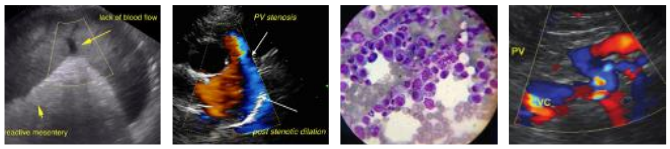


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Loki Cunningham

SPECIES

Canine

BREED

Pit Bull

SEX

Male

AGE

7 Years

WEIGHT

31 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency Care

REFERRING VET

Dr. Bailey

INVOICE

17963

DATE

10/30/22

PRESENTING CLINICAL SIGNS

History: Presented on ER for straining to urinate, defecate; lethargy, vomiting

Abnormal PE/Chem/CBC/UA Results: Mildly febrile, good coat and body condition Leukocytosis WBC 30K Prostatomegaly on radiographs, hypoechoic fluid filled intraprostatic focus noted ~ 4 cm diam; this was drained (~30mL purulent material, submitted for culture) and Baytril was infused into the prostatic lesion after draining

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a minor amount of debris.

The **prostate** was significantly enlarged, measuring 5.3 cm with a 4.1 cm mixed echogenic fluid filled abscess with enhanced surrounding mesentery and other microcystic changes. The prostatic presentation was most consistent with prostatitis and abscessation.

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 right kidney measured 8.55 cm. The left kidney measured 8.23 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 right adrenal gland measured 0.59 cm. The left adrenal gland measured 0.5 cm.

Spleen

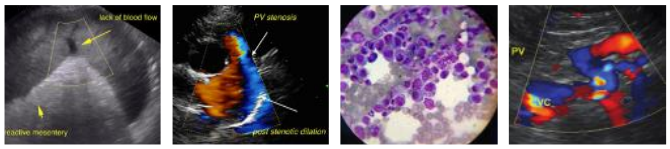
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or 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

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade,



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chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

Pancreas

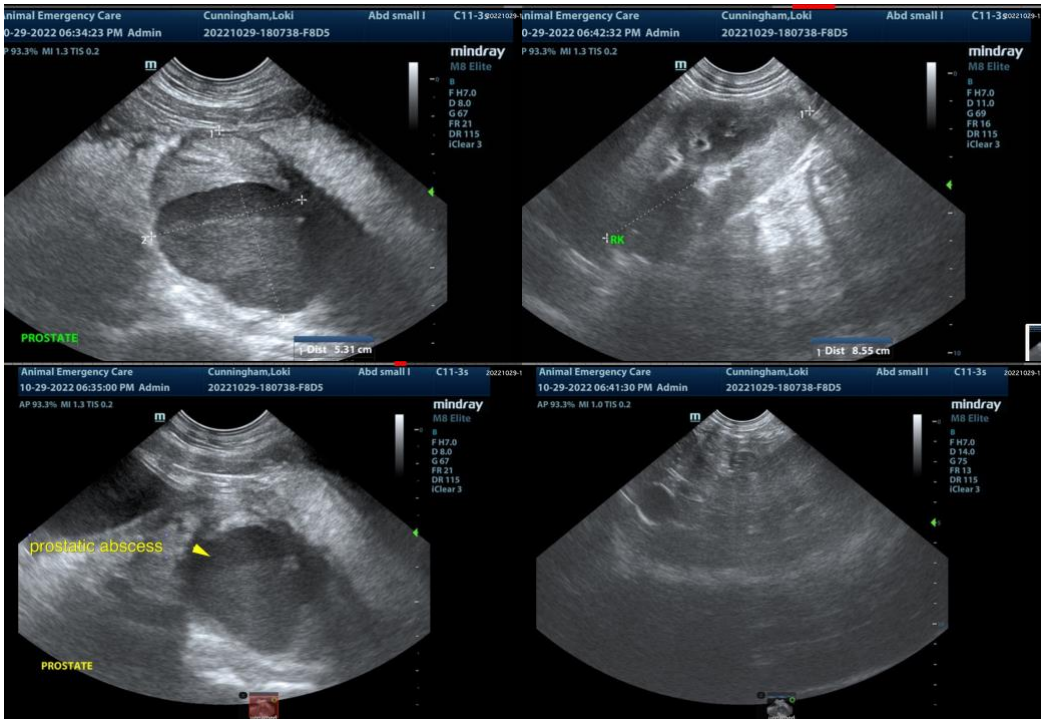
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Prostatic abscess
- Mild intestinal thickening
- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Drainage of the abscess with injection of enrofloxacin should prove curative if neutering is to be performed as well. Recheck sonogram in 48 hours. Enrofloxacin/clindamycin combination is recommended, assuming this is effective based on culture results. 3 weeks of therapy is indicated. However, neutering is strongly recommended, as the abscess may return if neutering is not performed. Otherwise, finasteride therapy could be considered, however, may not resolve the abscess.



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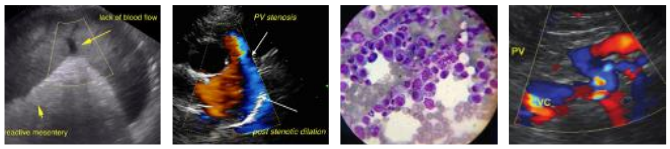

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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