



PATIENT

Rowdy McCrory

SPECIES

Canine

BREED

Maltese

SEX

Intact Male

AGE

8 Years

WEIGHT

11.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Harold Mike Beard

HOSPITAL NAME

West Prince AH

REFERRING VET

Harold Mike Beard

INVOICE

13847

DATE

10/18/21

PRESENTING CLINICAL SIGNS

History: Urinating in the house the past three weeks.

Abnormal PE/Chem/CBC/UA Results: PE = prostatomegaly, smooth; unable to discern if it was painful because the dog is bitey anyway; there was no positive Murphy sign with the probe. CBC, UA, Chemistry all pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall was unremarkable.

The **prostate** was mildly heterogeneous, measuring approximately 2.0 cm. No evidence of abscessation or neoplasia. However, lobar impingement upon the cystourethral junction was present with minor bladder debris. Minor edema lines noted in the prostate suggestive for low grade prostatitis.

The **testicles** were imaged and found to be uniform.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. The kidneys measured 5.0 cm.

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 0.6 cm at the cranial pole and 0.5 cm at the caudal 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



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past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

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The **stomach** itself was unremarkable. Deviation of the descending colon was present.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

- BPH minor prostatitis pattern
- Geriatric abdomen otherwise

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence or suspicion of neoplasia. Neutering should prove effective. If neutering is not an option, the following protocol may prove effective:

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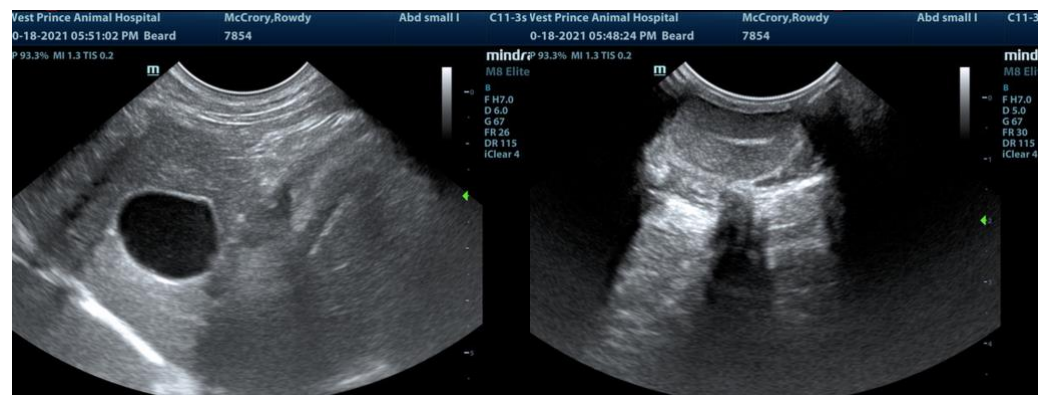
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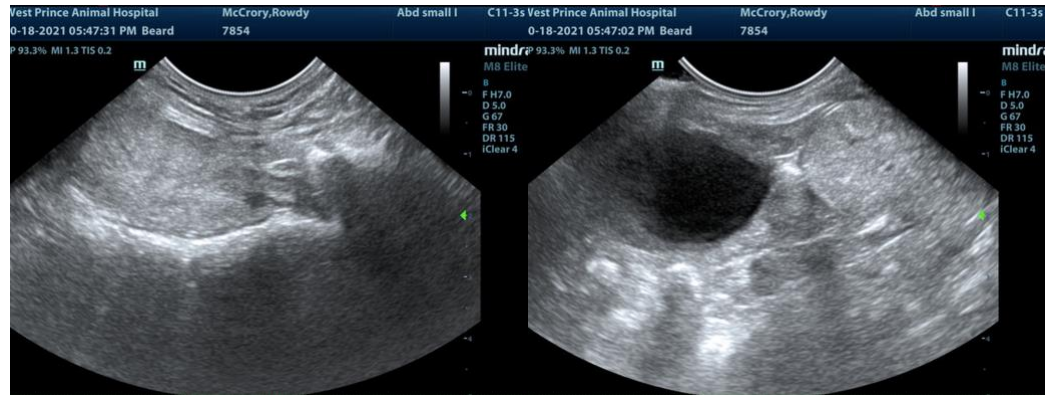
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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