



**PATIENT**

Kahn Ramirez

**SPECIES**

Canine

**BREED**

Boxer X

**SEX**

Intact Male

**AGE**

7 Years

**WEIGHT**

42.4 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Lupole

**INVOICE**

42261

**DATE**

10/21/22

**PRESENTING CLINICAL SIGNS**

Presented at our hospital for unable to urinate this AM. Patient has an appointment to get neutered on Tuesday. Previous Health Concerns: Abdominal Mass Current Medications: Gabapentin, Carprofen, Enrofloxacin Appetite/When did they eat last: This AM

Abnormal PE/Chem/CBC/UA Results: Radiographs: enlarged prostate with dorsal mineralization border, moderate sized urinary bladder, several ST opacity abdominal masses (similar in size and opacity to 9/2022 radiographs); no evidence of metastasis in chest Chemistry: Glucose 128 H, Total cholesterol 366 H, Lipase 588 H CBC: Eos 11 H EPOC: pH 7.330 L, Lactate 4.38 H

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** was overdistended with suspended debris.

The prostate was significantly enlarged, fairly uniform at 9.3 cm. Pericapsular inflammatory pattern noted around the prostate. At least two separate periprostatic cysts and proliferative tissue noted in the periprostatic region with regional inflammation. One periprostatic cyst was infiltrated with proliferative tissue with coalescing cysts. The 2<sup>nd</sup> periprostatic cyst was primarily fluid filled and echogenic with air accumulation, suggestive for anaerobic infection. The suspected abscess with likely anaerobic infection was approximately 6.0 cm, appears to be the left periprostatic cyst revealed tissue proliferation.

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 7.89 cm. The right kidney measured 8.1 cm.

**Adrenal Glands**

The regions of the **adrenal glands** were unremarkable.

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



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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**

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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**

- Enlarged prostate with periprostatic cysts
- Urinary bladder debris

**SEX**

Intact Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Neutering is essential in this patient. Ultrasound guided drainage may be palliative, yet surgical removal of the periprostatic cysts and their contents is likely necessary. Aerobic and anaerobic cultures indicated. FNA of the prostate itself also indicated. If surgery is not to be performed, and palliative measures of drainage and cytology with neuter are to be utilized, then recheck sonogram in 1-2 weeks depending upon clinical progression or regression of the case.

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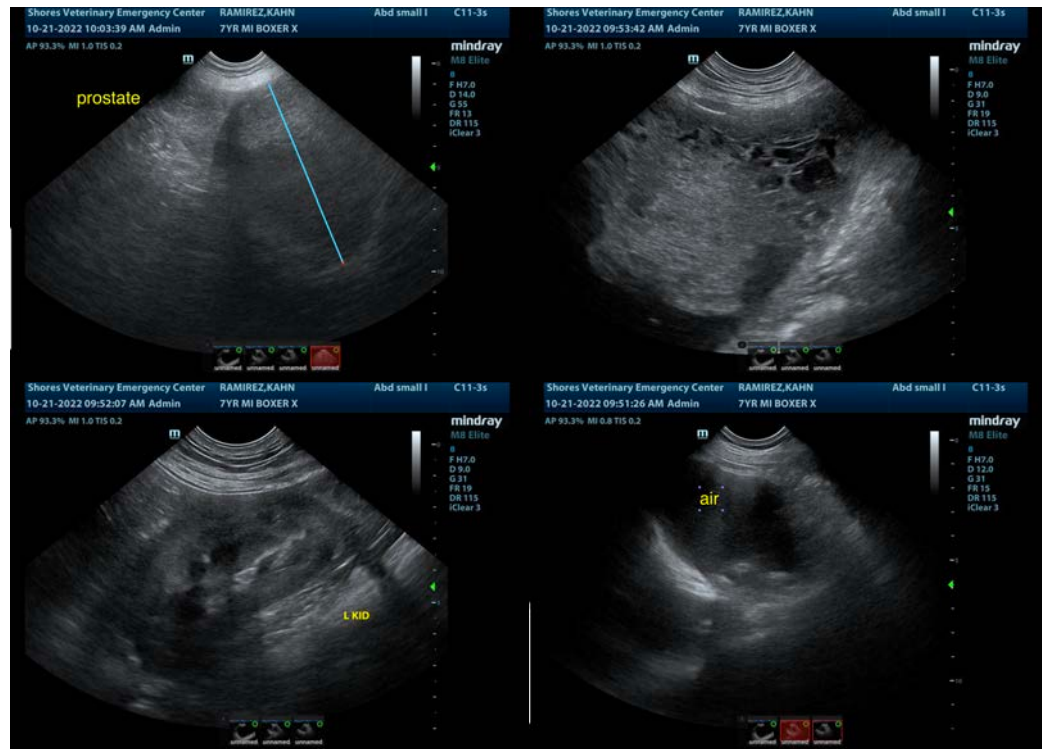
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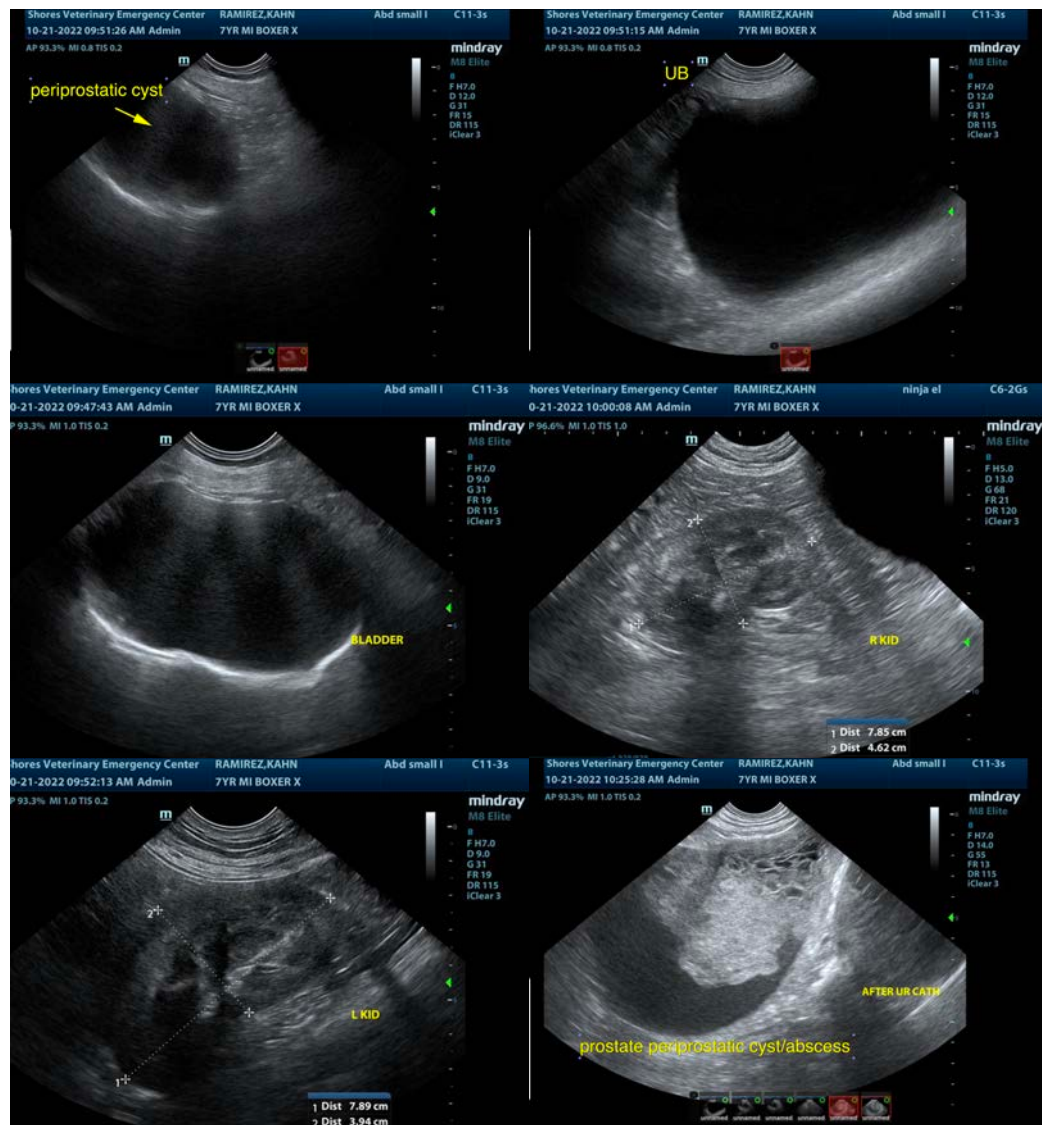
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**

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