

## PATIENT PRESENTING CLINICAL SIGNS

Luke Zinn History: Ongoing weight loss off/on digestive issues history of prostate cancer  
Abnormal PE/Chem/CBC/UA Results: enlarged but smooth appearing spleen on xrays bw: pcv 32%  
rest wnl

## SPECIES

Canine

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

## BREED

Labrador Mix

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.

## SEX

Intact male

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 4.02 cm.

## AGE

12 years

## WEIGHT

62.2 lbs

The testicles were imaged and found to be uniform with minor parenchymal remodeling. The epididymis were unremarkable.

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 8.29 cm. The left kidney measured 7.95 cm.

## IMAGING PERFORMED BY

Sara Hansen

### Adrenal Glands

## HOSPITAL NAME

Albany AH

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 3.04 x 1.06 cm at the cranial pole and 0.54 cm at the caudal pole. The left adrenal gland measured 3.93 x 0.8 cm at the caudal pole and 0.8 cm at the cranial pole.

## REFERRING VET

Dr. Flanagan

### Spleen

The **spleen** was mildly enlarged and uniform. The spleen was folded upon itself cranially.

## DATE

11/10/22

## Invoice

42429



**PATIENT** *Liver*

Luke Zinn

**SPECIES**

Canine

**BREED**

Labrador Mix

**SEX**

Intact male

**AGE**

12 years

**WEIGHT**

62.2 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
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**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

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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**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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.

**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.

**Heart**

Rapid view of the heart revealed no evidence of pathology.

**ULTRASONOGRAPHIC FINDINGS**

Minor BPH prostate.

Minor splenic enlargement, likely hyperplasia given the anemia.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no suspicion of prostatic neoplasia. The cause of weight loss is not evident other than minor splenic enlargement. The cause of anemia is unclear. CBC path review +/- splenic FNA +/- bone marrow FNA would all be indicated.



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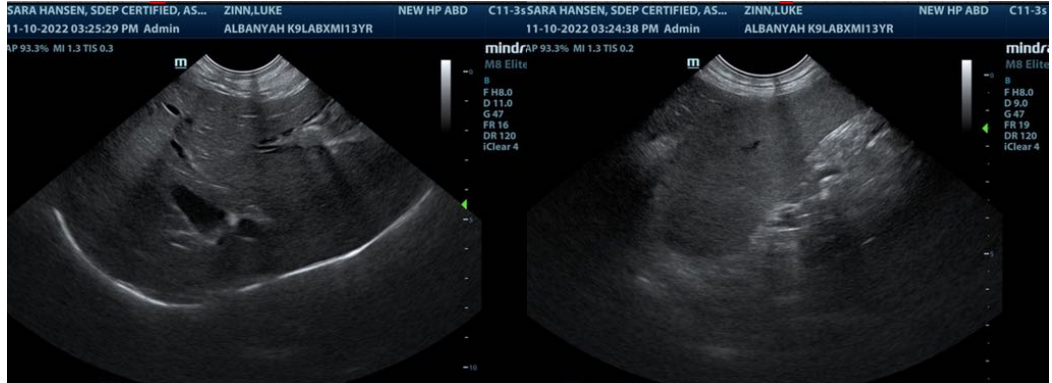
Dr. Flanagan

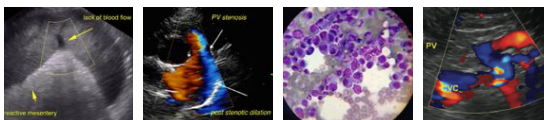
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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