



PATIENT

Cyrus Olivares

PRESENTING CLINICAL SIGNS

re check prostate, last u/s on 10/4 showed enlarged irregular cystic and peripherally inflamed prostate, tried to FNA the other day and needle would not reach prostate does seem to have shrunk

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Pit Bull

The **urinary bladder** presented minor repletion. Bladder wall itself appeared unremarkable. The prostate was persistently enlarged, irregular, and peripherally inflamed. Microcystic changes noted with areas of cavitation. prostate measured 2.8 cm x 5.9 cm. It appeared to be more oblong than on the prior sonogram and reduced in size. Assuming that the patient was neutered after the prior sonogram.

SEX

Male

The **kidneys** were similar to the prior sonogram with normal size and contour. The right kidney measured 7.2 cm. The left kidney measured 7.05 cm. Structurally unremarkable.

Adrenal Glands

AGE

9 Years

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 2.24 cm x 1.37 cm at the cranial pole and 0.79 cm at the caudal pole. The left adrenal gland measured 2.0 cm x 0.50 cm.

WEIGHT

93 Pounds

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 were noted.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

Liver

IMAGING PERFORMED BY

Jenn

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 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.

HOSPITAL NAME

Rockaway AH

Gastrointestinal

REFERRING VET

Dr. Maniar

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.

INVOICE

41950

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.

DATE

10/10/22



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ULTRASONOGRAPHIC FINDINGS

- Persistently enlarged irregular prostate with peripheral inflammation

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cytology, drainage of the cystic portions, and culture all indicated. Continued treatment for prostatitis indicated, ideally with ultrasound guided FNA under full sedation and inguinal approach. If the patient is stable, recheck sonogram in two weeks prior to stopping any antibiotics. Enrofloxacin is the preferred antibiotics for this patient.

BREED

Pit Bull

SEX

Male

AGE

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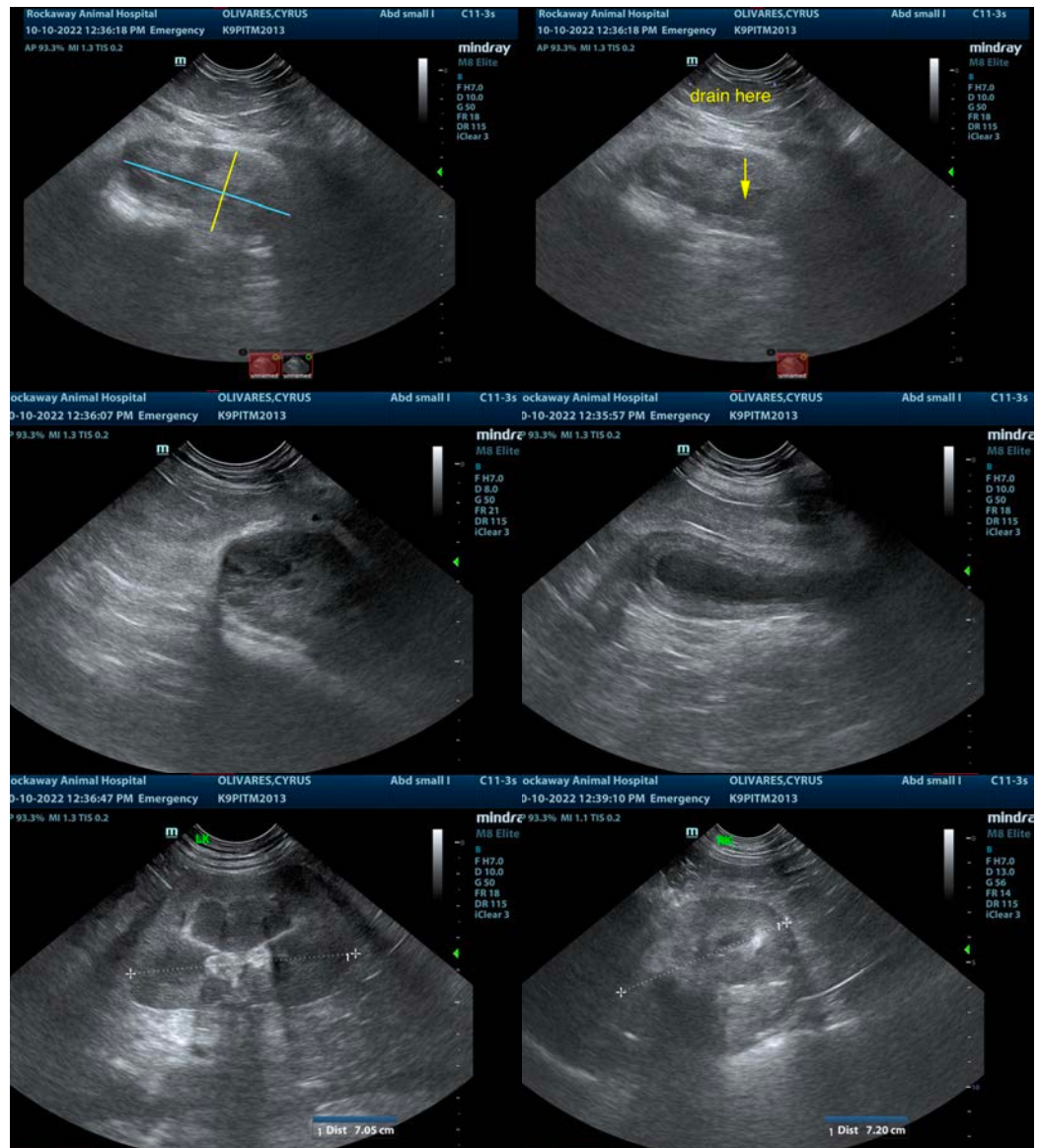
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41950

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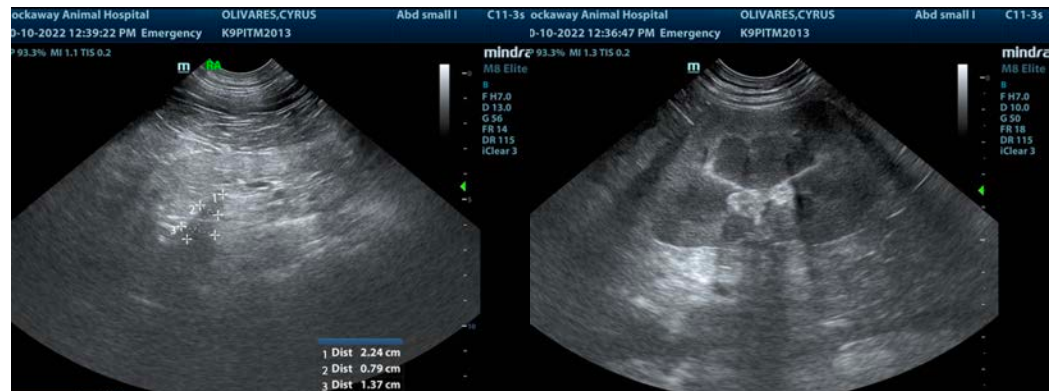
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com