

**DATE**

2/10/23

PATIENT

Finn Dettman

SPECIES

Canine

BREED

Weimaraner

SEX

Intact Male

AGE

7/7/12

WEIGHT

93.8 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Bel Air Vet Hospital

REFERRING VET

Dr. Young

INVOICE

45076

PRESENTING CLINICAL SIGNS

Follow-up ultrasound from 12/2/2022. Enlarged prostate identified. Finn treated with fluoroquinolone for 3 weeks. Initially had ultrasound performed due to history of grade I/VI left apical systolic murmur and VPCs to attempt to identify cause of VPCs. 2/2/23 - Right hind limb cellulitis +/- deep pyoderma

Current Medications: 12/5/22 - Enrofloxacin 238mg tabs PO q 24 hours for 2 weeks. 1/6/23 - Marbofloxacin 125mg PO q 24 hours for 3 weeks.

1/6/23 - Ketoconazole 300mg PO q 24 hours for 4 weeks. Will have owner give 200mg Trazodone and 600mg Gabapentin prior to ultrasound. 2/2/23 - Cephalexin 1000mg PO BID for 2 weeks and Betmethasone/Gentamicin Spray topically.

Lab Results: Low dose dexamethasone suppression test performed on 1/6/2023 was incompatible with HAC. Date of Previous IntraPet Ultrasound: 12/2/22. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

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 measured 5.0 cm in width, reduced by approximately 1.0 cm. Slight areas of mineralization noted. Mild deviation of the descending colon noted owing to minor prostatomegaly. However, it is significantly improved compared to the prior sonogram.

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 8.61 cm.

Adrenal Glands

The **right adrenal gland** revealed an expansive hypoechoic nodule measuring 2.1 cm x 1.7 cm at the cranial pole. Right adrenal measured 4.02 cm x 1.67 cm at the cranial pole and 1.0 cm at the caudal pole.

The **left adrenal gland** was slightly swollen at the caudal pole, measuring 1.09 cm at the caudal pole, 0.76 cm at the cranial pole, and 3.7 cm in length.

Spleen

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 were noted.

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. Similar to prior sonogram.

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.

Other

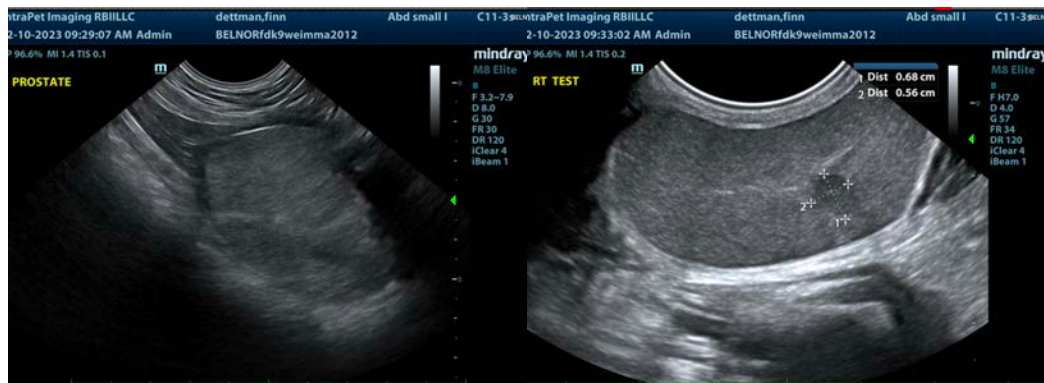
Right testicular nodule measured 0.56 cm.

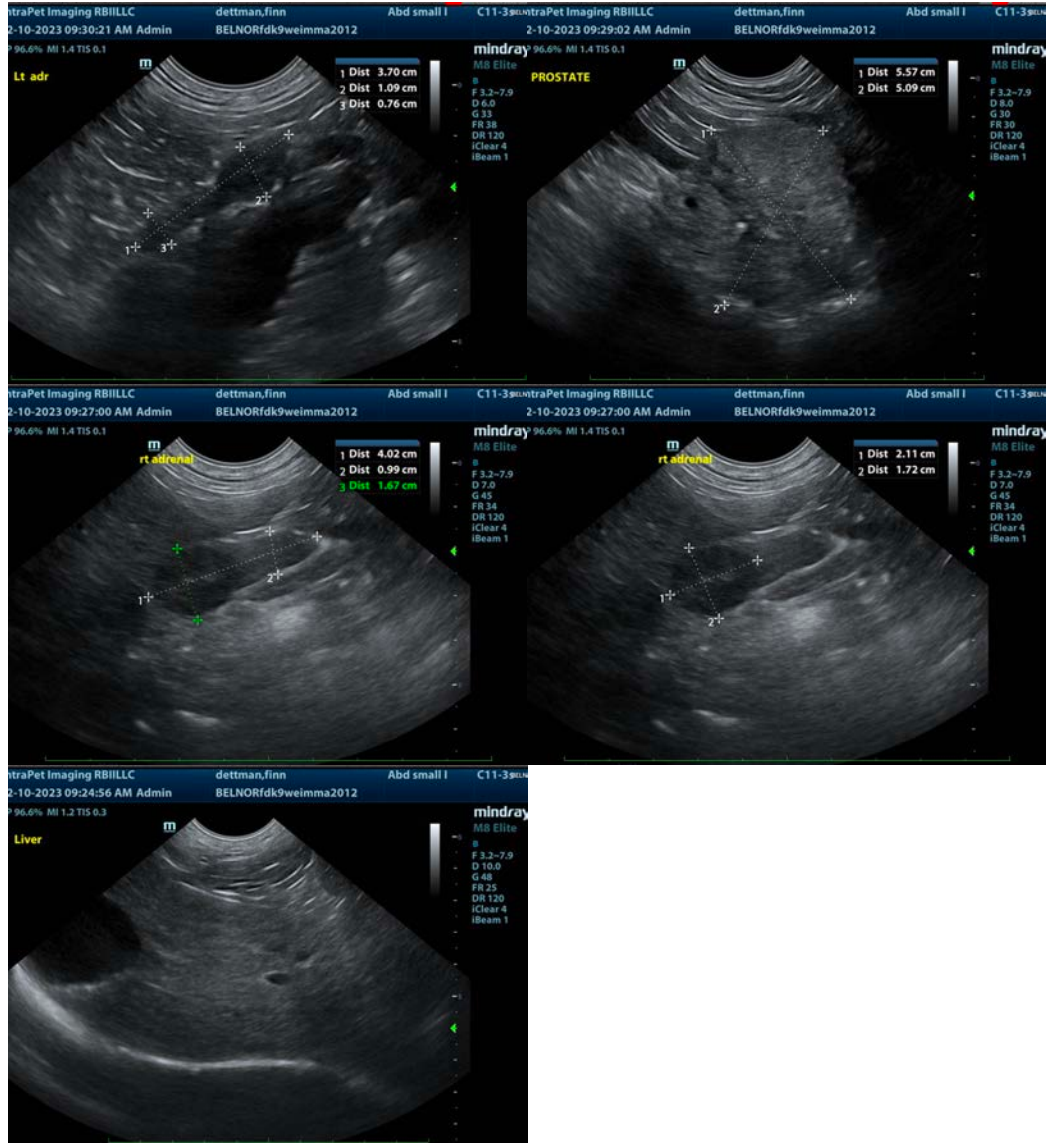
ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenal hypertrophy with nodule on the right, similar to prior sonogram
- Improved BPH presentation, reduced by approximately 1.0 cm
- Right testicular nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full adrenal workup warranted. If the patient appears Cushingoid, then consideration for PDH indicated. Prostatic presentation appears to be stable at this time. Further management would be based on the clinical status of the patient regarding the prostate.





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, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com