

**DATE**

10/18/22

PRESENTING CLINICAL SIGNS

History of GI signs, no pathology seen on previous scans. Prostatomegaly. Neutered 9/16/22.

PATIENT

Max Roberts

Current Medications: Zeniquin, Cerenia.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: 9/2/22. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

LIMITED ULTRASONOGRAPHIC EXAMINATION**BREED**

Chihuahua

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 were noted. Ureteral papillae were normal.

SEX

Neutered Male

The prostate was uniform and similar to the prior sonogram at 2.0 cm. There is a slight pericapsular inflammatory pattern to the prostate that was not overtly evident on the prior sonogram, which would suggest inflammation.

AGE

6/9/10

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 his age patient. Medullary structure differed distinctly from that of the cortex. Slight mineralization noted. Trace pyelectasia noted. The right kidney measured 3.78 cm. The left kidney measured 3.64 cm.

WEIGHT

7 lb 14 oz

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

ULTRASONOGRAPHIC FINDINGS

- Similar prostate to the prior sonogram
- Minor degenerative renal changes with slight pyelectasia

IMAGING PERFORMED BY

Stephanie Warga
RDCS, RVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No progression or regression. I would expect more prominent regression at this point after neutering. Recommend prostatic palpation to assess for physical aspects of the prostate. If the prostate appears firm, I would be concerned for underlying carcinoma, especially if any straining is an issue, in which case traumatic catheterization and ultrasound guided FNA would be warranted. Otherwise, parenchymal remodeling owing to prior prostatic disease may be in play and keeping the prostate at a similar size. Assessment for clinical signs associated with prostatic disease indicated. Recheck sonogram in 6-8 weeks, earlier if clinical signs of straining or pollakiuria are an issue.

HOSPITAL NAME

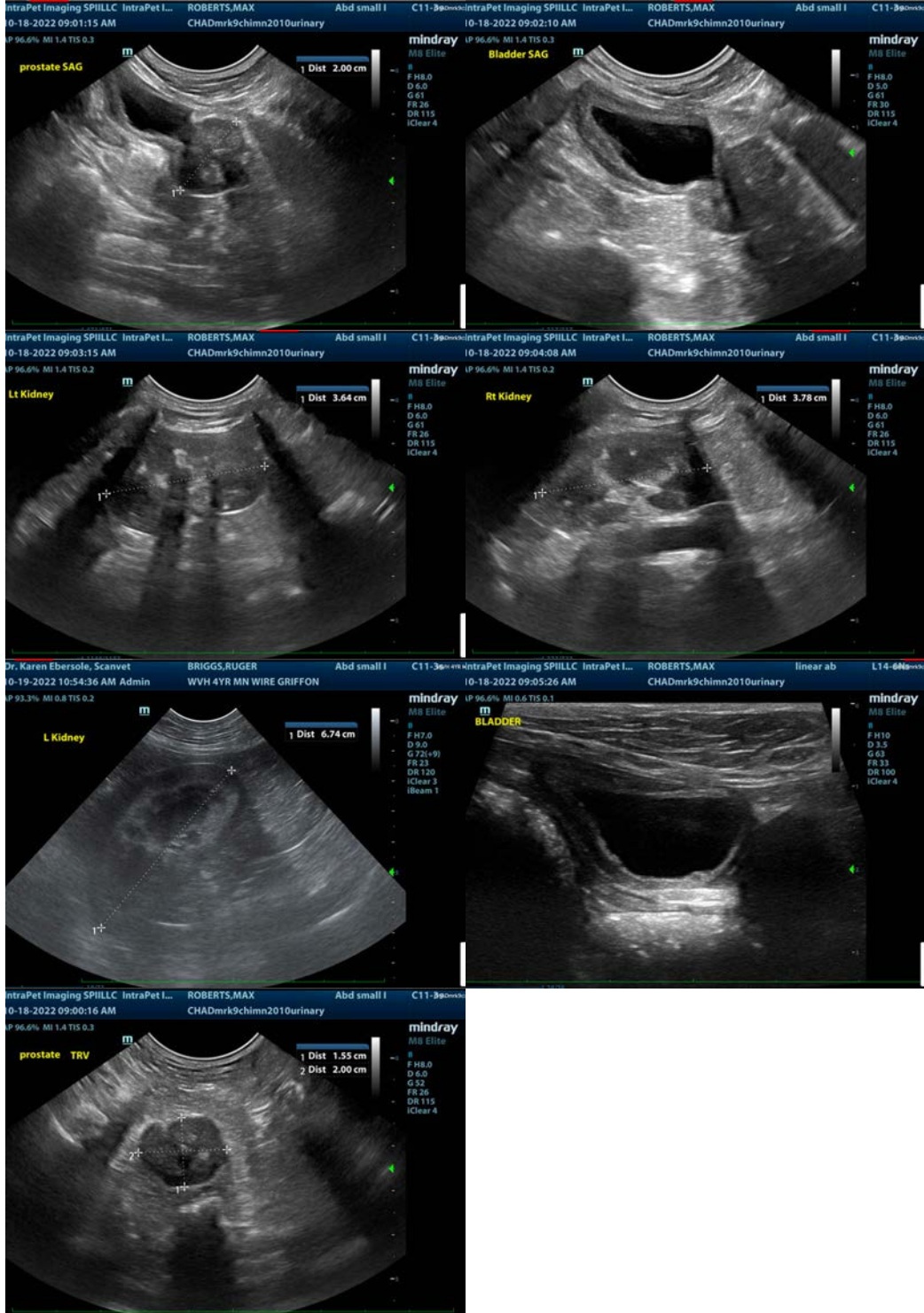
Chadwell AH

REFERRING VET

Dr. Jones

INVOICE

42173



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.

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