



## PATIENT

George Edwards

## SPECIES

Canine

## BREED

Boxer Mix

## SEX

Male

## AGE

11 years

## WEIGHT

58 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Katy Borzillo

## HOSPITAL NAME

Elizabeth AH

## REFERRING VET

Dr. Anderson

## INVOICE

68363

## DATE

11/5/25

## PRESENTING CLINICAL SIGNS

**History:** Over one year of on and off enrofloxacin treatment for suspected prostatitis. Dribble blood on and off. Does appear to respond still to enrofloxacin. Normal otherwise.

**Abnormal PE/Chem/CBC/UA Results:** Exam: Caudal abdominal mass effect- suspected to be prostate. Urinary bladder is normal and small on palpation. 2 normal, descended testicles. Labs: None recent.

## 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 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. The left kidney measured 6.45 cm. The right kidney measures 6.2 cm. Blood flow to the kidneys appeared to be adequate.

The **prostate** was severely enlarged in this patient with heterogenous parenchymal changes and mildly echogenic cyst at the cranial body of the prostate adjacent to the cystourethral junction and measured 3.5 x 4.2 cm. Lobar impingement was noted upon the pelvic urethra. The prostatic cyst may represent abscessation. Regional inflammatory pattern was noted around the prostate.

The iliac trifurcation was unremarkable.

### 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 2.2 x 0.58 cm at the caudal pole and 0.42 cm at the cranial pole. The right adrenal gland measured 2.35 x 0.72 cm at the cranial pole and 0.61 cm at the caudal pole.

### Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.



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## Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

## 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.

## Free Abdomen

A slight amount of free fluid was noted adjacent to the urinary bladder.

## ULTRASONOGRAPHIC FINDINGS

- Geriatric abdomen with severe BPH prostate and prostatic cyst or abscess.
- Significant impingement upon the prostatic urethra. Regional inflammatory pattern was noted around the prostate with slight free fluid.
- Otherwise, unremarkable geriatric abdomen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided drainage of the cystic portion with neutering is recommended in this patient. I believe neutering is likely the best option in this patient. Testicles should be imaged to ensure that underlying nodules or tumors are not present.

Ultrasound-guided drainage of the prostatic cysts, culture, +/- injection of Enrofloxacin could be considered with the following Finasteride protocol. However, given the degree of prostatic pathology I do not recommend this overtly, yet could be attempted with a recheck sonogram weekly until stabilization of the prostate.



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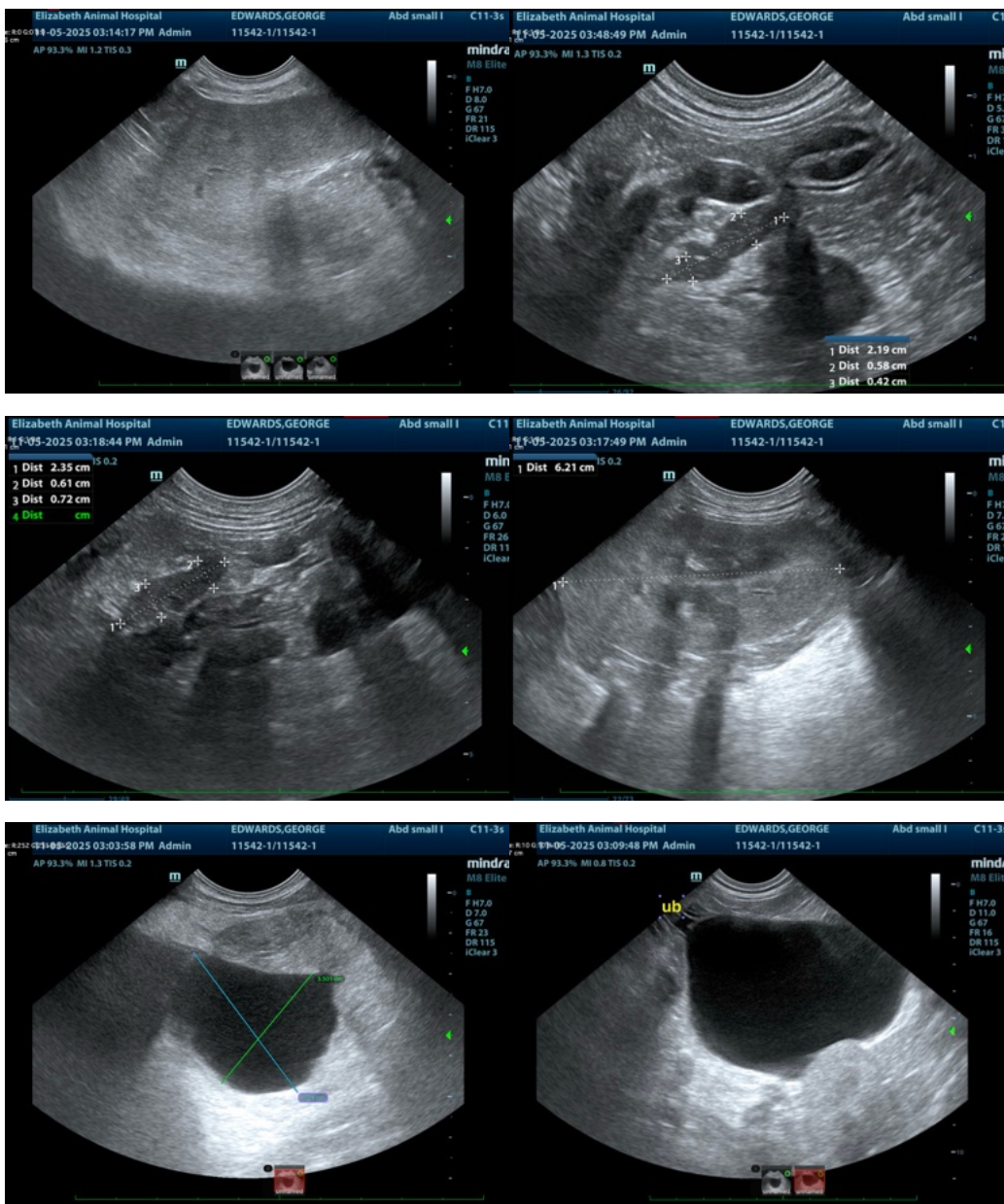
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Finasteride at 1 mg/kg/day can be utilized as an off-label approach to reducing prostatic size in BPH cases. Coverage for prostatitis would also likely be appropriate with Fluoroquinolone/Baytril or similar. A recheck sonogram is recommended in 3-4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





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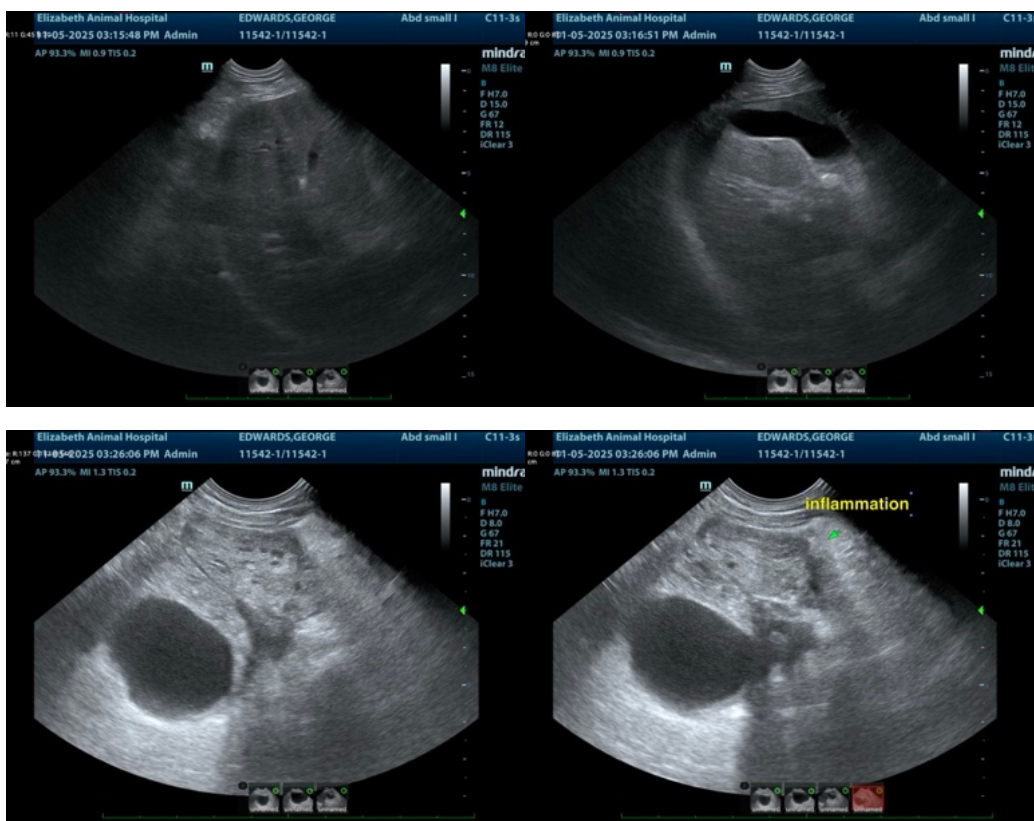
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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