



PATIENT

Mruphy Wayne

SPECIES

Canine

BREED

Old English Sheepdog

SEX

Intact male

AGE

9 years

WEIGHT

64.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Shari Reffi, CVT

HOSPITAL NAME

Chester AH

REFERRING VET

Dr. Migliaccio

INVOICE

92318

DATE

10/12/21

PRESENTING CLINICAL SIGNS

History: Enlarged prostate, hematuria. 1/1/2021 had fractured penis-healed as per x-ray.
Abnormal PE/Chem/CBC/UA Results: Decreased lymphs 492, elevated monos 902, USG 1.050, large # WBC, RBC, cocci.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Minor, apical dorsal **urinary bladder** wall thickening was noted and measured 0.72 cm with a large amount of debris. A bladder polyp was noted and measured 1.0 x 0.5 cm.

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 5.7 cm. Minor paraprostatic cysts were noted. Minor testicular remodeling was noted, yet was otherwise unremarkable.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.9 cm. The left kidney measured 6.09 cm.

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 right adrenal gland measured 2.69 x 0.66 cm at the cranial pole and 0.51 cm at the caudal pole. The left adrenal gland measured 2.09 x 0.46 cm at the cranial pole and 0.47 cm at the caudal pole.

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 was noted.



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Liver

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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.

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Gastrointestinal

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

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Eric Lindquist, DMV
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Apical dorsal urinary bladder thickening. Polypoid cystitis versus carcinoma.

Severe BPH. Some level of prostatitis is likely in this patient.

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

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I recommend neutering in this patient +/- prostatic wash and culture. Alternatively, if surgery is not an option then off label protocol can be considered. However, the bladder wall should be monitored. Treatment for UTI would be recommended. I recommend avoiding cystocentesis in this patient to follow up upon the bladder polyp can be performed in 1 month to reassess the prostate and bladder wall. Antibiotics should be continued for 4 weeks. There is no suspicion of neoplasia unless the dorsal bladder polyp is developing carcinoma.

REFERRING VET

Dr. Migliaccio

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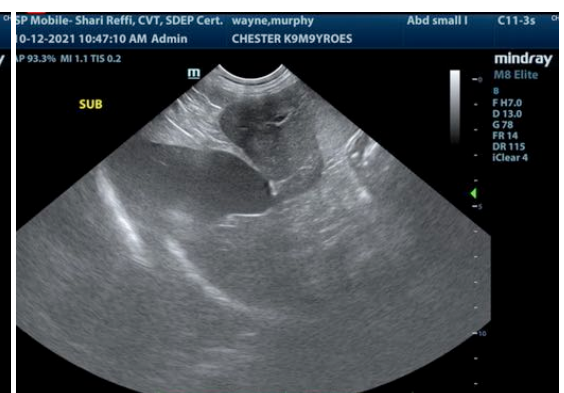
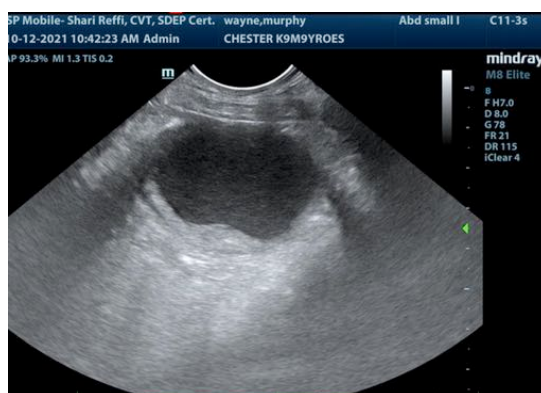
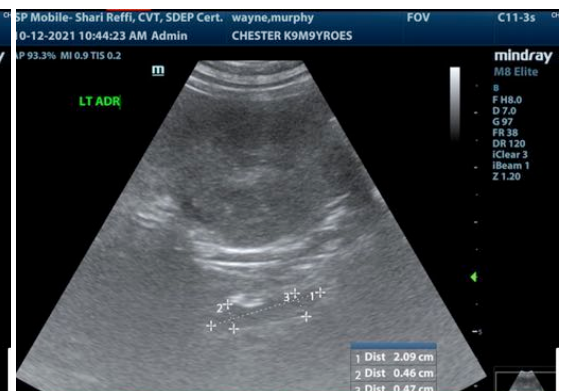
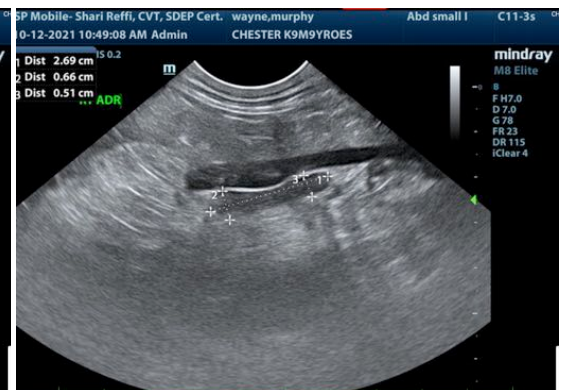
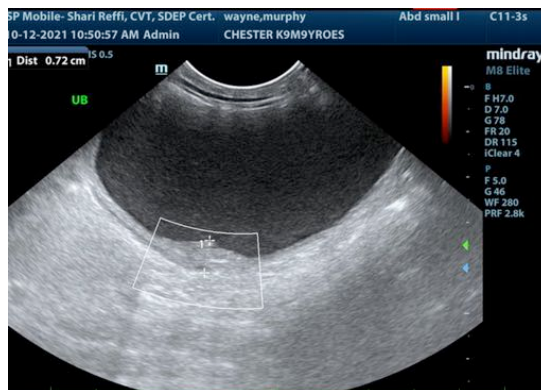
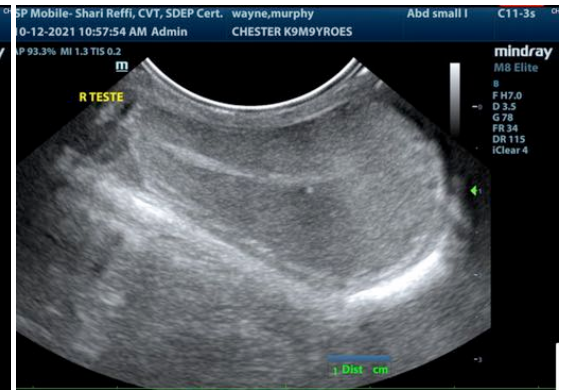
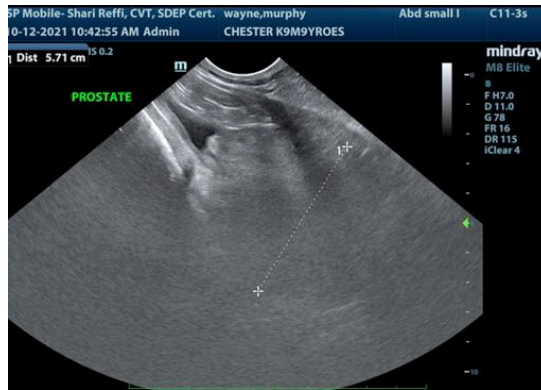
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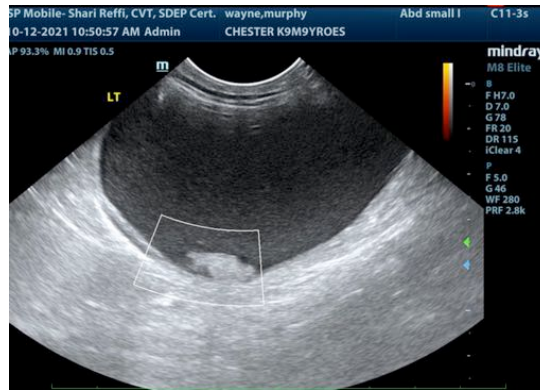
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Info@SonoPath.com