



PATIENT

Chief Kelso

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male

AGE

9 Years

WEIGHT

97.7 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Mike Beard, DVM

HOSPITAL NAME

West Prince AH

REFERRING VET

Dr. Carl Fulton

INVOICE

26620

DATE

10/25/21

PRESENTING CLINICAL SIGNS

Presented a month ago for an aural hematoma. CBC and Chemistry WNL, treatment was unremarkable. Represented 10/22/21 for lethargy, poor appetite, dysuria, and pale mm. Abnormal PE/Chem/CBC/UA Results: CBC revealed nonregenerative anemia, HCT 13.5. Chemistry was WNL. UA reported to be normal. Radiographs revealed prostatomegaly. RDVM wants to know the appearance of the prostate. Ehrlichia and HW test both negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was overdistended at the time of the sonogram. The prostate revealed significant enlargement with micro- and macrocystic parenchymal changes and echogenic debris. The prostate measured 6.0 cm in width with a coalescing cystic region of 6.0 cm x 2.5 cm. Edema lines noted within the prostate as well. The iliac trifurcation was unremarkable.

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 7.0 cm. The right kidney measured 7.0 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 left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.8 cm at maximum width.

Spleen

The **spleen** was folded upon itself cranially. A hypoechoic nodule was noted at the fold of the spleen. This is non-disruptive and measured approximately 1.5 cm, likely hyperplasia.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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 micropolypoid changes.

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.



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ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen with BPH prostate/prostatitis and possible abscessation

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of visceral disease to be responsible for the anemia. CBC path review and bone marrow aspirate warranted. Once the anemia issue has been resolved, then eventual neutering and ultrasound guided drainage of the prostatic cyst or abscess recommende.

BREED

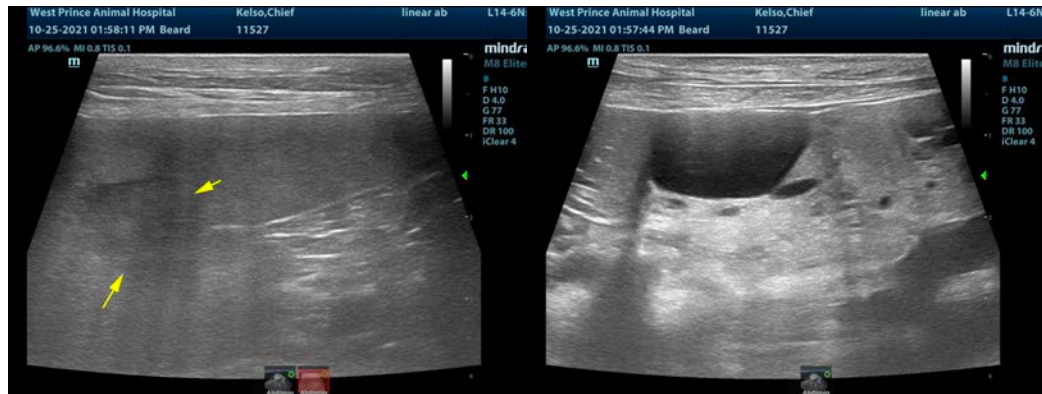
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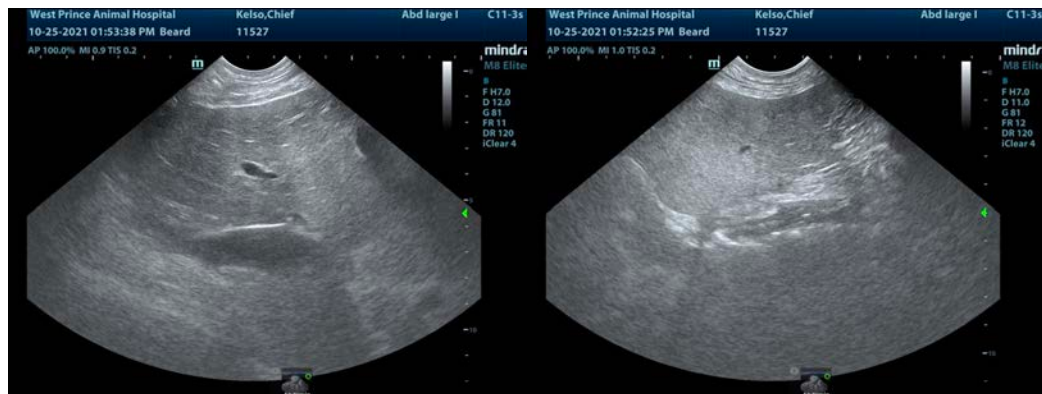
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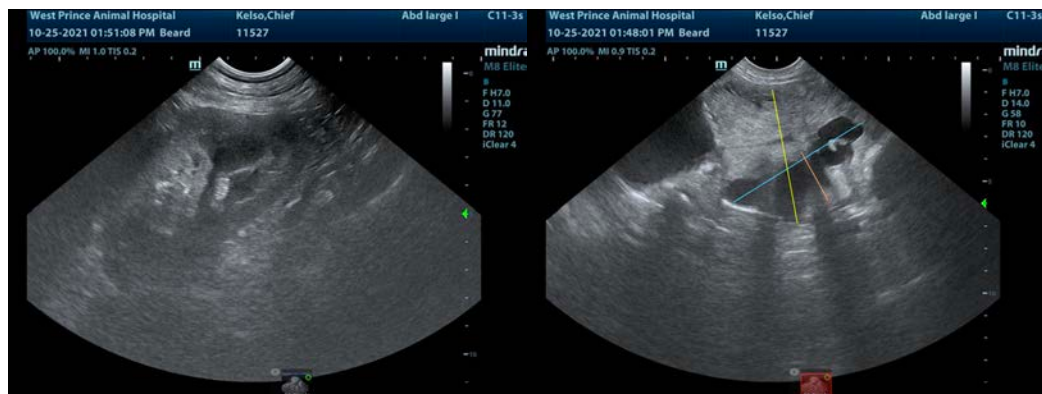
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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