



PATIENT

Moose Ribakoff

SPECIES

Canine

BREED

English Shepherd

SEX

Intact male

AGE

3 years

WEIGHT

53.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gabriella Iannuzzi

HOSPITAL NAME

Greater State Island
Veterinary Service

REFERRING VET

Dr. Iannuzzi

INVOICE

68543

DATE

11/11/25

PRESENTING CLINICAL SIGNS

History: Historical stranguria 5/2025 - suspected prostatitis and treated with Baytril for 4-5 weeks and improved Rec'd neutering but O unable to pursue yet Intermittent streams of urine and pollakiuria and stranguria x 1 week Taken to pDVM on 11/3 and UA and Ucx performed and given simplicef - changed to Baytril on 11/7 and Gabapentin Since 11/7 seems restless, uncomfortable - taken back to pDVM today and rec'd AUS to evaluate prostate Hyporexic x 1 week Dr./def normally - no straining noted No c/s/v/d CM: 1. Baytril 272 mg PO SID 2. Gabapentin 300 mg PO SID-BID 3. Trazodone prn - given 10:30 am today in light of vet UTD on vaccinations On HW/F/T prevention
Abnormal PE/Chem/CBC/UA Results: CBC/chem: within normal limits declined AXR PE: enlarged SNP prostate, otherwise unremarkable PE

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 **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 and right kidney measured 6.0 cm each.

The **prostate** had lobar swelling with urethral impingement, edema lines and mild enhanced pericapsular fat. This is most consistent with prostatitis. The prostate measured 3.7 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 and the right adrenal gland measured 0.8 cm at the cranial pole and 0.5 cm at the caudal pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially and caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.



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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

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.

ULTRASONOGRAPHIC FINDINGS

- Mild prostatitis pattern.
- Otherwise, unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutering would be ideal; however, if not an option then the following protocol can be considered. Prostatic wash and culture would be ideal.

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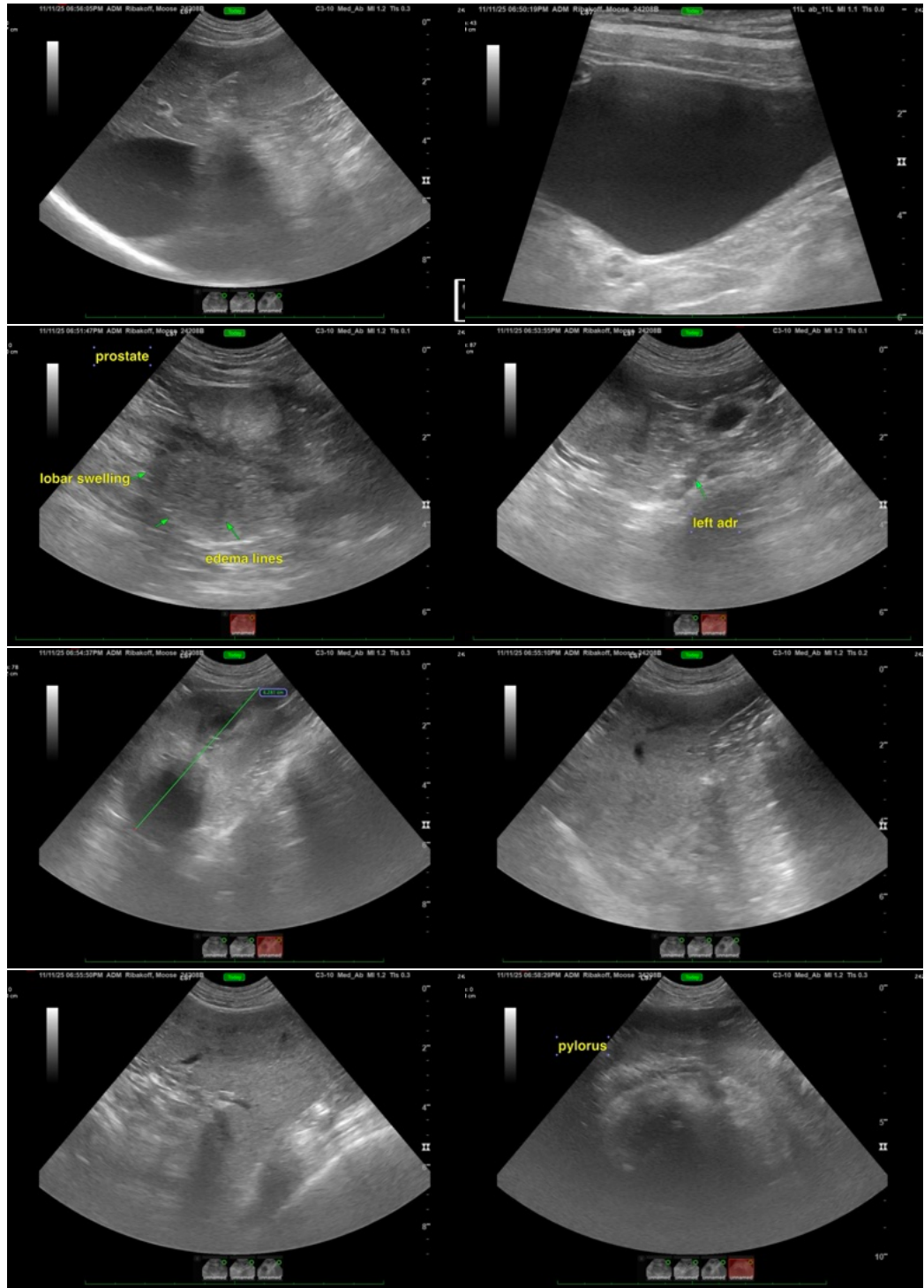
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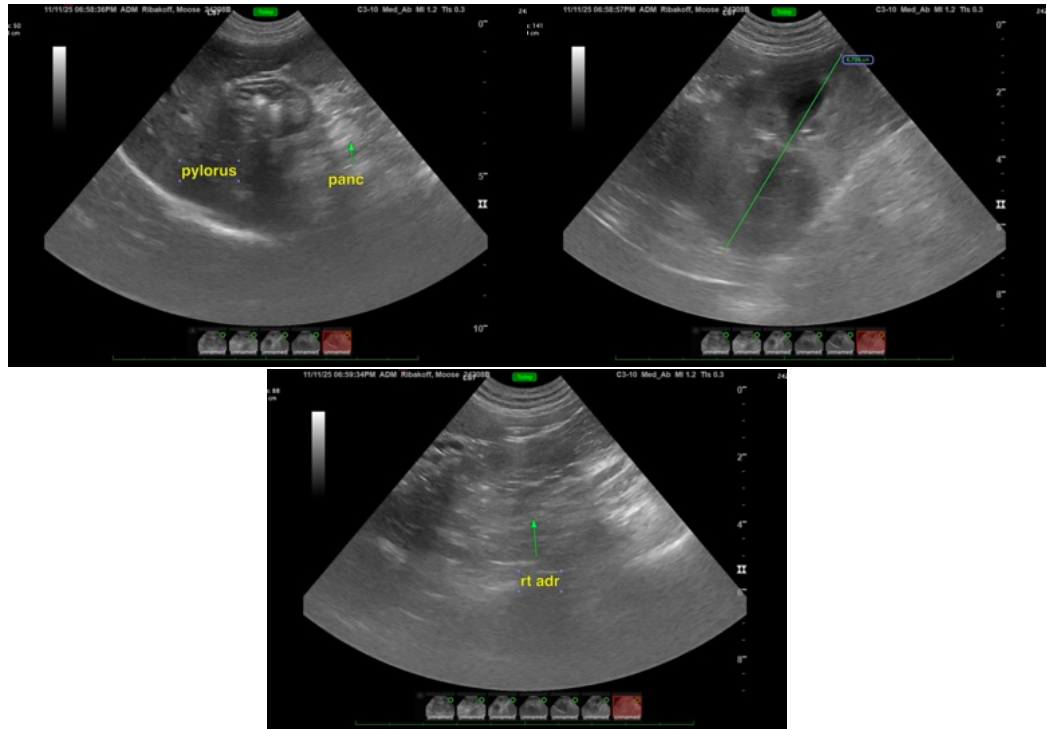
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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