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Clinical Sonography & Telecytology
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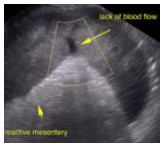

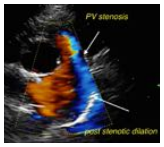

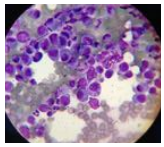
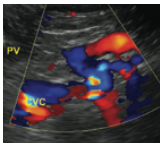

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1-800-838-4268 info@sonopath.com

PATIENT

Jax Cohen

SPECIES

Canine

BREED

Shih Tzu

SEX

Intact male

AGE

6 years

WEIGHT

16 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rosen

HOSPITAL NAME

South Bellmore Veterinary Group

REFERRING VET

Dr. Rosen

INVOICE

40030

DATE

10/7/22

PRESENTING CLINICAL SIGNS

History: one episode of blood from prepuce on sat, since then o has not seen this happen, urinating normally, acting normal and eating/drinking normally, no obvious bruising at this time PLT yesterday 20K, today 52K, manual plt between 30-40K, path review pending, UA wnl, 4dx negative, looking for underlying cause of low platelets while we start treatment for possible ITP
Abnormal PE/Chem/CBC/UA Results: plt 20K

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 heterogenous with hypoechoic nodular abscess in the cranial pole of the left prostatic lobe. The prostate slightly deviated the descending colon. There were other nodules/cysts noted. Ultrasound-guided FNA is warranted. The prostate measured 2.7 cm .

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

Adrenal Glands

The left **adrenal gland** was visualized obliquely and measured 0.4 cm. The region of the right adrenal gland was imaged with no evidence of pathology.

Spleen

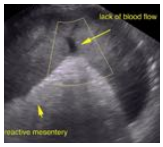
The body of the **spleen** revealed a hypoechoic nodule that measured 0.7 cm.

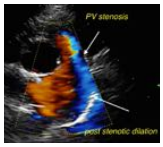
Liver

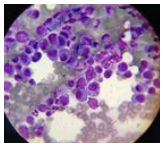
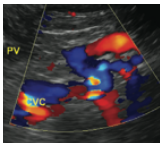
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls 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.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal.





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Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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.

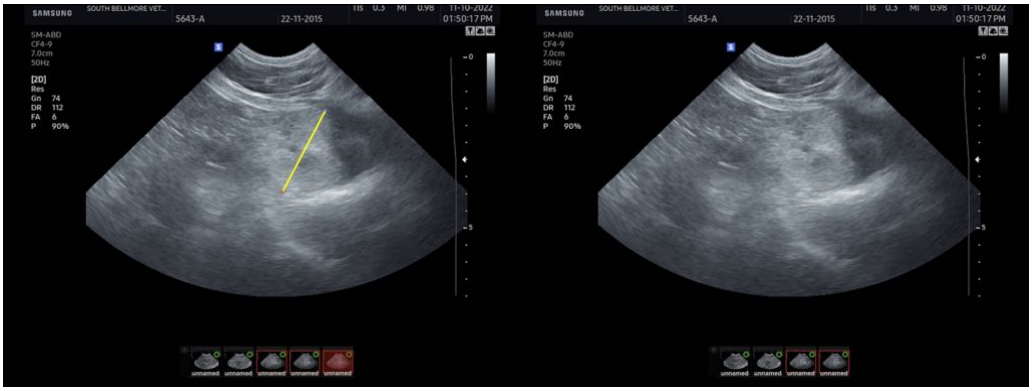
ULTRASONOGRAPHIC FINDINGS

Prostatitis, possible abscessation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutering would be ideal with treatment for prostatitis. Ultrasound-guided drainage of the cysts, abscesses and FNA of the nodules are indicated. Neoplasia is unlikely. If neutering is absolutely not an option then the following protocol can be considered. Culture and cytology of the nodular changes would be ideal.

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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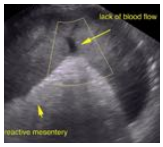

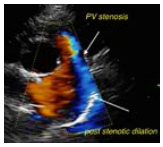

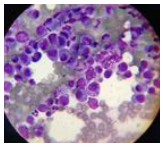
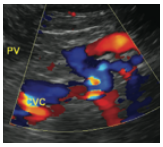

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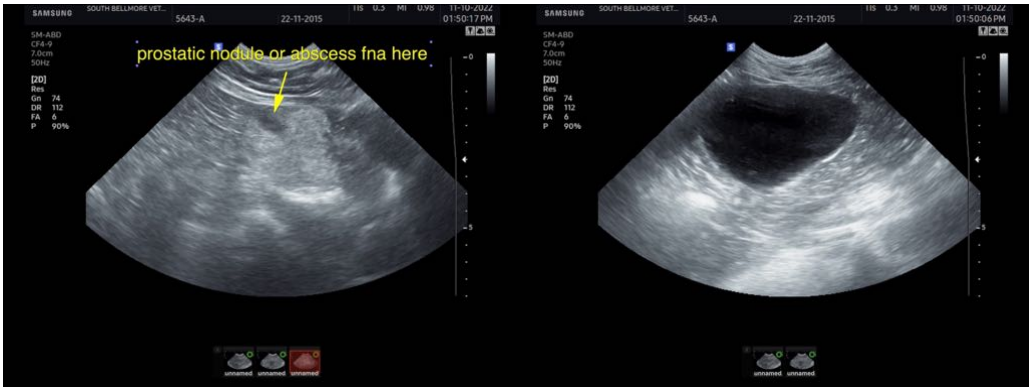

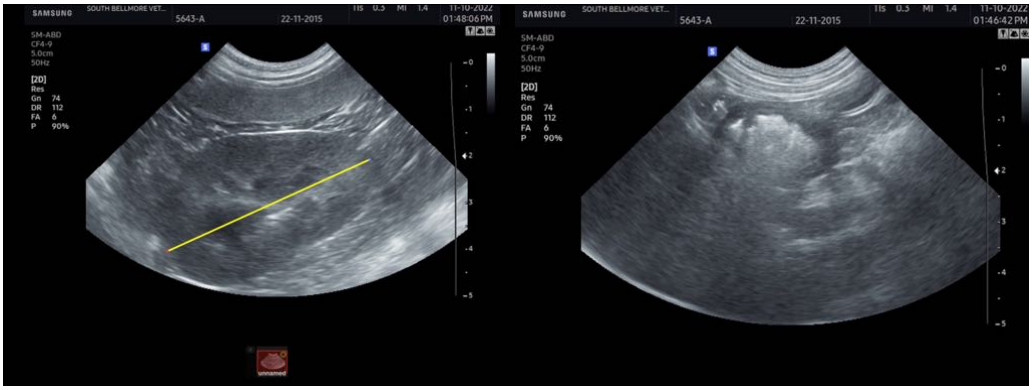

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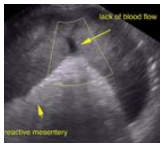

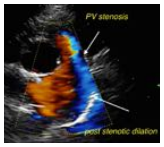

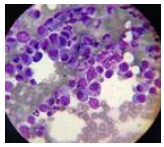
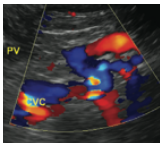

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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