



## PATIENT

Norbac Guevara

## SPECIES

Canine

## BREED

German Shepherd

## SEX

Intact male

## AGE

4 years

## WEIGHT

63 lbs

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Sara Hansen

## HOSPITAL NAME

Q Street AH

## REFERRING VET

Dr. Q

## DATE

3/16/23

Invoice  
43314

## PRESENTING CLINICAL SIGNS

History: - Presented for loss of appetite (progressive over the last several weeks), swollen lymph nodes, swollen scrotum (started 3 days ago) - History of severe allergic skin/ear disease and chronic loose stools (stools were improving up until last week). - Physical exam: bilateral submandibular (moderate) and popliteal (mild) lymphadenopathy. Thin body condition (3/9) with weight loss (2 lbs). Large, firm, uncomfortable swollen scrotum (singular swelling, unable to palpate two testicles). Not known to be cryptorchid prior.

Abnormal PE/Chem/CBC/UA Results: Senior panel, fecal float, resting cortisol, and Cobalamin/Folate/TLI all normal last year.

## 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 significantly enlarged, irregular and peripherally inflamed measuring 6.5 x 4.2 cm.

The testicles were fairly normal to subnormal in size; however, scrotal edema was noted in this patient likely owing to prostatic pathology. The right testicle was approximately 2.0 cm in length. Blood flow to the spleen appeared adequate. There was no evidence of thrombosis or torsion.

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 9.09 cm and the right kidney measured 7.95 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.

### Spleen

The **spleen** was severely enlarged, irregular with a scalloping contour with enhanced, surrounding mesentery.

### Liver

The **liver** was mildly enlarged, yet uniform. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic



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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. Pleural effusion was noted through the diaphragm.

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***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.

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***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.

**AGE**

4 years

***Free Abdomen***

Sublumbar and iliac lymph nodes were mildly enlarged and rounded.

**WEIGHT**

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**ULTRASONOGRAPHIC FINDINGS**

Infiltrative splenic pattern, probable hepatic involvement.

**INTERPRETED BY**

**Eric Lindquist, DMV,**  
DABVP, Cert. IVUSS

Multi-focal, sublumbar/ilic lymphadenopathy.

Prostatic enlargement. Potential prostatic lymphoma. However, BPH/prostatitis is more likely with secondary scrotal edema and testicular atrophy.

**IMAGING PERFORMED BY**

Sara Hansen

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the splenic presentation I am concerned for neoplastic spread. Round cell neoplasia is suspected. I recommend pleurocentesis, FNA of the spleen, liver and prostate in this patient for further definition. Round cell neoplasia is a strong concern. Splenitis, prostatitis is possible, yet less likely especially given the pleural effusion noted. Chest radiographs and thoracic evaluation is indicated. The prognosis is extremely guarded depending on cytology results.

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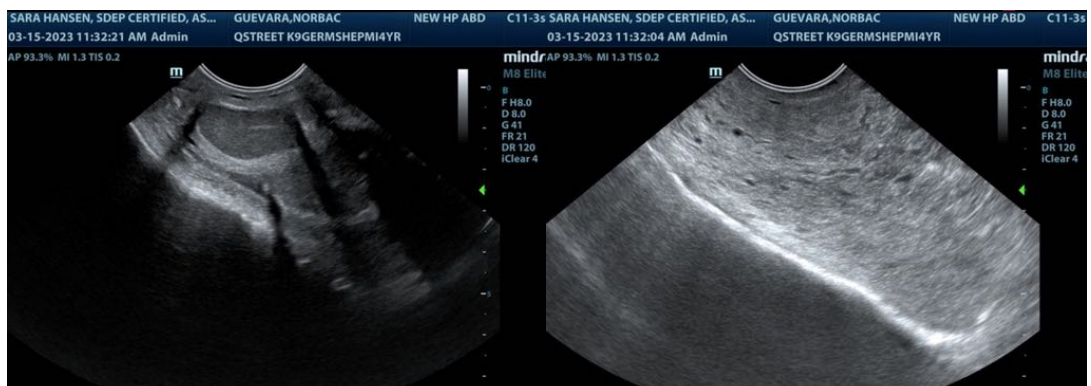
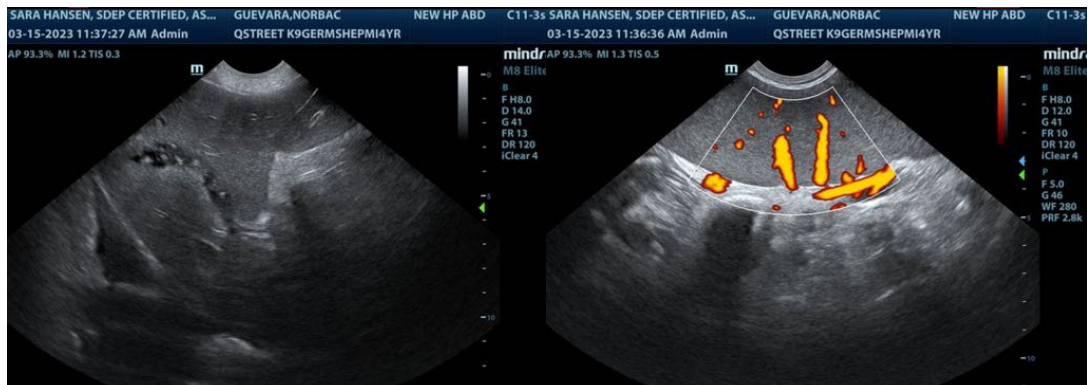
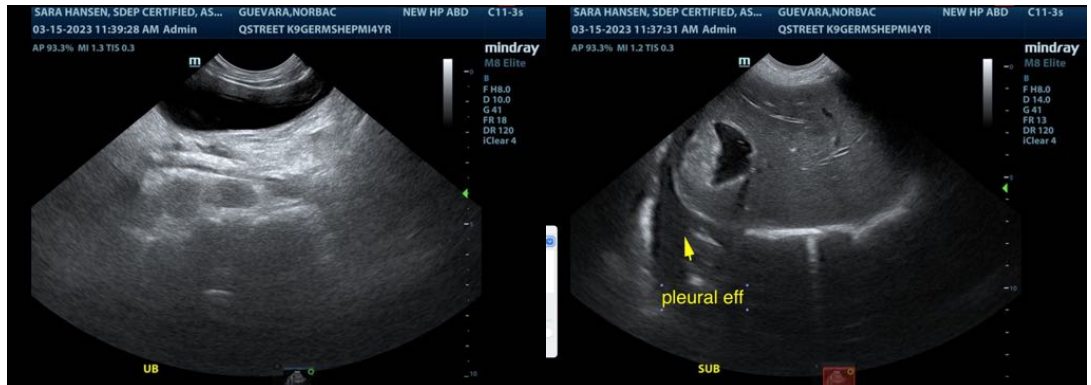
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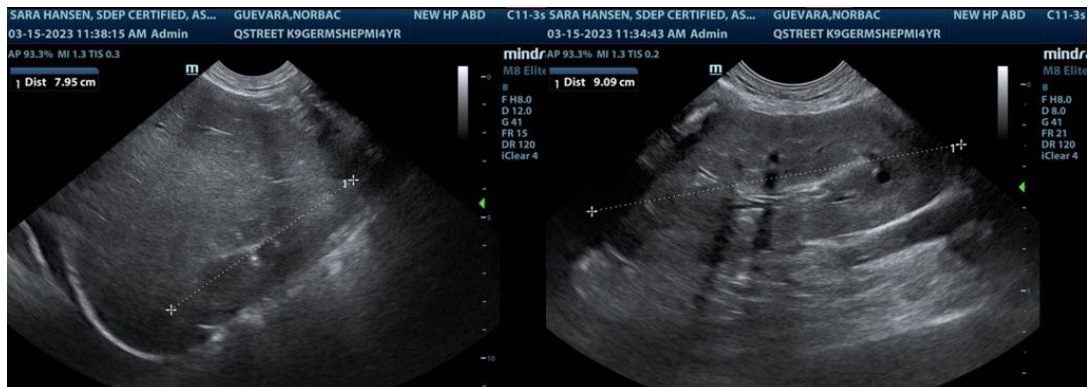
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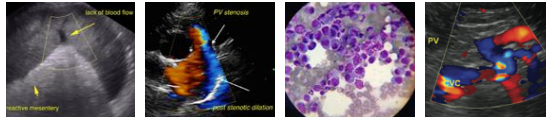


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Eric.Lindquist@SonoPath.com

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