



PATIENT PRESENTING CLINICAL SIGNS

Carlitos Barrera

History: Rechecking: CONSTIPATION History: 12y 10m old M Shih tzu presents for constipation and 3 days of not eating. Urinating ok. O reports lactulose and mirtazipine never helped. Hx prostatomegaly. O wants to know if there's a medication for enlarged prostate.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Exam Notes: mm pm crt 1-2 sec, Ab Palp - full caudal abdomen. Rectal exam - left perianal hernia with impacted stool...removed as much as I could. Painful very large prostate +/- sublumbar lymphadenopathy....unable to get my finger past. Intact male
Diagnostics & Testing: A: 1) Painful enlarged prostate and suspect sublumbar lymphadenopathy - r/o Carcinoma with mets vs prostatitis 2) Left perianal hernia - r/o secondary to straining to defecate
Treatment Plan: Ab US and likely FNA/cytology of prostate +/- LN.

BREED

Shih Tzu

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Male

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.

AGE

12 years

The **prostate** was uniformly enlarged with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. The prostate measured 4.0 cm. The prostate deviated the descending colon and is likely the source of constipation. This is most consistent with benign prostatic hyperplasia. Minor paraprostatic cysts were noted.

WEIGHT

8.8 lbs

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. An anechoic cyst was noted in the dorsal cortex of the right kidney measured 0.7 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rivera

Adrenal Glands

HOSPITAL NAME

DPC VH

The region of the right adrenal gland was unremarkable. The left adrenal gland was not visualized.

Spleen

REFERRING VET

Dr. Rivera

The **spleen** revealed a focal, hypoechoic nodule with a target type appearance measuring 1.2 cm with disrupted architecture. FNA of the spleen is indicated.

INVOICE

Liver

96814

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

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3/11/22



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

SPECIES

Canine

Gastrointestinal

There was some retention of ingesta noted in the **stomach**. The small intestines and colon were unremarkable. There was no evidence of colonic pathology in the visible planes.

BREED

Shih Tzu

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.

SEX

Male

AGE

12 years

ULTRASONOGRAPHIC FINDINGS

BPH prostate.

Concerning splenic nodule.

WEIGHT

8.8 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenic FNA is indicated. Neutering is strongly recommended in this patient. Chest radiographs are warranted +/- echocardiogram to assess for any potential metastasis changes from the splenic nodule. FNA of the splenic nodule or direct splenectomy could be justified. Round cell neoplasia, hyperplasia or emerging hemangiosarcoma are all possible.

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SPECIES

Canine

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Shih Tzu

SEX

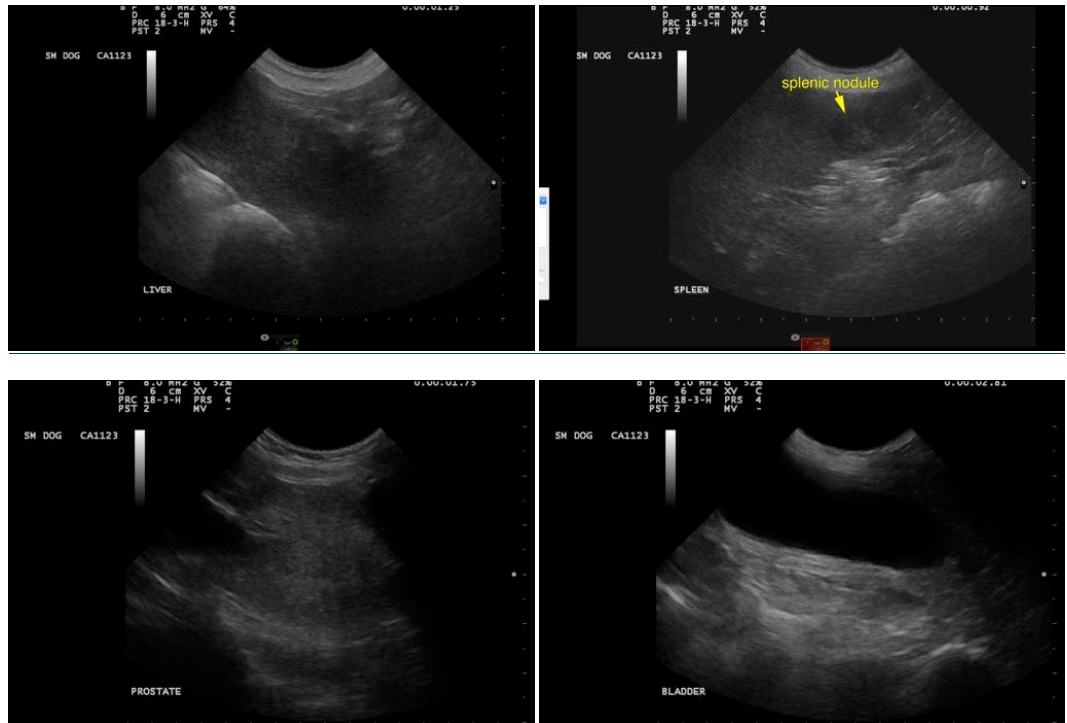
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WEIGHT

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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.

IMAGING PERFORMED BY

Dr. Rivera

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.

HOSPITAL NAME

DPC VH

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