

PATIENT

Quinn Kruse

PRESENTING CLINICAL SIGNS

History: History of prostatic cyst (<1cm) and suspected BPH at rDVM. Managed for bacterial prostatitis in past. Was vaccinated about 10-15 minutes prior to ultrasound exam.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Belgian Shepherd

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

SEX

Male

Prostate is symmetrically enlarged with smooth margins that are well differentiated from surrounding tissue. Normal bilobed shape is maintained. Parenchyma is diffusely hyperechoic. Several small anechoic cysts are noted. No mineral is noted. Several multifocal cysts are present that are approximately 0.5 cm in size and in the largest visible cyst is just over 1.0 cm x 0.7 cm in size.

AGE

5 Years

The kidneys are unable to be visualized in these images.

Adrenal Glands

The adrenal glands are unable to be visualized in these images.

WEIGHT

24.8

Spleen

Spleen is generally normal in size and shape with a smooth capsular contour. Parenchyma is diffusely nodular in appearance characterized by small discrete hypoechoic nodules. Splenic vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Liver

The liver is not fully visualized but the portion of the liver that is visualized is normal.

The gallbladder is unable to be visualized in these images.

IMAGING PERFORMED BY

Evan Bell

Gastrointestinal

HOSPITAL NAME

Cedarview AH

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

REFERRING VET

Evan Bell

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

INVOICE

17915

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

DATE

11/7/22

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.



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Free Abdomen

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There is no evidence of peritoneal effusion.

SPECIES

Canine

In the cranial abdomen, there is an approximately 2.0 cm in diameter hypo- to anechoic almost cystic appearing structure adjacent to the stomach that appears to potentially be a cystic lymph node, although a cystic pancreas cannot be definitively ruled out.

BREED

Belgian Shepherd

ULTRASONOGRAPHIC FINDINGS

SEX

Male

- Benign Prostatic Hyperplasia with cysts – Prostatic findings are most consistent with Benign Prostatic Hyperplasia (BPH) and concurrent benign prostatic cysts. Active prostatitis cannot be ruled out. Infiltrative neoplasia cannot be ruled out but is considered less likely.
- Splenic micronodular hyperplasia – This nodular change is often associated with benign aging nodular hyperplasia. Infiltrative neoplasia, however, including both early hemangiosarcoma as well as round cell neoplasia cannot be ruled out.

AGE

5 Years

- A hypo- to anechoic round structure in the cranial abdomen adjacent to the stomach believed to be a cystic lymph node, however, a cystic area of the pancreas cannot be definitively ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

24.8

Recommendations include a fine needle aspirate of both the spleen and the cystic cranial abdominal structure if patients coagulation status is appropriate. Pending results, patient neutering is recommended to prevent ongoing episodes of prostatitis and potentially progression of benign prostatic hyperplasia that could eventually result in clinical signs.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Evan Bell

HOSPITAL NAME

Cedarview AH

REFERRING VET

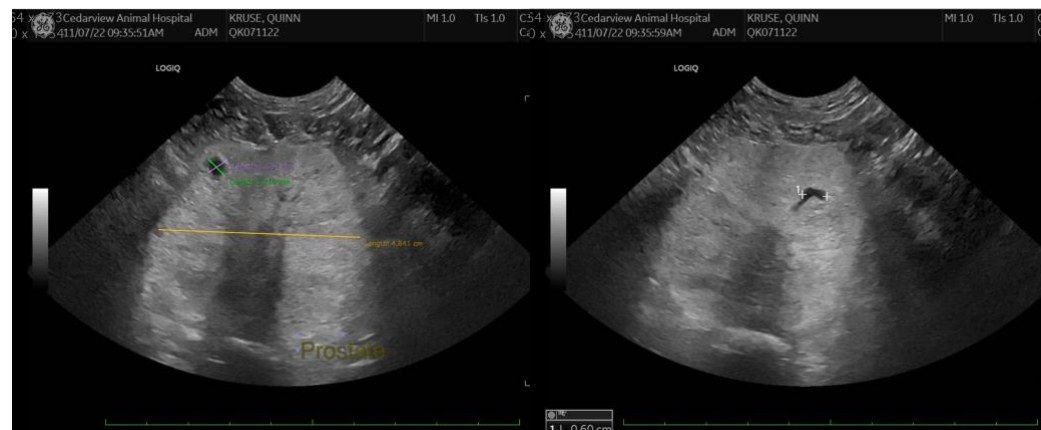
Evan Bell

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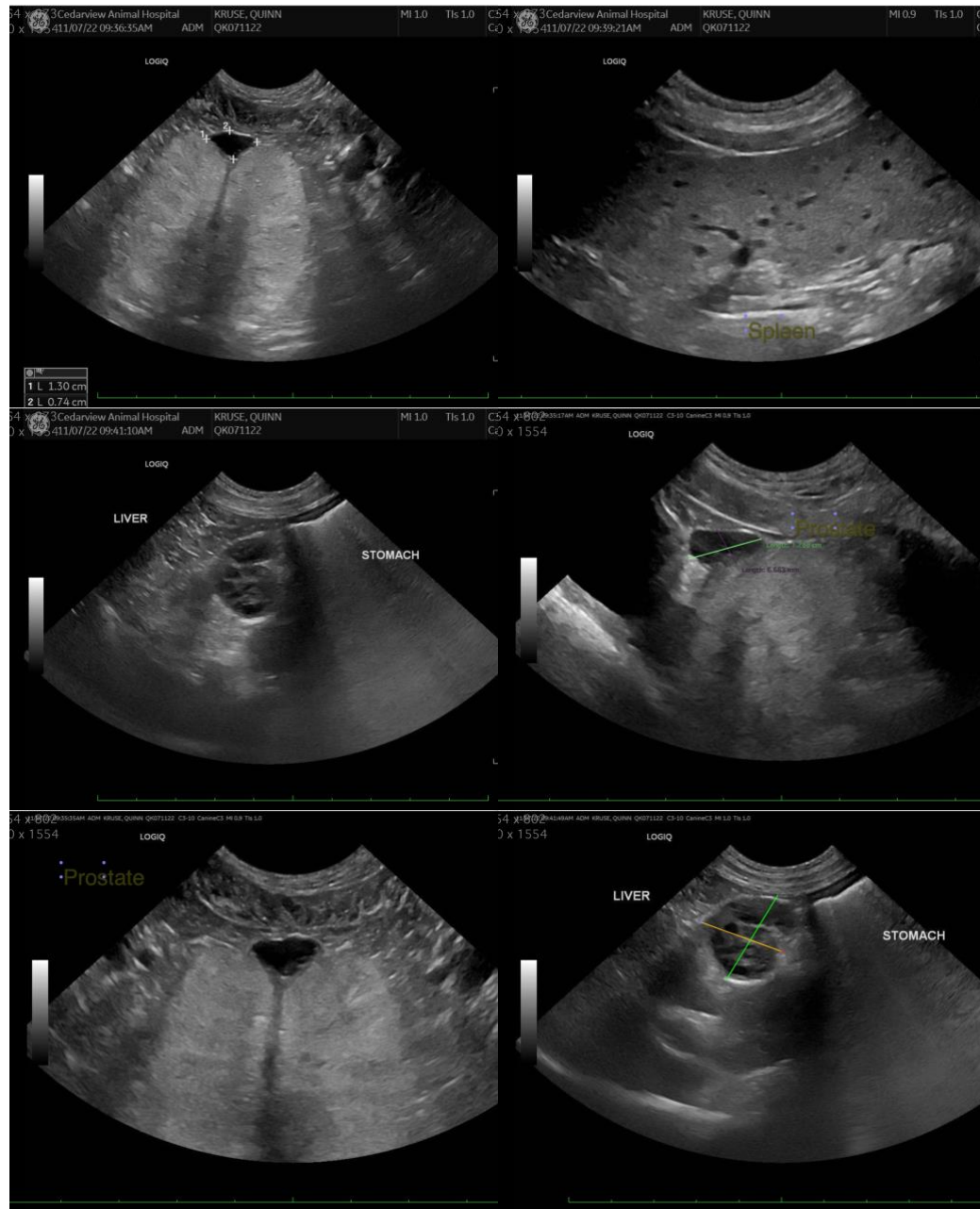
Evan Bell

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

Beth Johnson, DVM DACVIM

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