

**DATE**

10/6/21

**PRESENTING CLINICAL SIGNS**

Chronic Skin Issues.

Current Medications: Cephalexin 500mg - give 2 capsules po BID for 14 days - started 9/23/21. Gabapentin 300mg - Give 1 capsule po SID - started 7/19/2021. Cyclosporine 100mg - give 2 capsules po SID . Freeze capsules prior to administration. Give 1 hour before or 2 hours after a meal. - started 8/10/21.

**PATIENT**

Max Pawlak

Lab Results: Attached

Date of Previous IntraPet Ultrasound: No previous

Sedation: not needed

Stat Report: not requested

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Intact male

**AGE**

2011

**WEIGHT**

101.8 lbs

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****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 was noted. Ureteral papillae were normal.

The **prostate** was uniformly enlarged with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign cystic pathology or both. Underlying neoplasia cannot be completely ruled-out but is lower on the differential list. This presentation is most consistent with benign prostatic hyperplasia with possible active prostatitis. Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture. The prostate measured 4.21 cm and deviated the descending colon.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight pinpoint mineralization was noted in the kidneys. The left kidney measured 7.7 cm. The right kidney measured 7.85 cm.

**HOSPITAL NAME**

Taylorsville VC

**Adrenal Glands**

The right **adrenal gland** was flattened and isoechoic measuring 3.02 x 0.45 cm at the caudal pole and 0.46 cm at the cranial pole. The left adrenal gland measured 2.49 x 0.37 cm at the caudal pole and 0.51 cm at the cranial pole.

**REFERRING VET**

Dr. Lucas

**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 was noted.

**INVOICE**

92207

**Liver**

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy.

### **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. Minor retention of ingesta was noted in the stomach. 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**

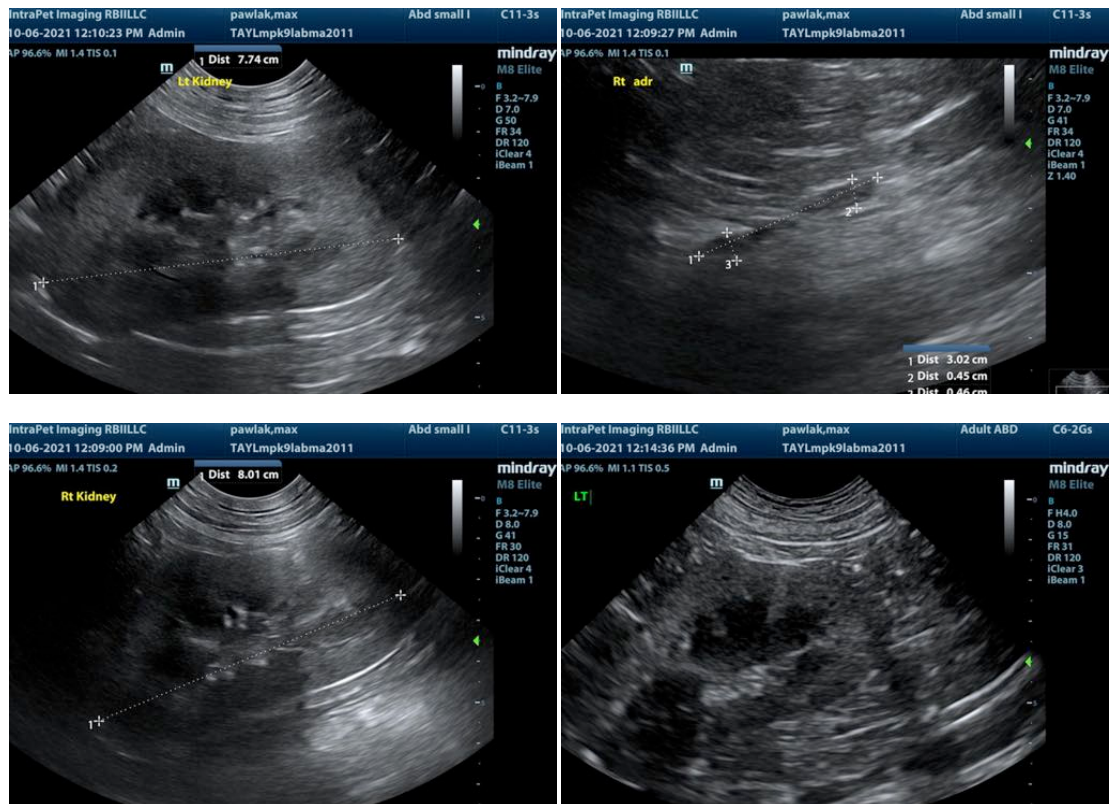
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

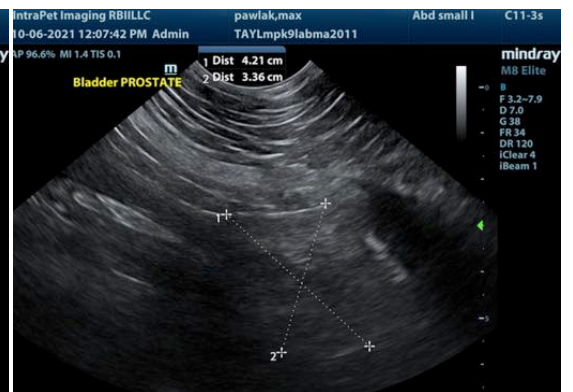
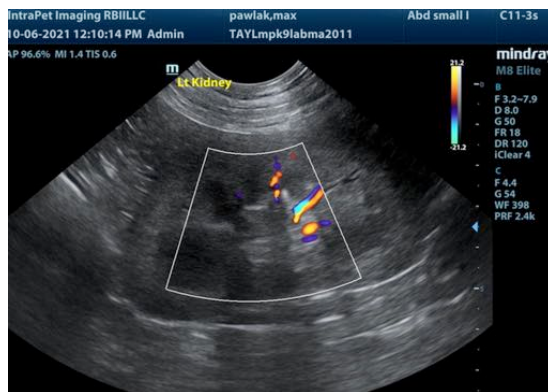
### **ULTRASONOGRAPHIC FINDINGS**

Subjectively flattened adrenal glands.  
Minor BPH prostate.  
Age related renal change with mineralization.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assessment for steroid use is recommended. If liver enzyme elevations persist then ultrasound-guided FNA or core liver biopsy would be indicated. However, subjectively the liver appears fairly benign and the degenerative changes are minor.







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  
Eric.Lindquist@SonoPath.com