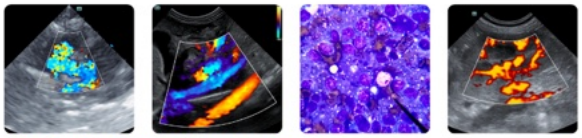


PATIENT

Kash Rodriguez

SPECIES

Canine

BREED

Cane Corso

SEX

Intact male

AGE

8 years

WEIGHT

102 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

IMAGING PERFORMED BY

Chloe Lowe

HOSPITAL NAME

Smithfield AH

REFERRING VET

Dr. Boe

INVOICE

78264

DATE

6/2/26

PRESENTING CLINICAL SIGNS

History: Vomiting, not eating. Radiographs 5/29/26 enlarged liver and prostate. Entyce, enrofloxacin, previcox

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 **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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 7.7 cm. The right kidney measured 7.9 cm.

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 4.9 cm.

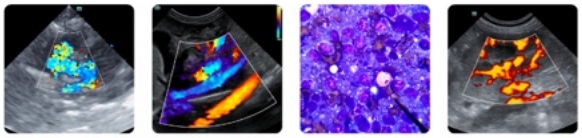
The iliac trifurcation was unremarkable.

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. The left adrenal gland measured 3.28 x 0.65 cm at the caudal pole and 0.49 cm at the cranial pole. The right adrenal gland measured 2.68 x 1.66 cm at the cranial pole and 0.66 cm at the caudal pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. A focal, hypoechoic splenic nodule was noted and measured 0.76 cm. The nodule is non-disruptive. There was no evidence of significant disease.



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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. Increased portal markings wee noted. This is consistent with history of inflammatory hepatopathy. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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. Shadowing material was noted in the stomach and measured up to 1.6 cm. This may represent medications, bony material or similar. Some luminal dilation was noted in the small intestines; however, transit of chyme appeared to be occurring. The colon was filled with normal stool.

Pancreas

Some **pancreatic** remodeling was noted with mixed, hypoechoic and hyperechoic changes. This is consistent with history or active low-grade pancreatitis.

Heart

Rapid view of the heart revealed no evidence of pathology in the right auricle or pericardium.

ULTRASONOGRAPHIC FINDINGS

Folded spleen. Focal splenic nodule, not pathological.

Gastric stasis and some shadowing material. Delayed outflow pattern or post prandial presentation with shadowing material measuring up to 1.6 cm.

Mild hepatic remodeling, non-specific.

Mild BPH.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinical significance of the shadowing material in the stomach depends on when the patient ate prior to the sonogram. If the patient was truly n.p.o. then exploratory surgery with evacuation of the stomach and inspection of the small intestine for smaller, non-obstructive material can also be considered. If surgery is to be performed inspection of the spleen and liver with liver biopsy and inspection of the

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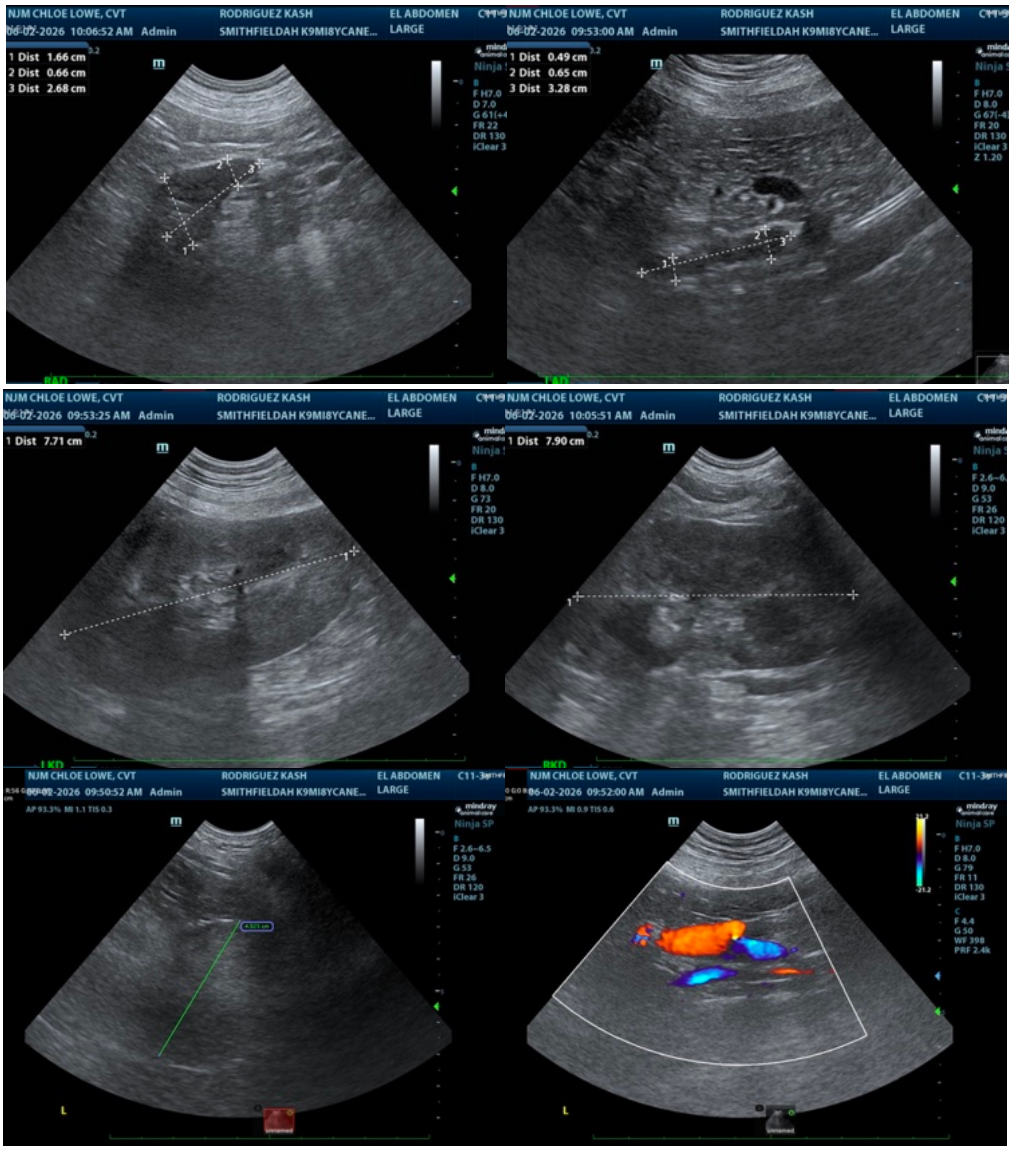
splenic nodule as to whether proactive splenectomy would be appropriate. The splenic nodule appears subjectively benign or low-grade, but should be monitored. Some level of pancreatitis is likely contributing to the clinical status. Neutering can be considered if any clinical signs of prostatitc disease are present.



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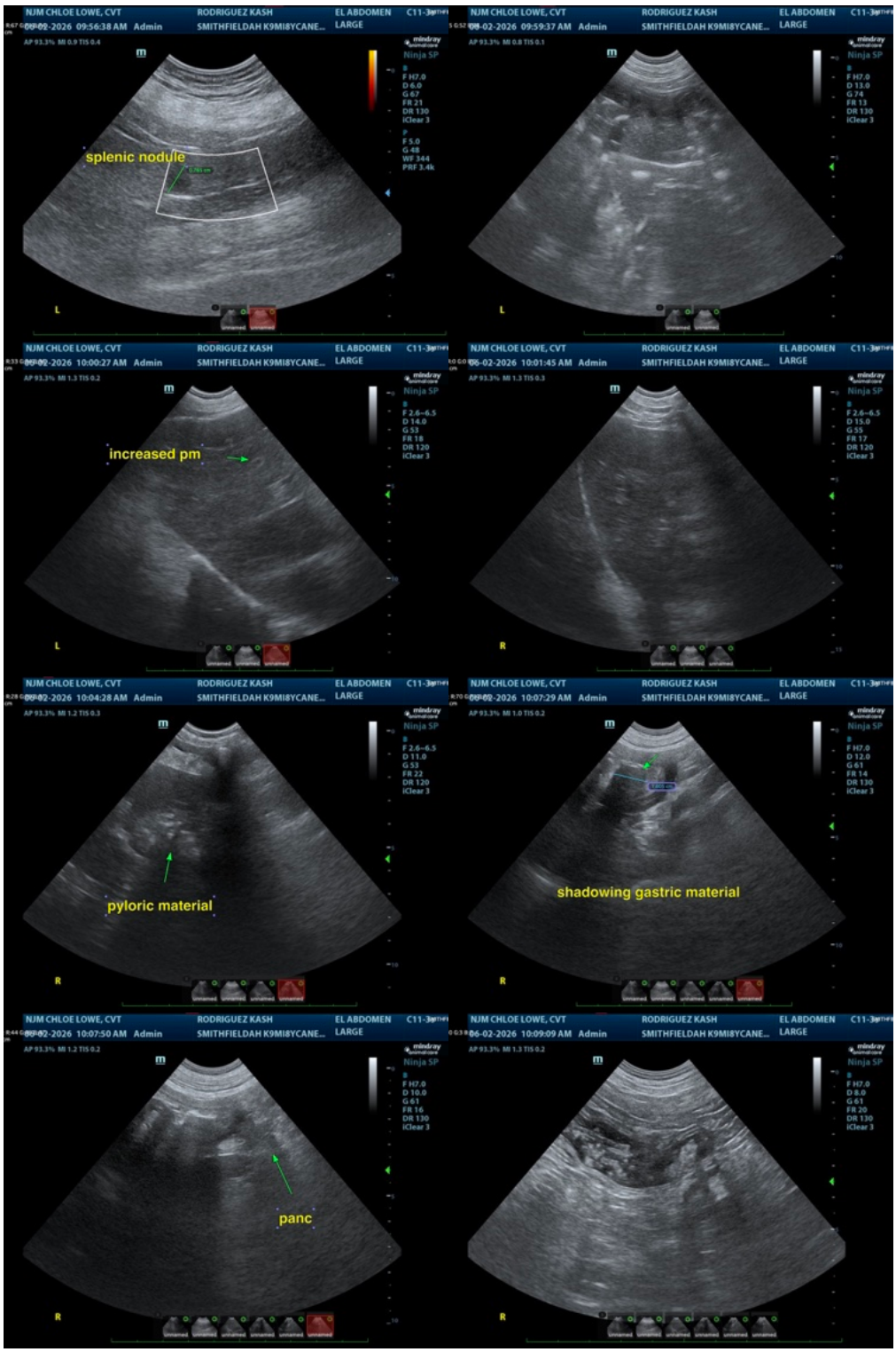

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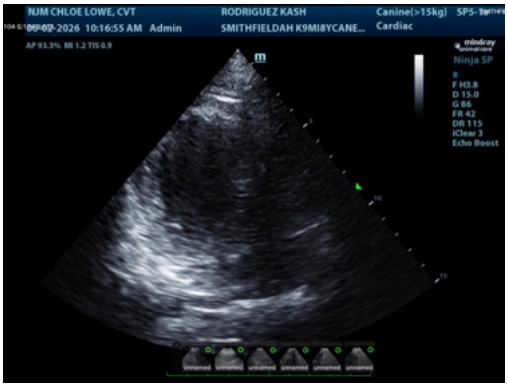

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

Info@SonoPath.com