



PATIENT PRESENTING CLINICAL SIGNS

Lucky Tracy History: Referral from local clinic for an abdominal ultrasound of spleen and prostate- saw some potential abnormalities on radiographs. No symptoms. P currently on Meloxicam, amantidine, gabapentin for arthritis.

SPECIES Abnormal PE/Chem/CBC/UA Results: CBC/Chem wnl Fecal neg

Canine

BREED

Labrador

SEX

Neutered male

AGE

11 years

WEIGHT

80 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Brian Klug

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Dr. Wallisch

INVOICE

42200

DATE

1/17/23

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 5.2 cm in width.

The testicles were imaged and found to be uniform with no evidence of pathology.

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. Anechoic cyst was noted at the cranial pole of the right kidney measuring 1.3 cm. The right kidney measured 7.04 cm. The left kidney measured 7.04 cm.

Adrenal Glands

The right adrenal gland was slightly heterogenous and at the upper limits of normal. The right adrenal measured 0.92 cm at the caudal pole and 0.91 cm at the cranial pole. The left adrenal gland was uniform and measured 0.7 cm at the caudal pole and 0.62 cm at the cranial pole.

Spleen

The **spleen** revealed minor, heterogenous parenchymal changes with splenic fold. Minor micronodular changes were noted, yet were non-disruptive.

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



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clinically significant at this time. 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.

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Gastrointestinal

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Labrador

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.

SEX

Neutered male

Pancreas

AGE

11 years

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.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

Benign abdomen.

Minor hypersplenism with minor micronodular changes.

BPH prostate.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Brian Klug

Neutering should prove effective. However, if neutering is not an option then the following protocol may prove effective. If any weight loss is an issue then FNA of the spleen is indicated.

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Finasteride at 1 mg/kg/day can be utilized as an off-label approach to reducing prostatic size in BPH cases. Coverage for prostatitis would also likely be appropriate with Fluoroquinolone/Baytril or similar. A recheck sonogram is recommended in 3-4 weeks with reassessment of the urinalysis and evaluation of any inflammatory sediment.

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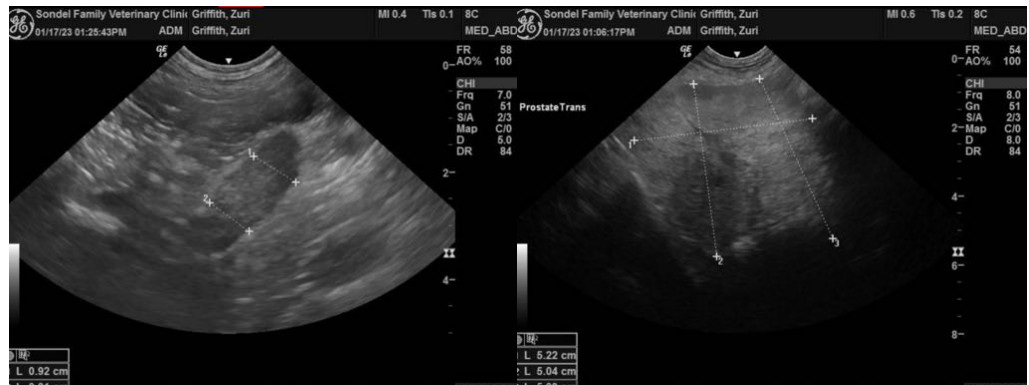
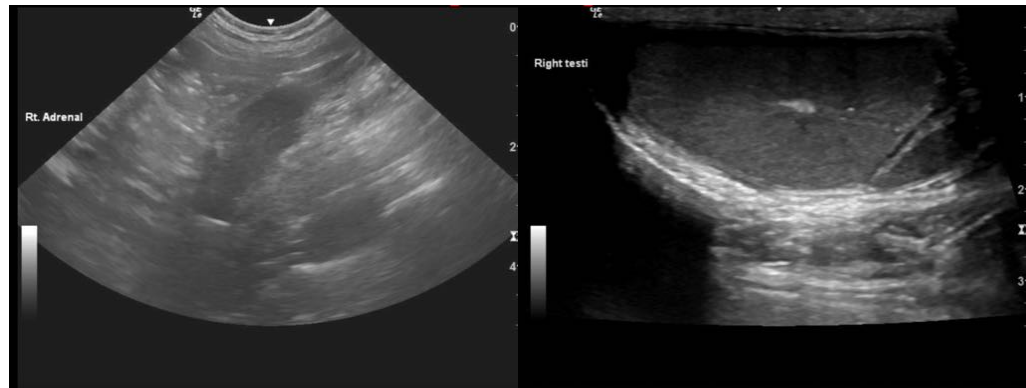
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com