inappetence. PT was hospitalized on Sept 3rd and has been on IV fluids, but has not improved much. Pt has history of ingesting things, but nothing that it is missing at home. History of loose stool, but no obvious vomiting has been noticed.
The blood work did not show any major abnormalities.

SPECIES

Canine

BREED

Bichon Frise

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Intact male

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.

AGE

15 months

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 2.0 cm.

WEIGHT

11.5 lbs

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 kidneys both measured 4.5 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ferrer

Adrenal Glands

HOSPITAL NAME

Paseos VC

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 0.5 cm.

REFERRING VET

Dr. Biello

Spleen

INVOICE

91650

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 was noted.

DATE

9/6/21



PATIENT

Liver

Pumkin Torres Ortiz

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.

SPECIES

Canine

BREED

Bichon Frise

Gastrointestinal

The upper **gastrointestinal tract** revealed minor luminal dilation with fluid. Spastic bowel was noted with areas of increased submucosal echogenicity and thickening. Gastric stasis was present. The pylorus was patent without evident foreign body.

SEX

Intact male

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. Areas of spastic bowel were present without accordion pleating. Mild reactive mesentery was noted along with reactive mesenteric lymph nodes.

AGE

15 months

WEIGHT

11.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

ULTRASONOGRAPHIC FINDINGS

Acute on chronic inflammatory bowel with regional intestinal spasming and regional lymphadenopathy. Regional dysfunctional bowel may be playing a role owing to chronicity.

No evidence of foreign body.

IMAGING PERFORMED BY

Dr. Ferrer

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Paseos VC

24 hour n.p.o. and IV fluid support is recommended. A recheck sonogram is warranted in 24-48 hours if the clinical signs persist. Eventual slurry feeding is warranted when food is reintroduced. Medical therapy is warranted. I recommend a fresh fecal smear and fecal floatation analysis. Treatment for parasites and enterotoxins are indicated.

REFERRING VET

Dr. Biello



INVOICE

91650

DATE

9/6/21



PATIENT

Pumkin Torres Ortiz

SPECIES

Canine

BREED

Bichon Frise

SEX

Intact male

AGE

15 months

WEIGHT

11.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Paseos VC

REFERRING VET

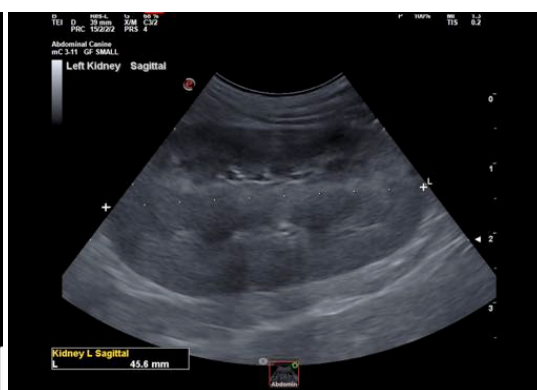
Dr. Biello

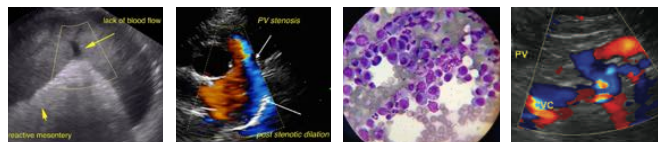
INVOICE

91650

DATE

9/6/21





PATIENT

Pumkin Torres Ortiz

SPECIES

Canine

BREED

Bichon Frise

SEX

Intact male

AGE

15 months

WEIGHT

11.5 lbs



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.

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
info@SonoPath.com

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Biello

INVOICE

91650

DATE

9/6/21