



PATIENT PRESENTING CLINICAL SIGNS

Bene Ramos
History: U/S done for neighboring clinic Reoccurring hematuria, dark blood in urine. Has been on 3 rounds of antibiotics/metacam. Currently on baytril. Intact. Urinary catheter passed normally.
Abnormal PE/Chem/CBC/UA Results: Sheath swollen and when protrude penis the tip is inflamed mildly. Dribbling brown urine, thick after prostate cyst was drained today.

SPECIES

Canine

BREED

Great Dane

SEX

Male

AGE

7 years

WEIGHT

54 kg

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 prostate was enlarged with a 3.3 x 1.5 cm anechoic cyst and smaller cyst that measured up to 1.0 cm. Swollen irregular contour was noted. The testicles were imaged and found to be uniform with no evidence of pathology.

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. The capsules were acceptably uniform without significant irregularities. Slight pyelectasia was noted in the left kidney. The left kidney measured 7.0 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Dr. Biederbeck

Spleen

The **spleen** was enlarged, irregular and heterogenous with hypoechoic parenchymal changes. The spleen was folded upon itself caudally.

HOSPITAL NAME

Lomsnes VH

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.

REFERRING VET

Dr. Biederbeck

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43769

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4/10/23



PATIENT

Gastrointestinal

Bene Ramos

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Occasional mucosal striation was noted in the small intestine.

SPECIES

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Pancreas

BREED

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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

ULTRASONOGRAPHIC FINDINGS

BPH prostate with cysts or abscessation.

AGE

7 years

Minor renal pyelectasia.

Minor hypersplenism, subjectively benign.

WEIGHT

54 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Culture and sensitivity of the cysts is recommended with FNA of the parenchyma. This is likely benign hyperplasia. Neutering should prove curative in this patient. Urine culture and sensitivity as well as prostatic cyst culture and sensitivity is warranted. If neutering is absolutely not an option after cyst drainage alternative treatment with Finasteride can be considered. Occasional, mucosal striation may be related to the lymphangectasia. Albumin levels should be monitored periodically.

INTERPRETED BY

Eric Lindquist, DMV
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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.

IMAGING PERFORMED BY

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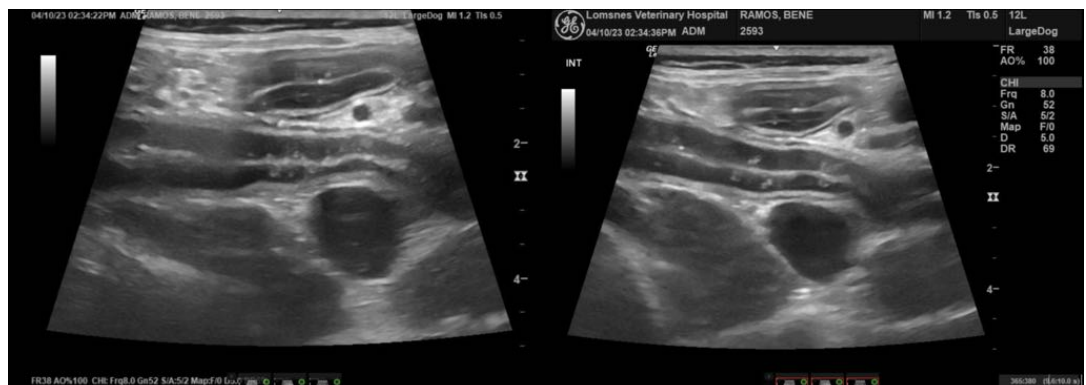
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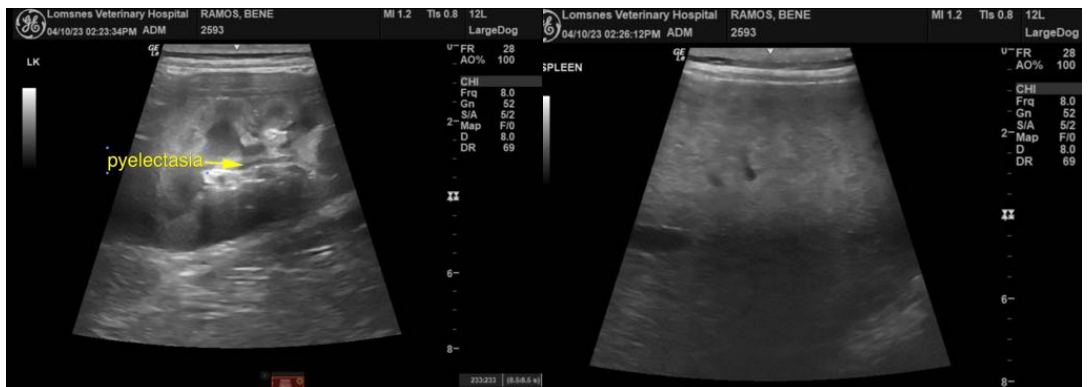
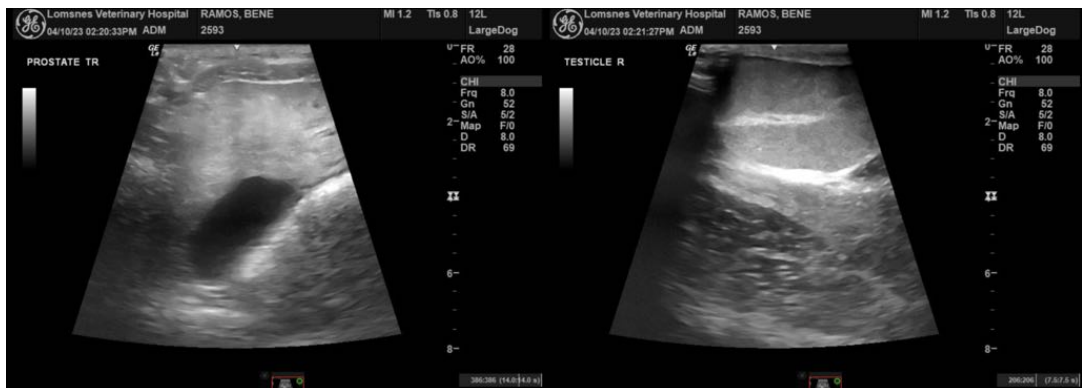
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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