

**DATE PRESENTING CLINICAL SIGNS**

11/16/21 History: Bleeding from the penis, frequent urination, inappetance, sometimes tries to urinate without success/No vet history except vaccinations at Petco/Blood coming from the penile orifice.

PATIENT

Riot Friedel Current Medications: None
Lab Results: USG 1.030, pH 8.5, 3+ protein, 4+ blood, TNTC RBC, TNTC WBC, 2+ other cells - no crystals, casts, or bacteria seen.

SPECIES

Canine Coag: PT 17.4 14-19), PTT 128.9 (75-105).
WBC 5.84 (6-17), Lym 0.8 (1-4.8), Mono 0.26 (0.2-1.5), plt 191 (200-500).
Date of Previous IntraPet Ultrasound: No previous

Sedation: Tiletamine / Zolazepam 0.5cc iv, Butorphanol 0.3cc IV

BREED

Pointer X Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Intact Male

Urinary System

The **urinary bladder** itself was unremarkable. The prostate was significantly enlarged, nodular and irregular with an echogenic cyst measuring 4.4 cm. The prostate measured 8.0 cm x 5.0 cm, encompassing the cystourethral junction of the bladder. Other microcystic changes noted. The post-prostatic urethra was unremarkable. Ultrasound guided drainage of the cysts or abscesses with neutering +/- injection of Enrofloxacin or similar antibiotic into the potential abscessation (if confirmed to be abscess upon sampling) recommended. The testicles were imaged and found to be uniform.

AGE

2015

WEIGHT

51.2 Pounds

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. Slight mineralization noted in both kidneys. The right kidney measured 5.55 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brillhart RDMS

HOSPITAL NAME

Friendly Paws VC

REFERRING VET

Dr. Price

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 2.67 cm x 0.53 cm at the caudal pole and 0.52 cm at the cranial pole. The left adrenal gland measured 2.39 cm x 0.65 cm at the caudal pole and 0.66 cm at the cranial pole.

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**INVOICE**

29842

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

Gastric stasis noted. No evidence of foreign body. The small intestine and colon were unremarkable.

Pancreas

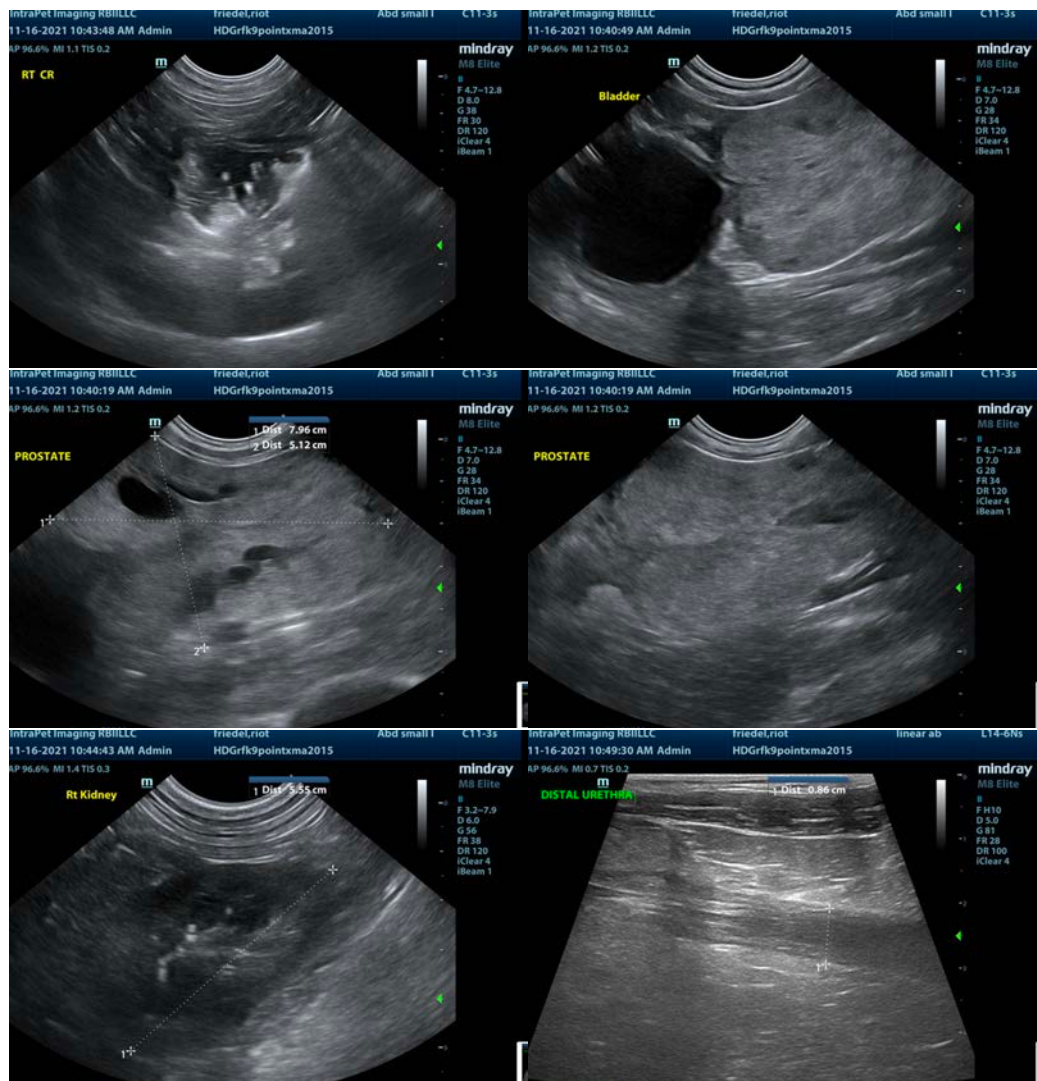
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

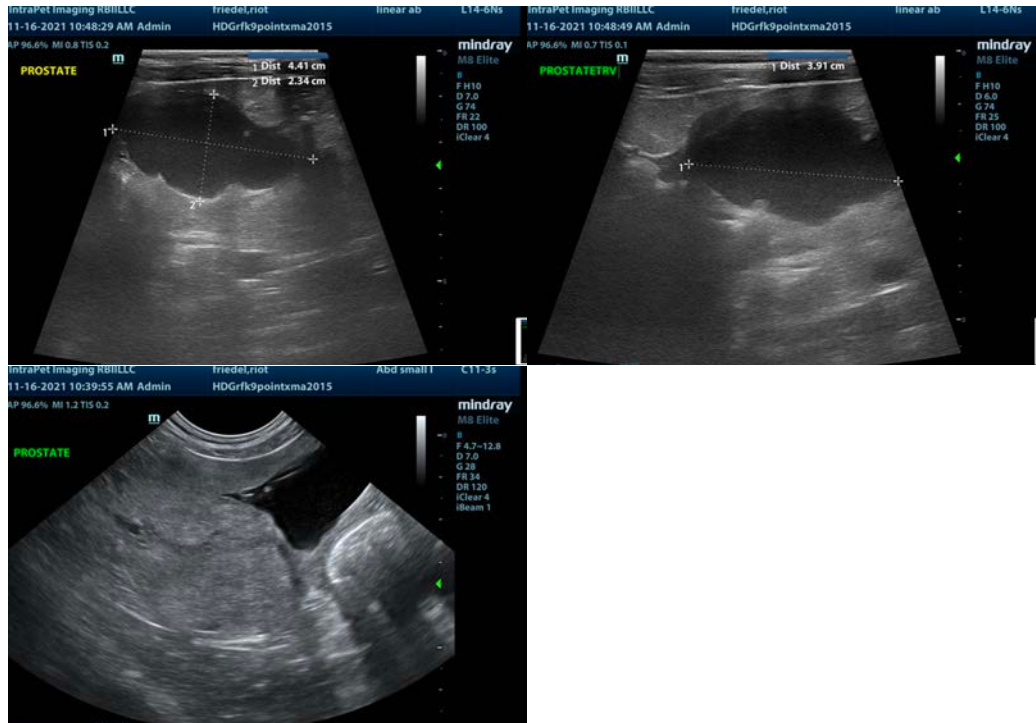
ULTRASONOGRAPHIC FINDINGS

- BPH prostate with abscessation or cysts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

ADAIN procedure ideal in this case.





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.

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