

PATIENT

Casey Bryant

SPECIES

Canine

BREED

Glenn of Imaal Terrier

SEX

Intact male

AGE

14 years

WEIGHT

45.8 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Sara Hansen

HOSPITAL NAME

Reid VH

REFERRING VET

Dr. Heider

DATE

2/16/23

Invoice

43736

PRESENTING CLINICAL SIGNS

History: mildly distended abdomen - o describes fluctuates in size. Mild discomfort with palpation, but unable to palp organomegaly Lat/VD Abd Rads: **Generalized GI gas - stomach, SI, and colon. Poss mild hepatomegaly. No mass effect noted. No radiodense FB noted. R/O Cushing's, hepatitis, cholangitis, neoplasia - hepatomegaly on rads, generalized elevation of liver enzymes R/O Hypercalcemia-- hyperparathyroidism, addison's, Vit D tox, Osteoclastic lesions, Neoplasia, error

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 6.24 x 3.8 cm.

The left testicle revealed a mixed, hypoechoic nodule that measured 2.0 cm with cystic content. The right testicle was uniform with minor heterogenous parenchymal changes. There was no evidence of significant disease.

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 6.57 cm.

Adrenal Glands

The left adrenal gland was enlarged and irregular measuring 3.5 x 1.1 cm. Expansion was noted. This may represent phrenic vein invasion. There was loss of structural detail. The right adrenal gland was normal to subnormal in size measuring 1.6 x 0.75 cm.

Spleen

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.



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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Caudate process swelling was noted in this patient. This is consistent with a hepatoma that measured 8.0 cm. This is likely benign or low grade. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

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.

ULTRASONOGRAPHIC FINDINGS

Cystic left testicular nodule/mass.

Hepatic hepatoma type mass, possible carcinoma.

Enlarged, irregular left adrenal gland with possible phrenic vein invasion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT of the abdomen is warranted in this patient. The cause of hypercalcemia is not overtly evident in the abdomen; however, I am concerned about the left adrenal gland and hepatic mass and BPH prostate. CT is recommended for potential surgical planning of the hepatic mass and left adrenal gland would be warranted. Differentials of the left adrenal include pheochromocytoma, adenocarcinoma, adenoma or possible hyperplasia. Blood pressure measurements are warranted and if hypertension is an issue then urine catecholamine is recommended. Chest CT is ideal to assess for metastatic disease.



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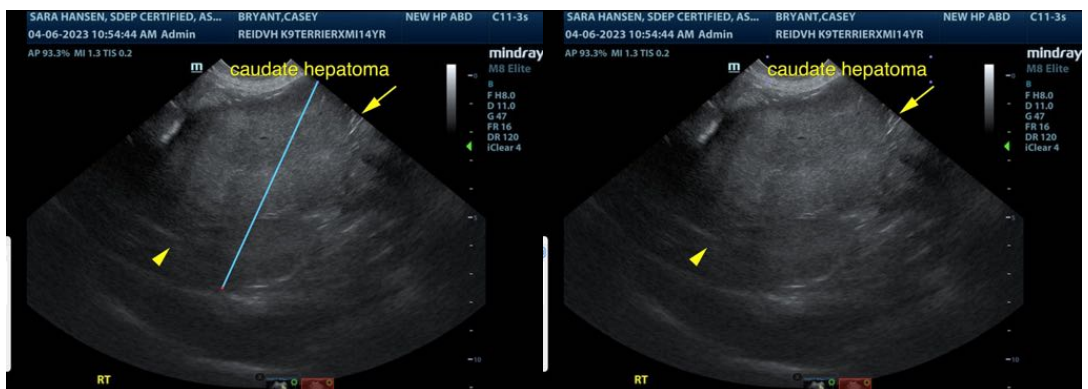
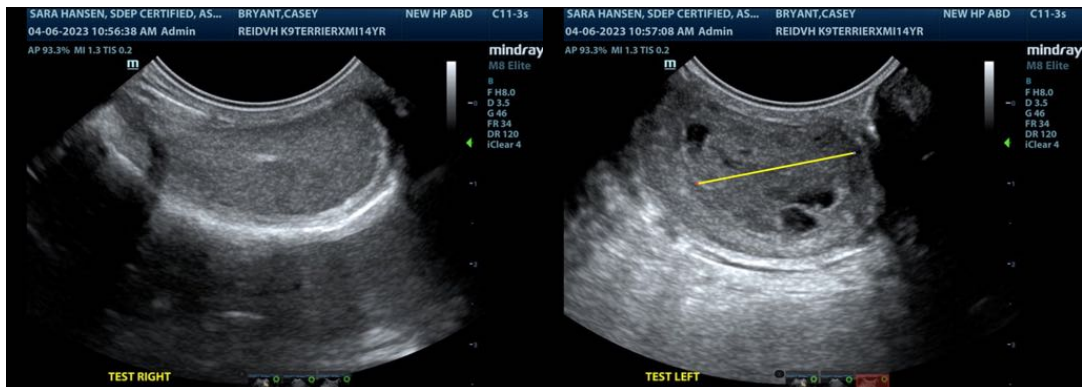
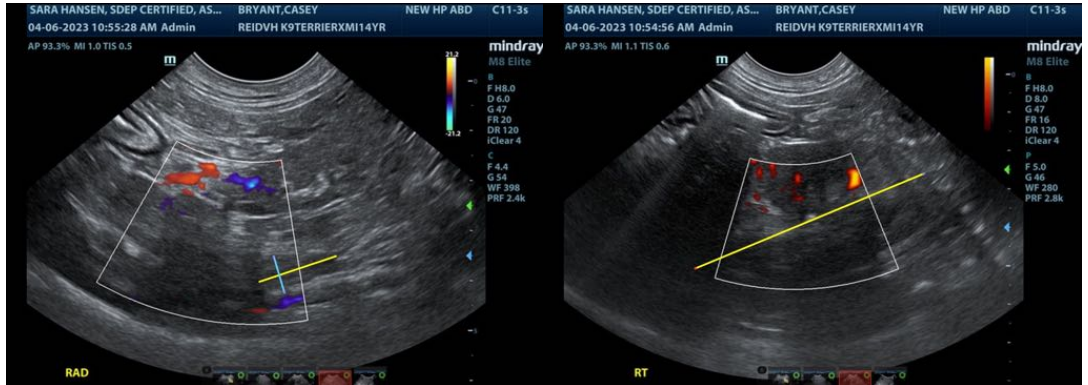
Dr. Heider

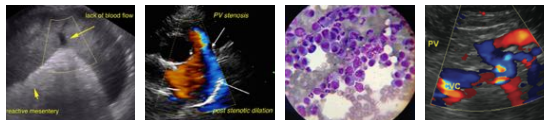
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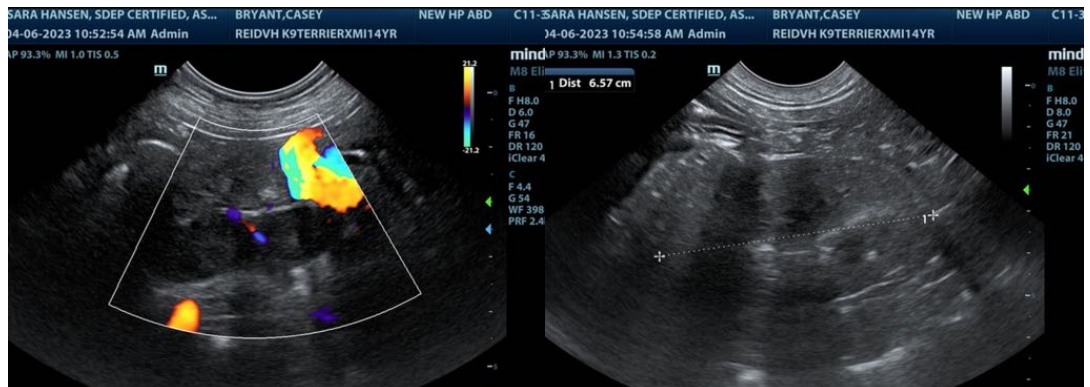
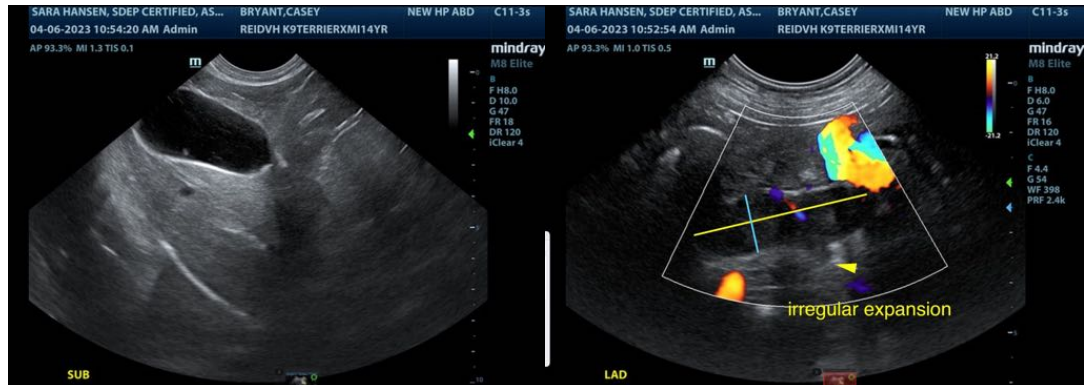
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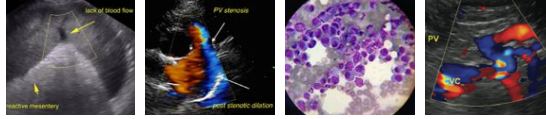
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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