



PATIENT PRESENTING CLINICAL SIGNS

Leo Arias History: Reason for Ultrasound: PU/PD per Owner, anxious, painful in rear area. Current Meds: None

SPECIES Abnormal PE/Chem/CBC/UA Results: CBC/CHEM: Normal Urinalysis: Normal Urine Specific Gravity: 1.004 (11/22/21) ; 1.030 (11/30/21)

Canine

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Golden Retriever

The **urinary bladder** revealed concentric thickening and anechoic urine. There was no evidence of calculi or obvious evidence of neoplasia. This is most consistent with cystitis. The pelvic urethra was slightly thickened with no obvious masses.

SEX

Male

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 3.0 cm.

AGE

2 years

WEIGHT

93.5 lbs

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 kidney measured 8.17 cm. The right kidney measured 7.83 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

IMAGING PERFORMED BY

Dr. Abdul Chani

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 2.15 x 0.49 cm at the cranial pole and 0.48 cm at the caudal pole. The right adrenal gland measured 2.37 x 0.78 cm at the caudal pole and 0.57 cm at the cranial pole.

HOSPITAL NAME

Byram AH

Spleen

REFERRING VET

Dr. Abdul Chani

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

94164

DATE

11/30/21

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



PATIENT 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.

Leo Arias

SPECIES

Canine

Gastrointestinal

BREED

Golden Retriever

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.

SEX

Male

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.

AGE

2 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

93.5 lbs

Minor bladder thickening, suspect cystitis.

Minor BPH prostate.

INTERPRETED BY

Otherwise, unremarkable abdomen.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Dr. Abdul Chani

A clinical trial of the following may prove fruitful. The dysuria is likely owing to prostatic or lower urinary tract disease. Urine culture and sensitivity is warranted if any positive culture or suggested inflammatory sediment for UTI is present and the following protocol may help.

HOSPITAL NAME

Byram AH

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.

REFERRING VET

Dr. Abdul Chani

Canine Chronic UTI Protocol

I recommend **Enrofloxacin** (5-10 mg/kg SID PO) (In patients > 1 year of age) in late pm after urination to maximize urinary concentrations overnight. This assumes that culture supports this use. Repeat **culture** at 3-4 weeks and continue treatment at least 7-10 days post negative urinary sediment and negative culture. *Note: Negative culture does not necessarily mean lack of UTI.* Other favorite antibiotics for chronic UTI include third generation Cefa (Ceftiafur or similar s.i.d. injectable) or Clavamox. If suspicion of occult urinary incontinence is present then **phenylpropanolamine (PPA)** (1-2 mg/kg BID) can be employed long term to enhance urethral tone.

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Leo Arias

SPECIES

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HOSPITAL NAME

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REFERRING VET

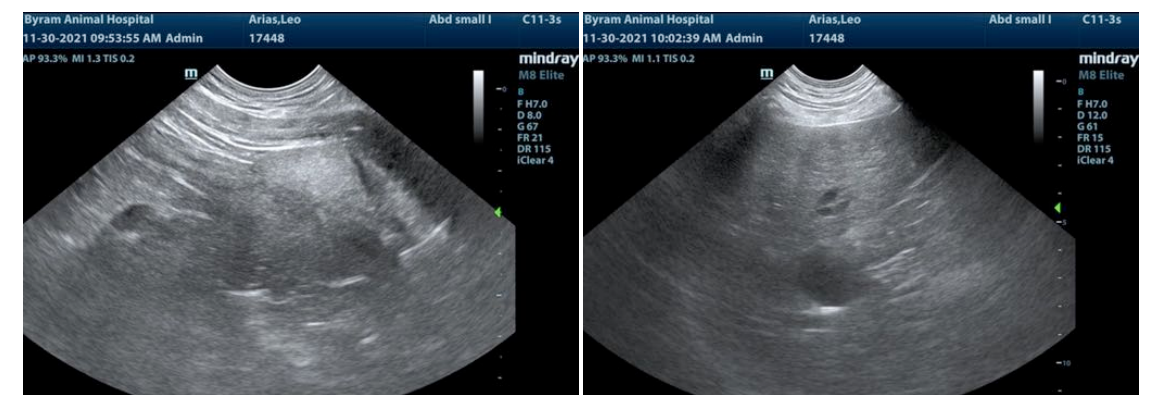
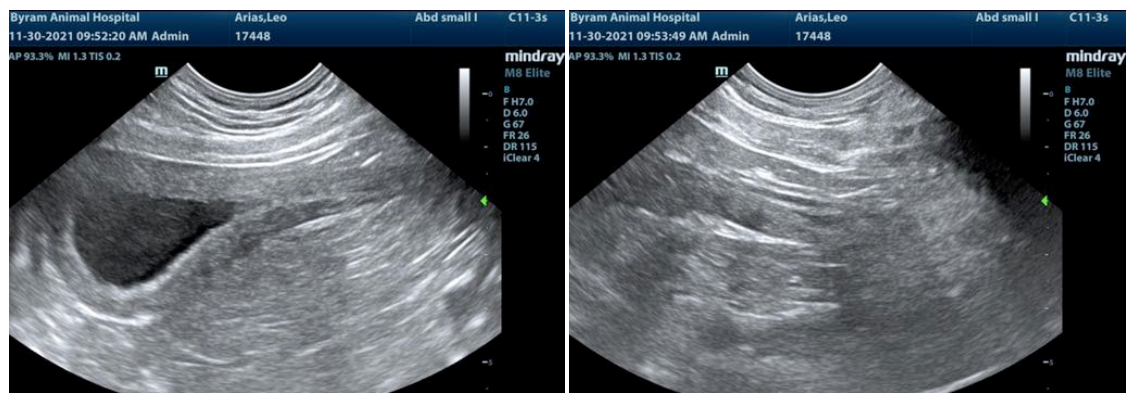
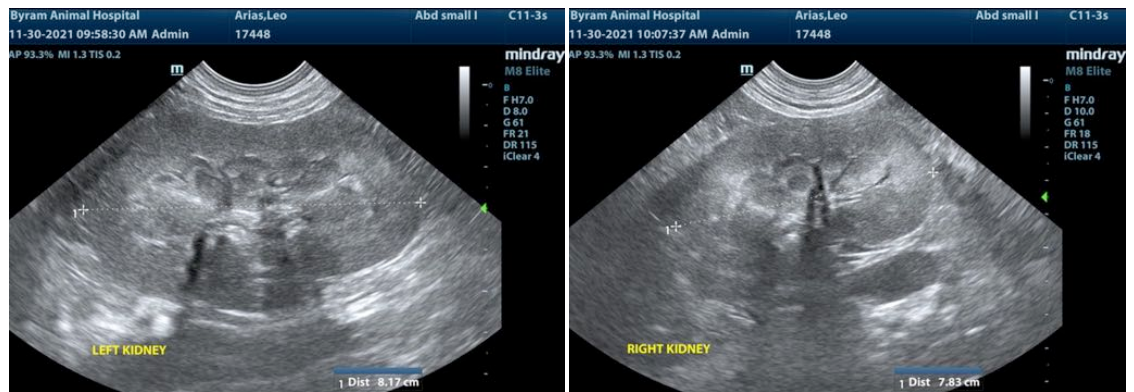
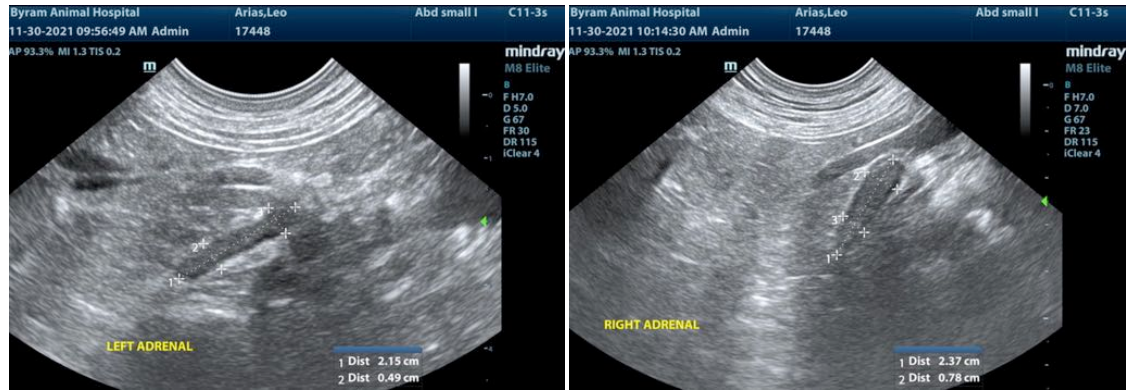
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SPECIES

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BREED

Golden Retriever



SEX

Male

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.

AGE

2 years

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.

WEIGHT

93.5 lbs

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