

**DATE**

4/12/22

**PRESENTING CLINICAL SIGNS**

Today straining to defecate--mucus like feces, no appetite. Last Friday/Sat did get whole T bone, concern for possible FB -- does chew on baseballs in backyard Known to eat things Had FB sx when 7 months old. Current Medications: Gabapentin, Baytril, Ampicillin, Ondansetron.

**PATIENT**

Hunter Horsey

Lab Results: See attached.

Radiographs: No overt obstruction, but has some gas dilation and angular gas in colon. Stomach small, can see SI-- do not seem dilated, empty has one larger gas filled loop--appears to be colon, angular gas-- in colon? cannot get the VD without sedation no obvious obstruction/fb, but cannot 100% rule out. Area of gas dilation on the lateral- suspect SI but cannot rule out that part it could be the colon; can see something (soft tissue opacity) in the same area; the gas opacity in the caudal abdomen is less severe - suspected colon; stomach- small amount of gas- no obvious FB; v/d- gas in the colon; in cranial abdomen- gas- cannot tell if it is colon and/or SI- in the left cranial quadrant- can see soft tissue opacity- do not know if this is ingesta vs foreign material; does not appear to be obstructive

**SPECIES**

Canine

**BREED**

Mastiff

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IV Torb.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**SEX**

Intact male

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****AGE**

10/15/14

**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.

**WEIGHT**

158 lbs

The prostate in this patient revealed a 6.3 x 5.5 cm, mixed, hypoechoic parenchymal enlargement with cystic component that measured up to 2.53 cm of cysts. The testicles were imaged and found to be uniform.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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 right kidney measured 9.26 cm. The left kidney measured 9.46 cm.

**HOSPITAL NAME**

Animal Emergency  
Hospital

**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 3.5 x 0.75 cm at the caudal pole and 0.77 cm at the cranial pole. The right adrenal gland measured 2.41 x 0.75 cm at the caudal pole and 0.6 cm at the cranial pole.

**REFERRING VET**

Dr. King

**Spleen****INVOICE**

99250

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 was noted.

### **Liver**

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy.

### **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**

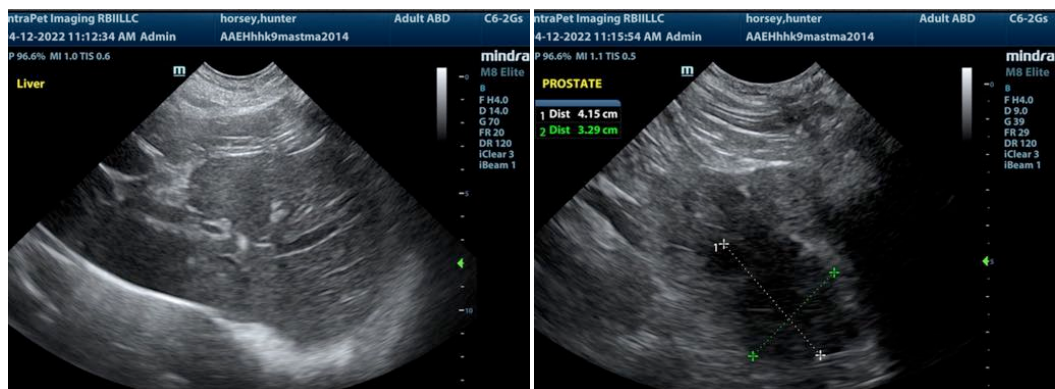
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

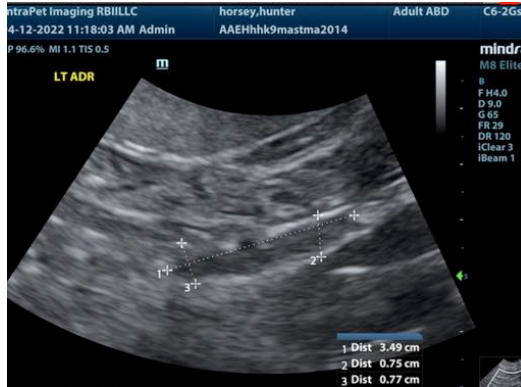
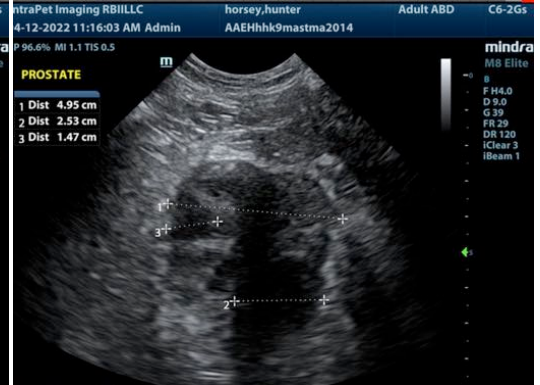
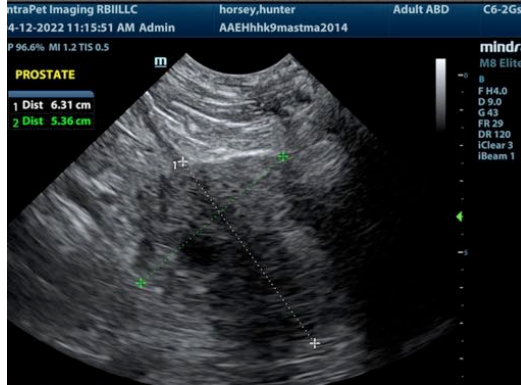
## **ULTRASONOGRAPHIC FINDINGS**

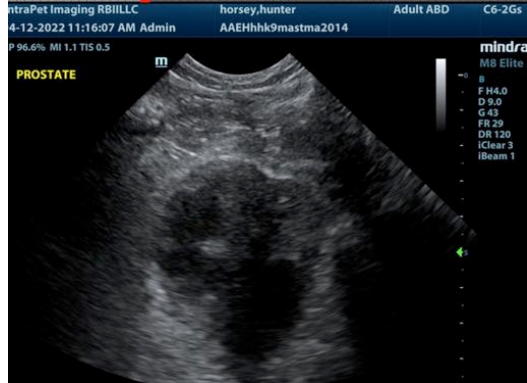
BPH prostate with mild potential for underlying carcinoma and cystic component, likely abscessation. Normal bladder with a minor amount of dependent debris.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend ultrasound guided drainage of the cystic portion of the prostate as well as FNA and neutering at that time/ADAIN procedure. If suppurative fluid is derived from the prostate then antibiotic injection (Enrofloxacin) directly into the prostate would be appropriate.







The information and recommendations provided are based on the images presented by the referring veterinarian. 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  
Eric.Lindquist@SonoPath.com