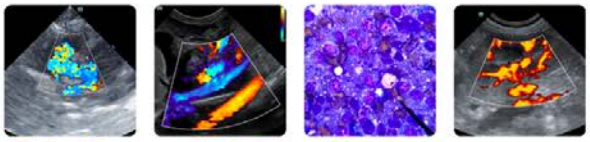

PATIENT

Danny Peanut Second Chance Shelter

SPECIES

Canine

BREED

Mixed

SEX

Intact Male

AGE

2 Years

WEIGHT

30 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Anshu Gupta

HOSPITAL NAME

Liverpool Village Animal Hospital

REFERRING VET

Dr. Anshu Gupta

INVOICE

72399

DATE

12/5/25

PRESENTING CLINICAL SIGNS

Shelter pet, recently brought into foster home. Has been very PUPD, having urinary accidents in large volumes.

Abnormal PE/Chem/CBC/UA Results: Normal CBC/Chem/T4 USG 1.024 BCS 2/9, moderately enlarged and symmetrically bilobed prostate gland on rectal exam

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 were noted. Ureteral papillae were normal.

The prostate is mildly enlarged and swollen, measuring 2.3 cm. Lobar impingement upon the pelvic urethra and edema lines noted in the prostate, suggestive for prostatitis. The pre- and post-prostatic urethra were imaged.

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. Left kidney measured 4.0 cm. Right kidney measured 4.4 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. Left measured 0.60 cm. Right measured 0.80 cm at the cranial pole and 0.50 cm at the caudal pole.

Spleen

The **spleen** was folded upon itself cranially. It 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

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.

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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.

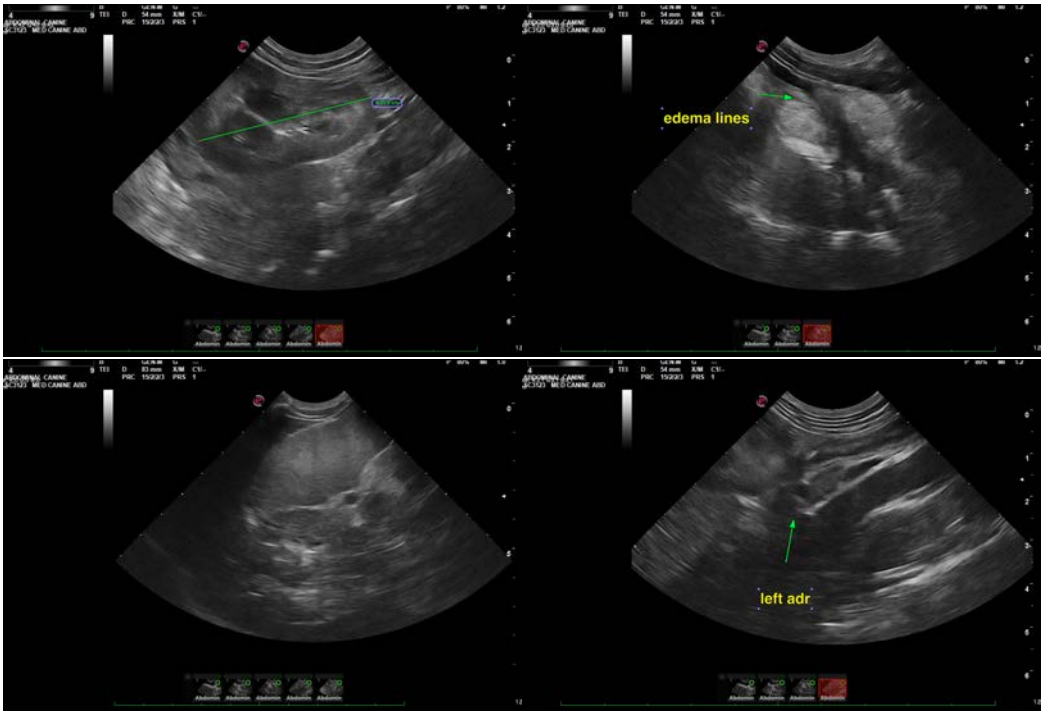
ULTRASONOGRAPHIC FINDINGS

- Prostatitis, BPH pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutering should prove effective in this patient in resolving clinical signs. Prostatic wash would be ideal. If neutering is absolutely not an option in this patient, then following protocol could be considered for temporary managementL

Off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture.



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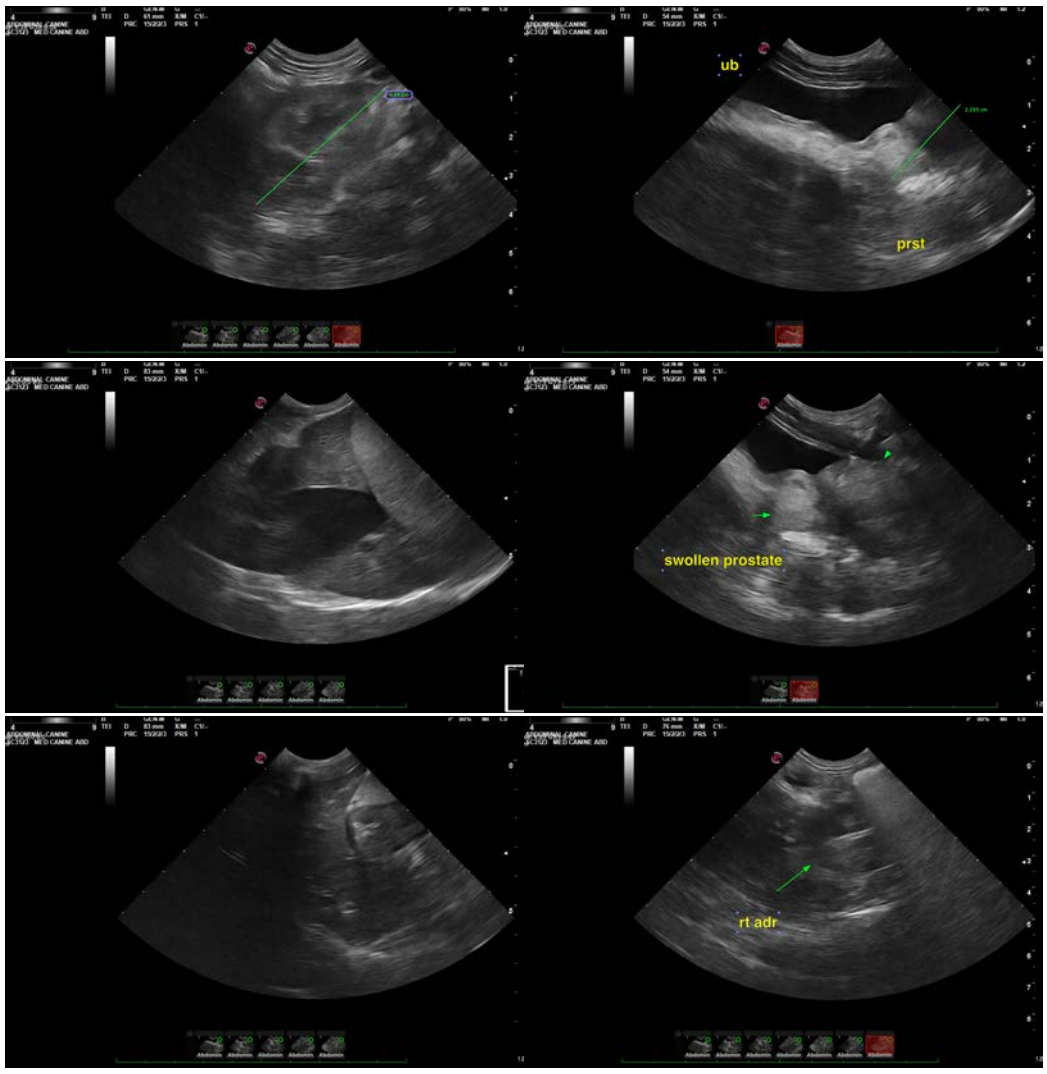

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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info@SonoPath.com