



## PATIENT

Mister Banks Gerwig

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

Male

## AGE

11 years

## WEIGHT

93 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Brittany Wolfe

## HOSPITAL NAME

HomeVets

## REFERRING VET

Dr. Wolfe

## INVOICE

69624

## DATE

12/12/25

## PRESENTING CLINICAL SIGNS

History: P presents for recheck prostate US and prostate FNA and urine culture. Treated with finasteride, enrofloxacin, and carprofen but still developed a urinary obstruction. Was started on a rx urinary diet but then P obstructed again.

Abnormal PE/Chem/CBC/UA Results: UA post obstruction showed RBCs, a few squamous cells, and a few unclassified crystals. CBC/chem normal

## 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 **prostate** revealed persistent, heterogenous parenchymal changes. However, swelling has reduced and overall swelling was reduced to 2.7 cm. There was no evidence of active inflammation. Minor microcystic changes were noted with a nodule at the caudal pole. The nodule measured 1.9 cm. Slight areas of mineralization are noted. This appears to be a new development and measured 0.28 cm.

## ULTRASONOGRAPHIC FINDINGS

Reduced prostatic size or heterogenous parenchymal changes, appears to be stable.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Management is recommended based on clinical signs. The urinary obstruction is likely owing to the calculus that appears to be within the prostatic urethra itself. If clinical signs persistent then neutering and normal and retrograde flushing with cystotomy may be appropriate depending upon bladder presentation.

