**DATE PRESENTING CLINICAL SIGNS**

10/15/21

History: Pain in the back legs. Falls when he urinates. Owner saw a spot of blood on the penis. Will throw up periodically. Has collapsed trachea./

PATIENT

Teddy Palacios

BCS 5.0/9. BAR 3+ calculus, stage 3 periodontitis Occasionally irregular rhythm, no murmur, HR 126. Prostate hypertrophy.

SPECIES

Canine

Current Medications: Hill k/d diet canned and dry just started. Famotidine 20mg 1/4 tablet SID. Meloxicam 1.5mg/ml SID 15# dosage mark on syringe. Clindamycin Liquid 25mg/ml 1.6 ml BID.

Lab Results: Labs showed elevated BUN 42.9, crea 1.9, alb 2.7 (2.2-4.1), ALT 70, ALK 229 (18-214), GGT 7
 Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not needed.

BREED

Stat Report: Not requested.

Maltese Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX****Urinary System**

Intact Male

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.

AGE

2009

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. This is a moderate change. The prostate measured 3.14 cm.

WEIGHT

15.7 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS

The **right testicle** was uniform with normal vascularity. A hyperechoic nodule was noted in the right testicle, measuring 0.75 cm x 1.17 cm.

HOSPITAL NAME

Friendly Paws VC

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. Mineralization was noted in the kidneys. The left kidney measured 4.77 cm. The right kidney measured 4.6 cm. Blood flow to the kidneys appeared subjectively subnormal.

REFERRING VET

Dr. Price

INVOICE

10/15/21

Adrenal Glands

The **right adrenal gland** was 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 1.71 cm x 0.38 cm at the caudal pole and 0.46 cm at the cranial pole.

The region of the **left adrenal gland** revealed no evident pathology.

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.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not 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.

Gastrointestinal

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.

Pancreas

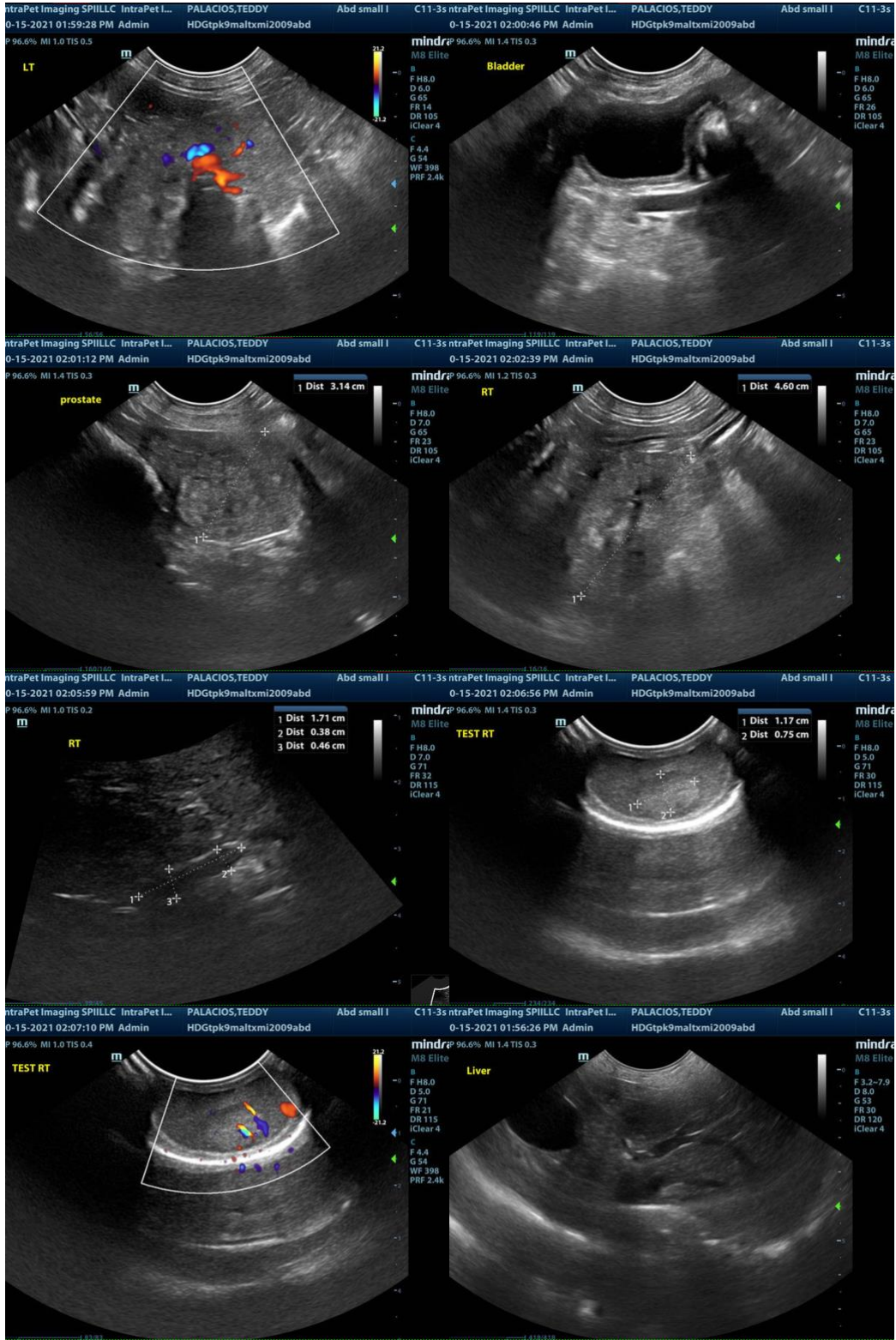
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Moderate degenerative renal changes with mineralization
- BPH prostate with remodeling
- Right testicular nodule
- Age-related hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutering could be considered in this patient. The kidneys appear approximately 50- 60% compromised, therefore, 72-hour IV fluid protocol and correction of the minor azotemia indicated. No suspicion of neoplasia. Full urinary work up warranted with culture and sensitivity.



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.

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