DATE

01/06/2026

PATIENT

Cooper Brickner

SPECIES

Canine

BREED

Saint Bernard

SEX

Intact Male

AGE

01/05/2020

WEIGHT

60 pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

HOSPITAL NAME

Mason Dixon Animal Emergency Hospital

REFERRING VET

Dr. Parr

INVOICE

12987

PRESENTING CLINICAL SIGNS

Patient History: Not eating, vomiting. straining to urinate

Current Medications: None listed.
Labwork Results: Labwork not attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Propofol- on Dexdomitor CRI and had a recent dose of Torbugesic.
Stat Report: Requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

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 were 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 was peripherally inflamed. The prostate measured approximately 5.0 cm.

The **testicles** were imaged and found to be uniform measuring 4.4 cm each.

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 left kidney measured 8.36 cm in length. The right kidney measured 8.1 cm in length.

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 3.17 cm x 0.69 cm width at the caudal pole and 0.66 cm width at the cranial pole. The right adrenal gland measured 3.48 cm x 0.51 cm width at the caudal pole and 0.44 cm width at the cranial pole.

Spleen

The **spleen** was folded upon itself caudally with a uniform parenchyma. The spleen revealed a slight focal hypoechoic nondisruptive nodule in the mid body measuring 1.23 cm x 0.75 cm.

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. Minor gallbladder debris was noted. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **stomach** revealed a patent pylorus with some minor nonobstructive luminal material noted in the gastric fundus consistent with ingesta or possible grass accumulation. The small intestine and colon were unremarkable.

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.

Heart

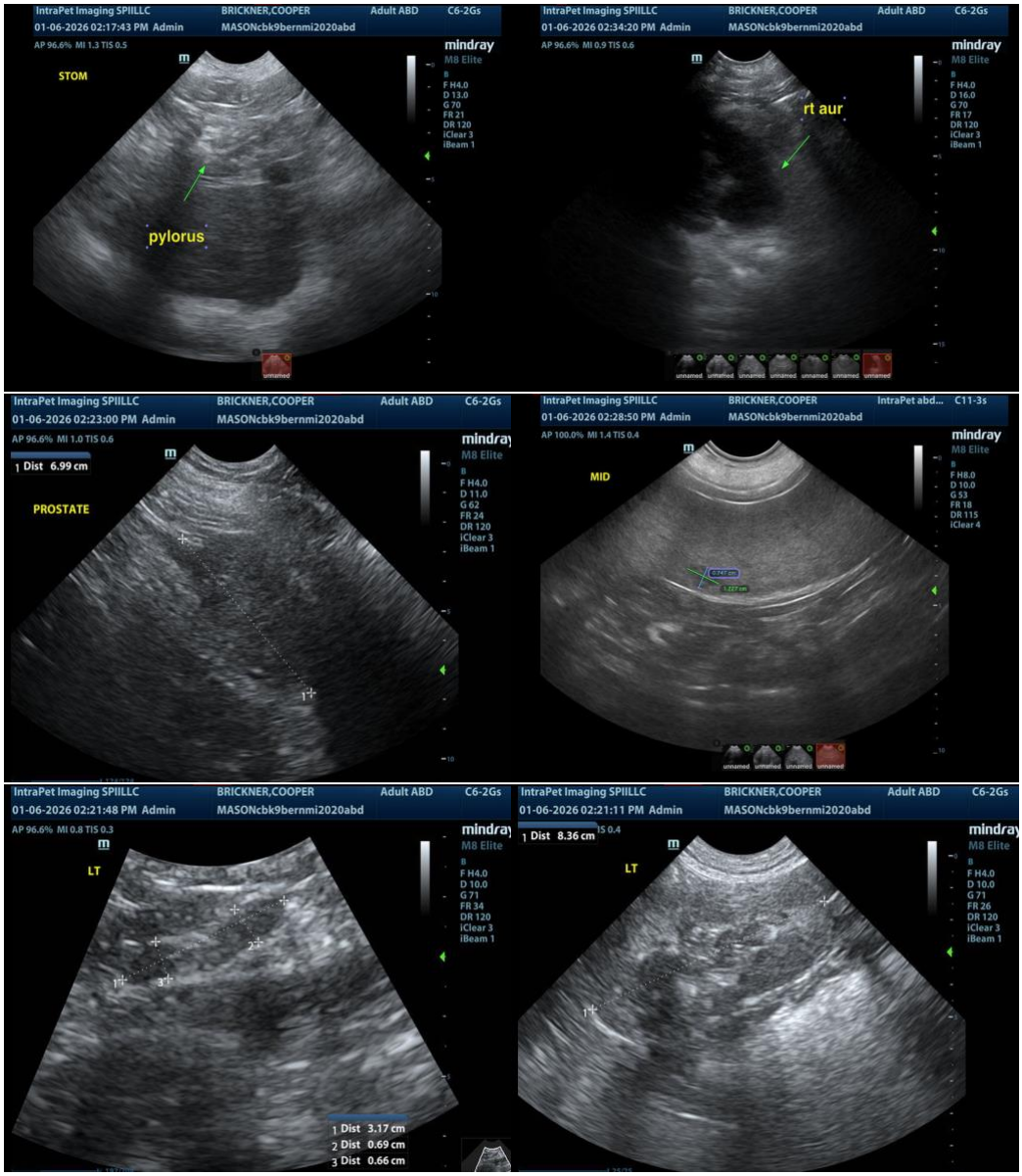
Rapid view of the heart revealed no evident pathology of the right auricle or pericardium. Normal contractility and function.

ULTRASONOGRAPHIC FINDINGS

- Nonobstructive passive gastric fundus material.
- Folded spleen with subtle splenic nodule- likely hyperplasia, emerging round cell neoplasia cannot be ruled out yet not suspected.
- Prostatitis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck of the splenic nodule and prostate in 3-4 weeks is recommended. Neutering should be considered as a potential necessity in this patient. Management for prostatitis is indicated as well as GI support. If neutering is not an option, the following protocol may prove effective. 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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STOM
pylorus
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LT
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3 Dist 0.66 cm
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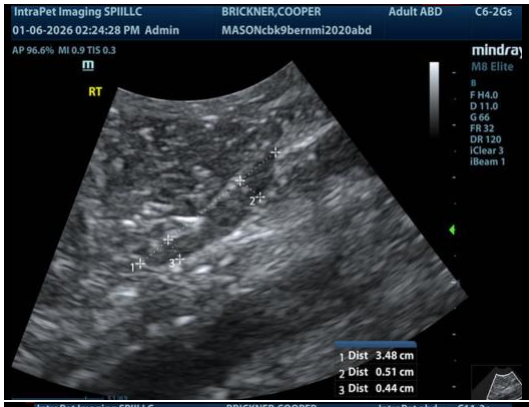
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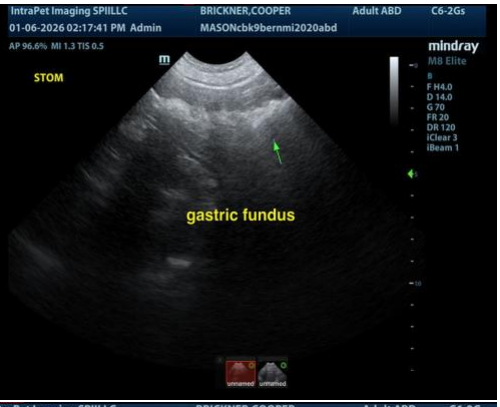
3 Dist 0.44 cm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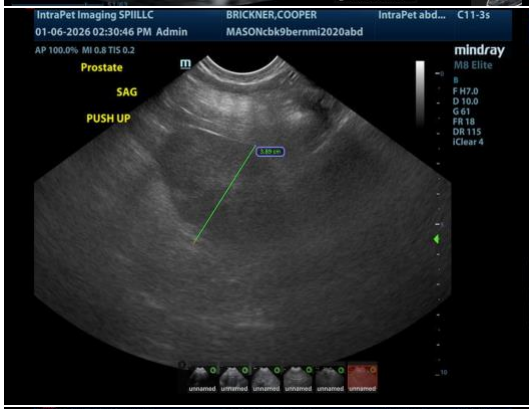
gastric fundus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Prostate
SAG
PUSH UP


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LIVER LT


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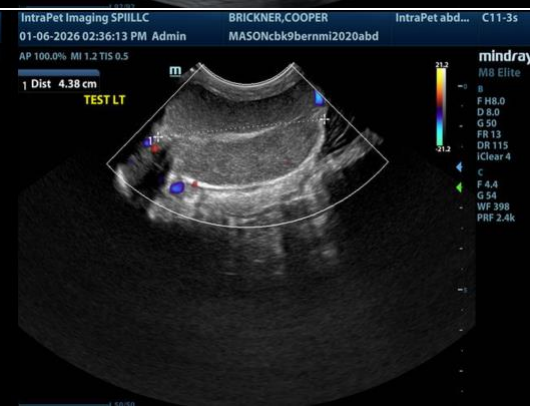
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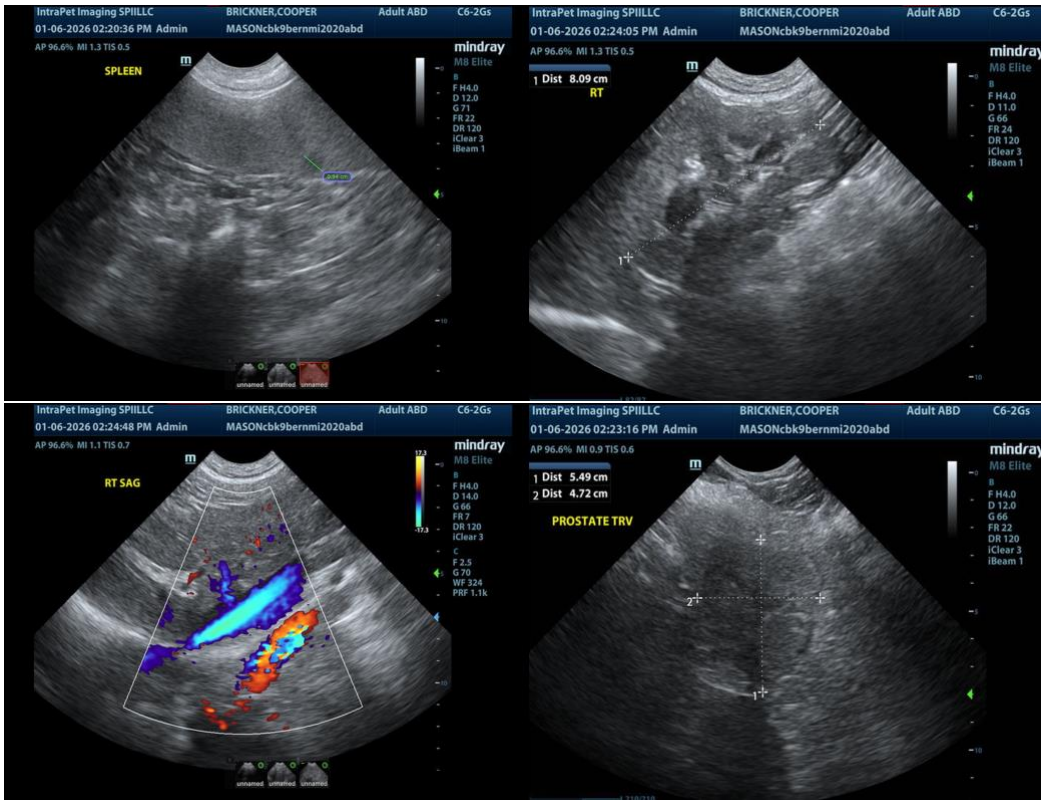
TEST LT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RT
mindray
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IntraPet Imaging SPIILLC
BRICKNER,COOPER
Adult ABD
C6-2Gs
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BRICKNER,COOPER
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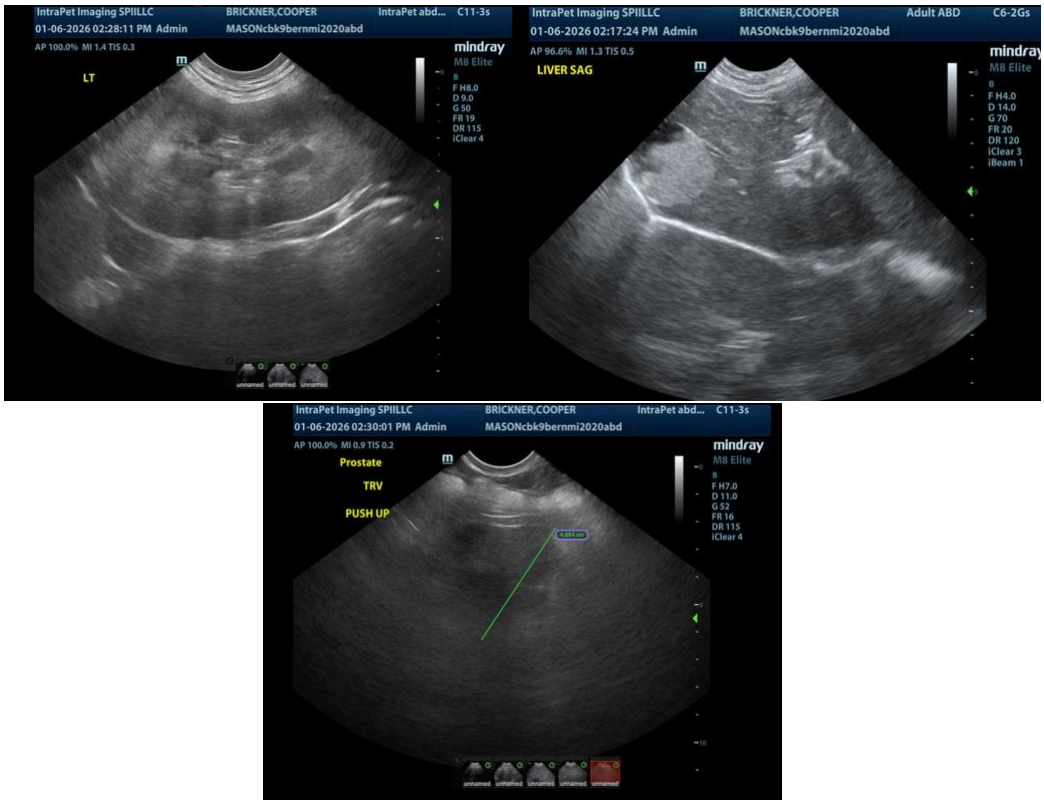
PROSTATE TRV
mindray
M8 Elite



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,

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