



**PATIENT**

Israel Cohen

**PRESENTING CLINICAL SIGNS**

History: hematuria, disquecia on palpation the prostate seems enlarged but it's too cranial, a bone alteration is palpated too received Enrofloxacin, worked partially, now receiving amoxy-clav  
Abnormal PE/Chem/CBC/UA Results: hematology normal

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Doberman

**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.

**SEX**

Male

The prostate in this patient revealed a 4.9 cm echogenic cyst with hyperechoic granulation bed around the cyst. Otherwise, swollen, irregular contour was noted. The testicles were imaged and found to be uniform.

**AGE**

11 years

The **left kidney** 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 capsule was acceptably uniform without significant irregularities. The left kidney measured 6.59 cm. The right kidney was not visualized.

**WEIGHT**

40 lbs

**Adrenal Glands**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The left **adrenal gland** was 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 0.76 cm. The right adrenal gland was not visualized.

**IMAGING PERFORMED BY**

Dr. Benoiel

**Spleen**

**HOSPITAL NAME**

Field U

The **spleen** revealed a hyperechoic, lipogranulomatous nodule measuring up to 0.84 cm. Other heterogenous, hypoechoic parenchymal changes were noted.

**REFERRING VET**

Dr. Benoiel

**Liver**

**INVOICE**

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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.

**DATE**

10/6/22



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***Gastrointestinal***

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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.

**SPECIES**

Canine

**BREED**

Doberman

***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.

**SEX**

Male

***Free Abdomen***

The iliac lymph node was reactive.

**AGE**

11 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

40 lbs

Pancreatic cyst or abscess with BPH prostatitis pattern.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

Ultrasound-guided drainage of the prostatic cyst and FNA of the parenchyma is warranted to ensure that neoplasia is not an issue; however, this is not suspected. Neutering is indicated. Further imaging of the right kidney under seation is indicated or from a paralumbar approach. Neutering is strongly recommended in this patient with ultrasound-guided drainage of the cystic structure, if supportive Enrofloxacin at 5 mg/kg could be directly injected into the abscess after drainage along with neutering. If neutering is absolutely not an option then sedation and ultrasound-guided drainage and FNA of the prostatic parenchyma is indicated with the following protocol. However, the aptietn should be monitored carefully. FNA of the spleen is indicated given the nodular chagnes.

**IMAGING PERFORMED BY**

Dr. Benoiel

**HOSPITAL NAME**

Field U

Finasteride at 1 mg/kg/day can be utilized as an off-label approach to reducing prostatic size in BPH cases. Coverage for prostatitis would also likely be appropriate with Fluoroquinolone/Baytril or similar. A recheck sonogram is recommended in 3-4 weeks with reassessment of the urinalysis and evaluation of any inflammatory sediment.

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**SEX**

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**AGE**

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**WEIGHT**

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**REFERRING VET**

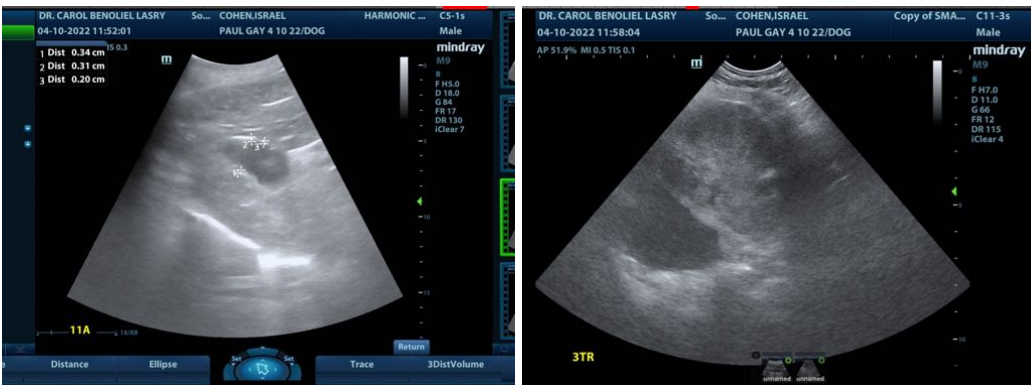
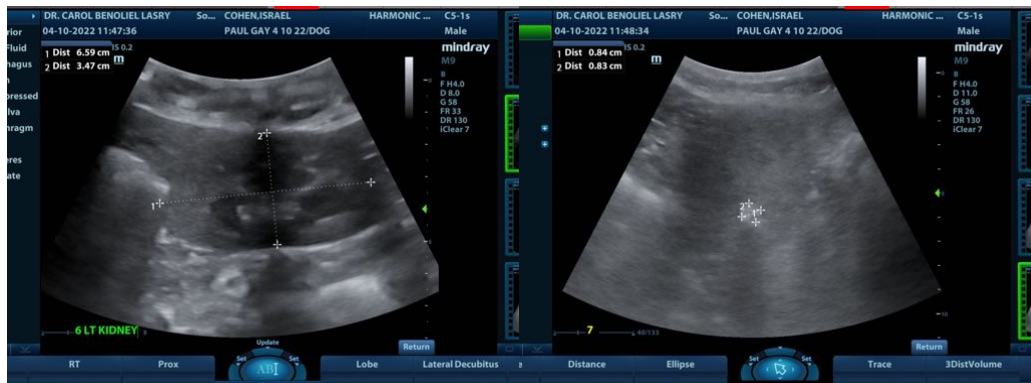
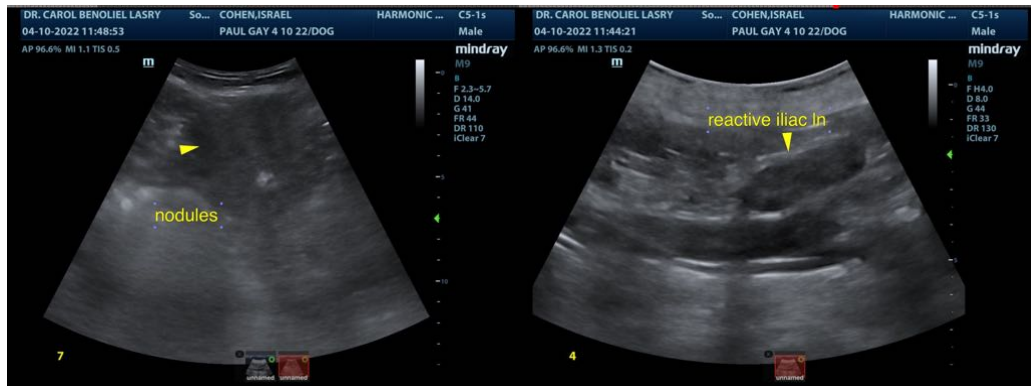
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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.

**BREED**

Doberman

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

**SEX**

Male

**AGE**

11 years

**WEIGHT**

40 lbs

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