



## PATIENT

Harlow Seibert

## SPECIES

Canine

## BREED

Pitbull

## SEX

Intact Male

## AGE

8 Years 3 Months

## WEIGHT

62 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Brittney Beigel  
DVM

## HOSPITAL NAME

Bayside Animal  
Medical Center

## REFERRING VET

Dr. Katie Buchanan  
VMD

## INVOICE

14233

## DATE

03/11/26

## PRESENTING CLINICAL SIGNS

- Concern for two round structures in area of the bladder about the size of a bladder - r/o severe prostatitis vs prostatic tumor vs paraprostatic cyst vs enlarged LN vs other mass
- R/o neoplasia vs other
- STAT report-- O may elect to neuter P today pending report
- P was fasted for US scan
- Sedated w/ Butorphanol (10mg/mL) 0.5mL IV prior to scan

## 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 right testicle was imaged with a hyperechoic nodule in the right testicle measuring 0.66 cm. The left testicle revealed no evident pathology.

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. 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. Anechoic cysts were present measuring 1.3 cm and 1.2 cm. The prostate measured approximately 6.0 cm.

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 7.94 cm in length. The right kidney measured 8.18 cm in length.

### 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. The left adrenal gland measured 0.64 cm width at the caudal pole and 0.52 cm width at the cranial pole. The right adrenal gland measured 0.58 cm width at the cranial pole and 0.58 cm width at the caudal pole.

### Spleen

The **spleen** revealed a nondisruptive focal hypoechoic nodule measuring 0.44 cm and a separate nodule measuring 0.45 cm.

### Liver



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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.

**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**

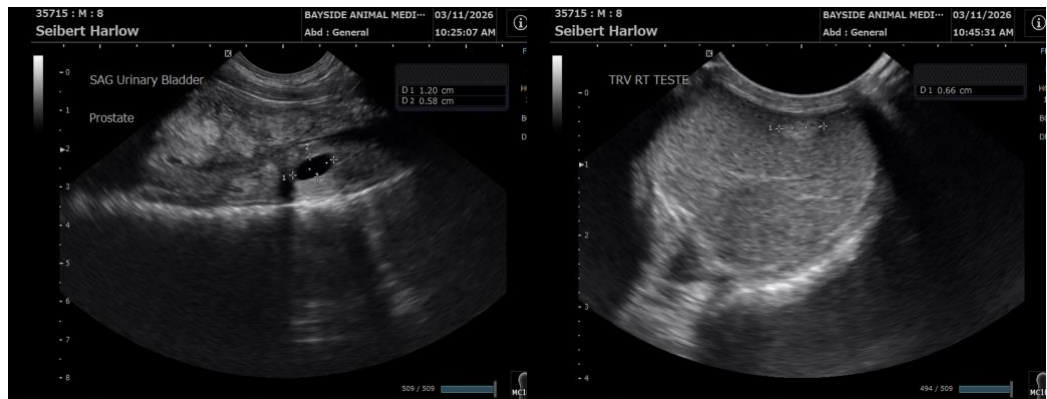
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- BPH prostate with anechoic cysts.
- Benign right testicle nodule.
- Nodular spleen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Neutering should be considered. If neutering is not an option, the following protocol could be considered. 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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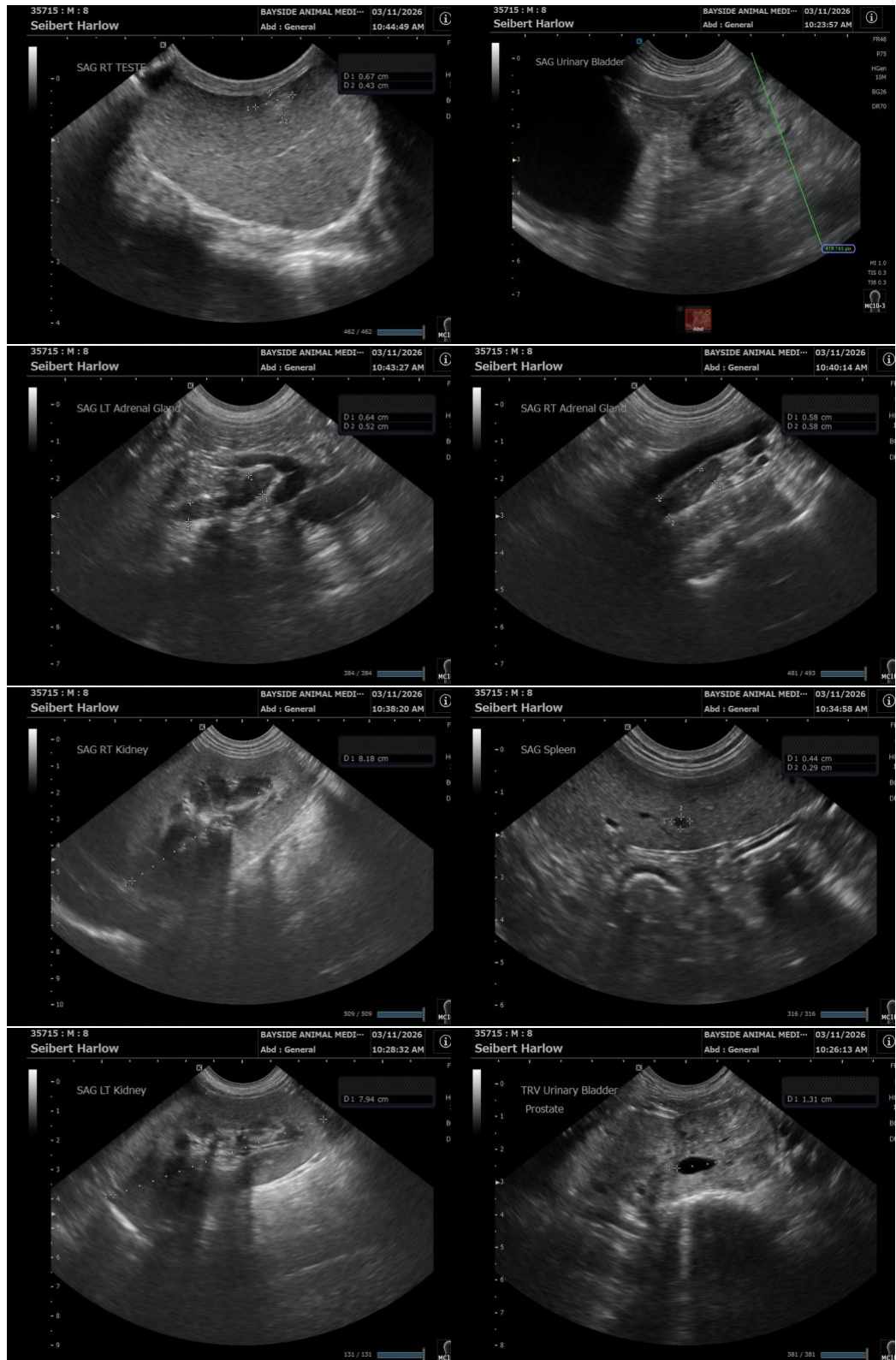
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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