



PATIENT

Louie Rovetto

SPECIES

Canine

BREED

Doberman Pinscher
Mix

SEX

Neutered male

AGE

7 years

WEIGHT

56 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

Glen Rock VH

REFERRING VET

Dr. Stekler

INVOICE

42813

DATE

12/2/22

PRESENTING CLINICAL SIGNS

History: Patient with history of left FHO sx and possible right ACL issues, presents for weight loss; prominent hips, spine, and ribs. PU/PD and decreased appetite. No history of preventatives. No current meds.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem: WNL. U/A: blood, USG 1.005.

Radiographs revealed alveolar lung pattern, suggestive for neoplasia.

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 enlarged, irregular and mineralized with a cystic component that measured 3.6 cm. This is strongly suggestive for carcinoma.

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 right kidney measured 6.55 cm. The left kidney measured 7.65 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. The right adrenal gland measured 2.2 x 0.51 cm at the caudal pole and 0.72 cm at the cranial pole. The left adrenal gland measured 2.72 x 0.43 cm at the caudal pole and 0.6 cm at the cranial pole.

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.

Liver

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



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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. Comet tail lung pattern was noted through the diaphragm.

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Gastrointestinal

The stomach revealed a moderate amount of fluid and chyme accumulation. There was a 2.0 cm floating shadowing structure. This is likely medications or similar. Portions of small intestine were hyperperistaltic. Moderate excessive GI gas was noted. The colon was fluid filled. The mesenteric lymph nodes measured 2.0 x 1.0 cm.

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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.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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Prostatic mass.

Gastroenteritis presentation.

Comet tail lung pattern through the diaphragm.

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the lung presentation, if possible ultrasound-guided FNA of the lung lesions is warranted if any lesion is accessible. Otherwise, chest CT would be appropriate. Ultrasound-guided FNA of the prostate is recommended to confirm suspicion of carcinoma.

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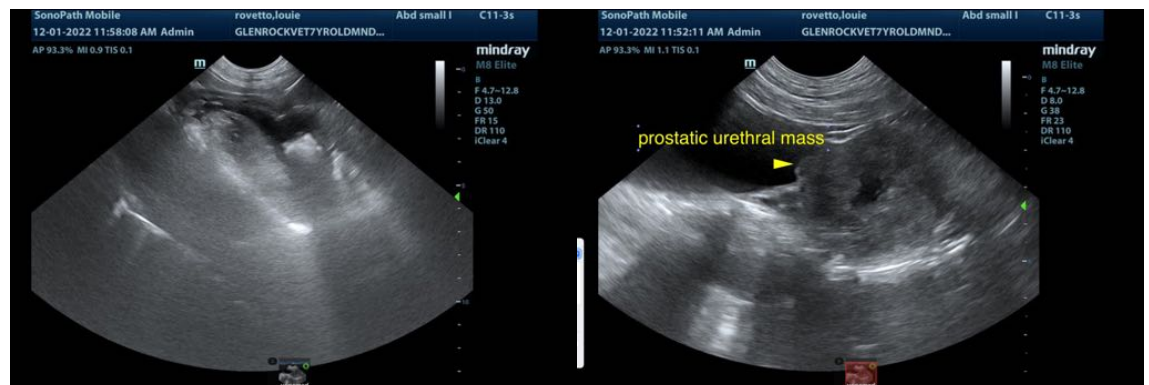
Dr. Stekler

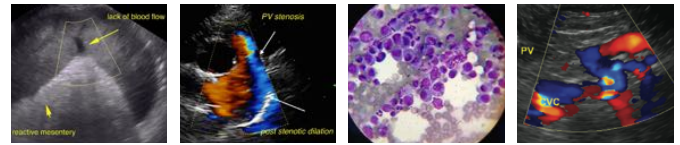
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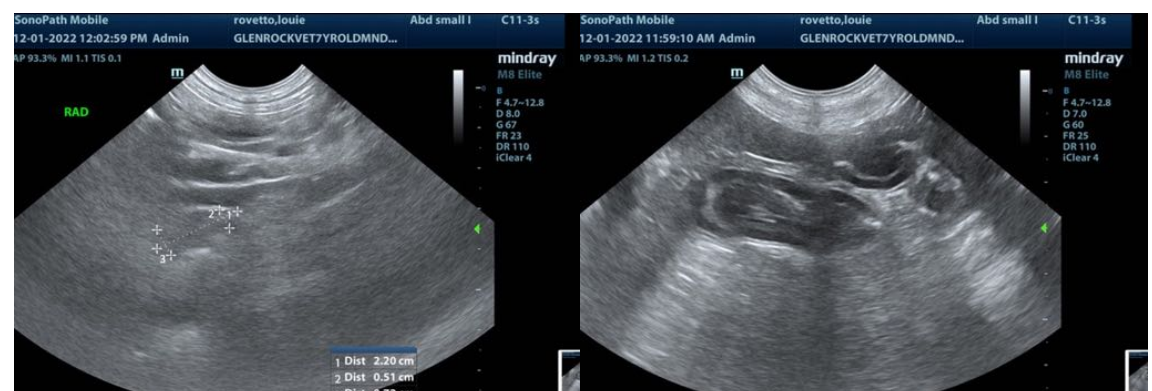
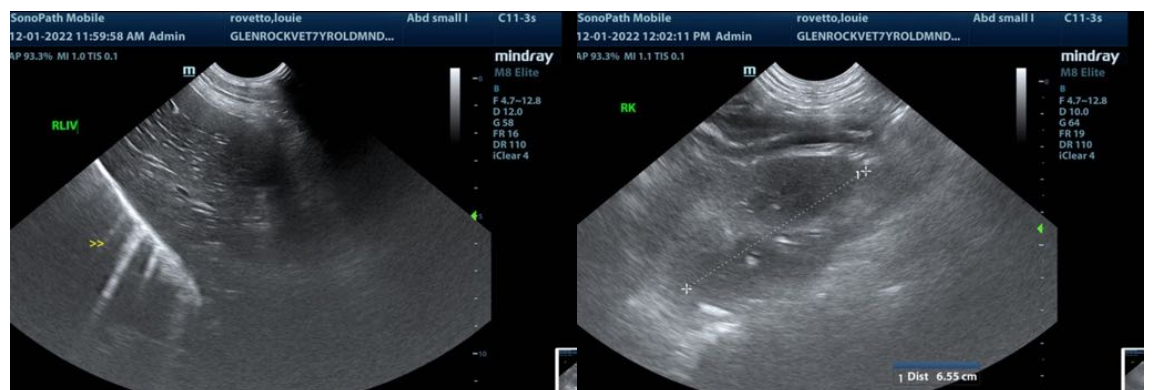
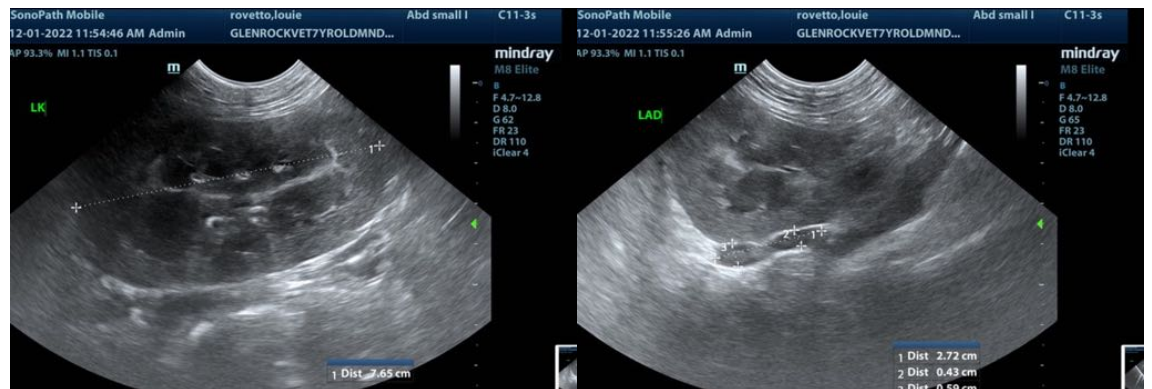
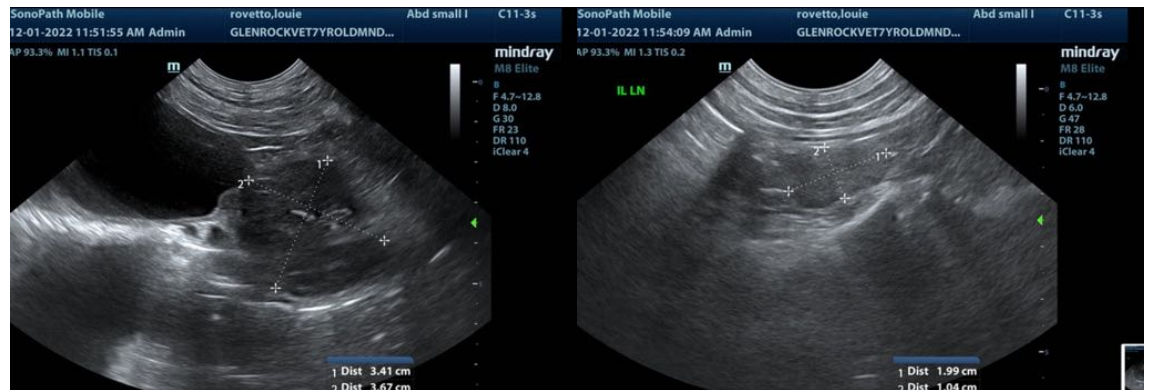
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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