



PATIENT PRESENTING CLINICAL SIGNS

Monti Leal
History: Intermittent vomiting over the past month, usually associated with stress/anxiety. Occasionally coincides with loose stool.
Abnormal PE/Chem/CBC/UA Results: 4/7/2023: Cortisol 1.7; (ACTH stim test performed today: results pending) 3/23/2023: Abdominal Radiographs = NSF; CBC/Chem NSF

SPECIES

Canine

BREED

Labrador Retriever

SEX

Intact male

AGE

9 years

WEIGHT

76 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Leal

HOSPITAL NAME

Wellesley AH

REFERRING VET

Dr. Leal

INVOICE

43829

DATE

4/12/23

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 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. The prostate measured 5.5 cm.

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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.1 cm. The right kidney measured 6.8 cm.

Adrenal Glands

The left adrenal gland was slightly enlarged and mildly heterogenous. The left adrenal measured 3.14 x 0.9 cm. The right adrenal gland measured 0.9 cm at the caudal pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** revealed slightly increased portal markings and coarse architecture. Otherwise, the parenchyma was fairly uniform. The gallbladder and common bile duct were unremarkable.



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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.

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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

Intact male

ULTRASONOGRAPHIC FINDINGS

AGE

9 years

Mild, bilateral adrenal hypertrophy.

Minor hepatic remodeling.

BPH Prostate.

WEIGHT

76 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

I recommend rectal palpation in this patient to assess for discomfort associated with the prostate. Neutering should prove curative; however, if any prostatic signs are present and neutering is not desired then the following protocol may prove effective. The cause of vomiting is unclear. The adrenal glands are enlarged and would not be typical for Addison's; however, given the low baseline cortisol full ACTH stimulation is indicated. Dietary intolerance, occult parasitism and Helicobacter are all potentials in this patient. Diet change to a hydrolyzed diet may be appropriate.

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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.

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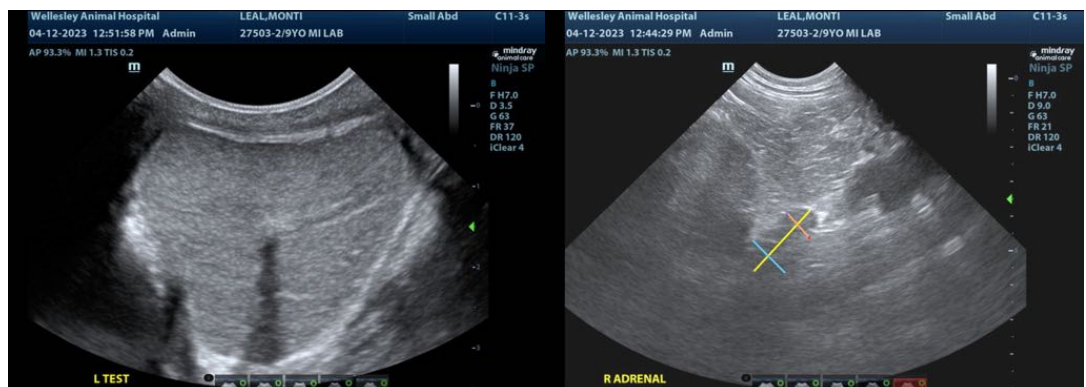
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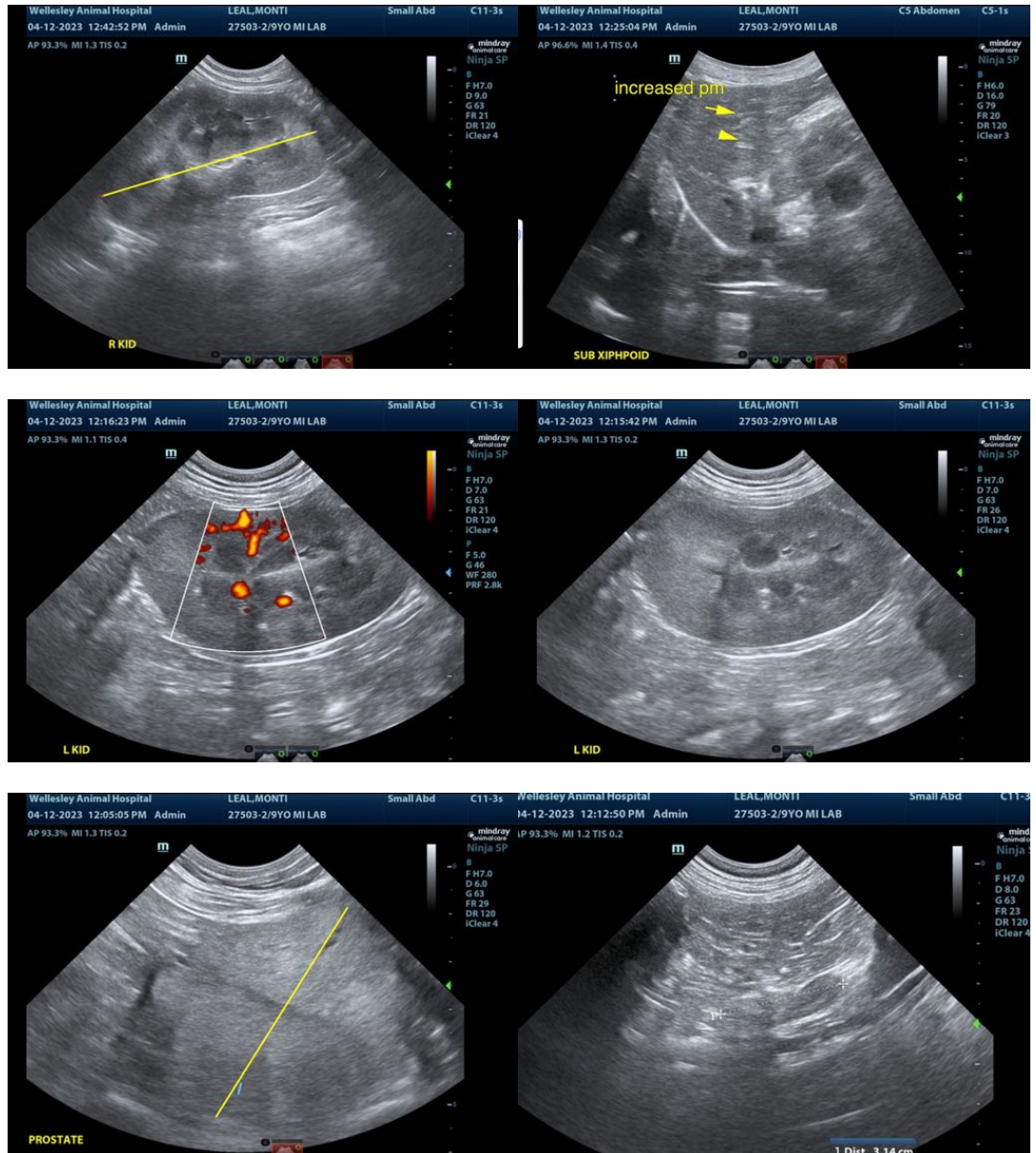
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
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