



PATIENT

Baci Monteferrante

SPECIES

Canine

BREED

Labrador

SEX

Male

AGE

7 years

WEIGHT

54.34 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Haseeb Ashraf

HOSPITAL NAME

The Veterinary Surgery

REFERRING VET

Dr. Ashraf

INVOICE

69428

DATE

12/9/25

PRESENTING CLINICAL SIGNS

History: blood tinged other times small clots seen. Moderately enlarged prostate on rectal. Weight loss approx 3kg over 3-5 months. Please find attached recent blood results showing mild to moderate neutrophilia, survey rads of chest and abdomen, and urinalysis. Currently on day 5 of 2-week amoxiclav tablets BID. Small epulis upper jaw around the incisors that are unchanged for the past 3 months plus.

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 left kidney measured 6.5 cm. The right kidney measured 6.1 cm.

The **prostate** was uniformly enlarged with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. Some edema lines were noted. Some nodular changes were noted. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. Mild, enhanced pericapsular fat was noted around the prostate. 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 4.3 cm.

Adrenal Glands

The left **adrenal gland** was 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 0.5 cm. The right adrenal gland was not visualized.

Spleen

The **spleen** was not visualized.



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Liver

Baci Monteferrante

Portions of the **liver** that were imaged revealed no evidence of pathology.

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Gastrointestinal and Pancreas

The visible **gastrointestinal tract** and **pancreas** were unremarkable.

BREED

Labrador

ULTRASONOGRAPHIC FINDINGS

SEX

Male

BPH prostate/prostatitis pattern.

AGE

7 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

54.34 lbs

BPH is likely the cause of the clinical signs. The cause of weight loss is unclear. Neutering should be considered in this patient. Further investigation of cause of weight loss is indicated. The cranial abdomen was inadequate on depth. Therefore, further imaging of the cranial abdomen according to the SDEP protocol is recommended including the right adrenal gland, liver, and pancreas. If neutering is not an option then the following protocol may prove effective.

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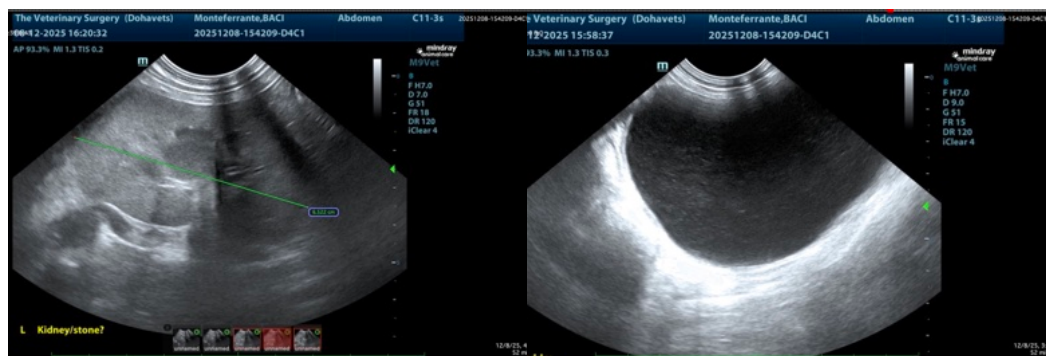
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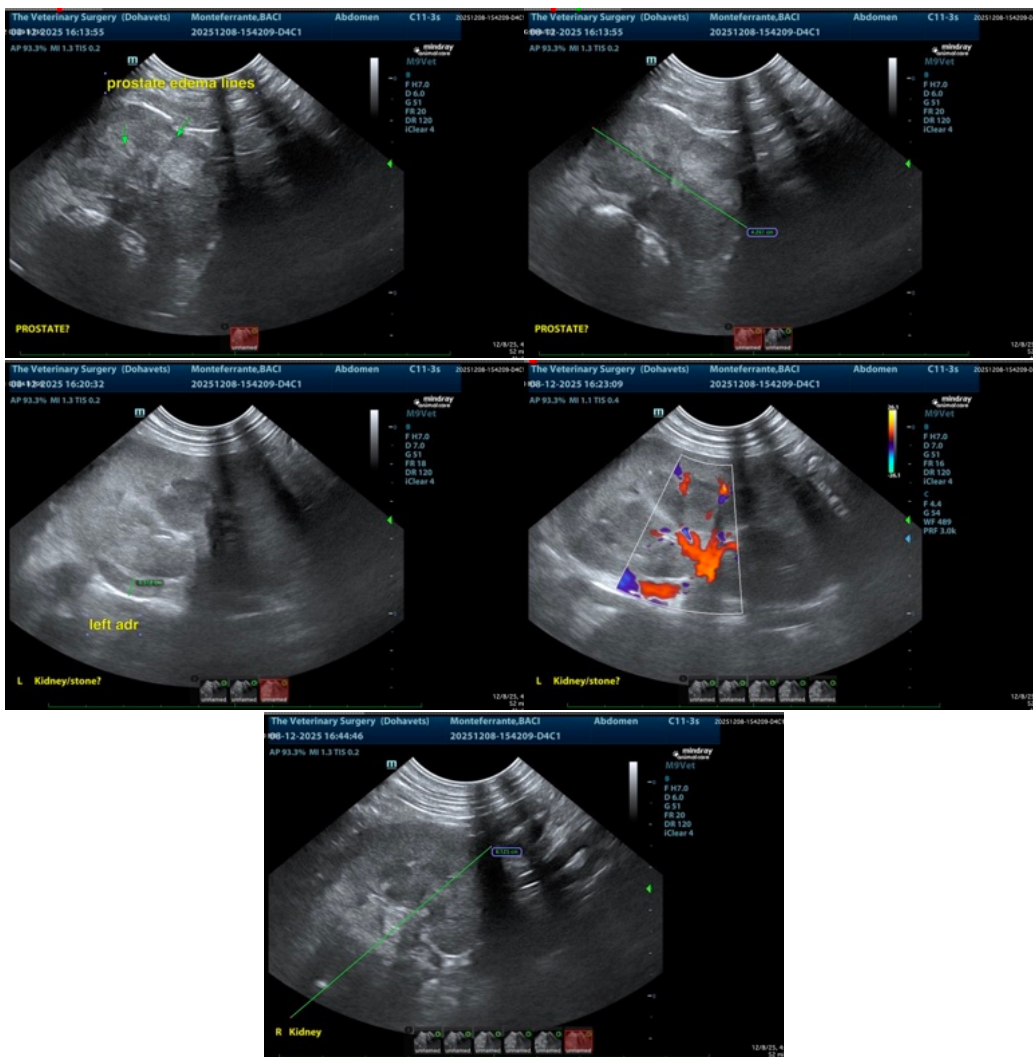
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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