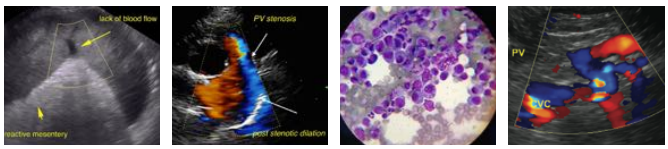
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Hondo Wimmersberger

SPECIES

Canine

BREED

Bulldog Mix

SEX

Intact male

AGE

5 ½ years

WEIGHT

92 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Meghan Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Glass

INVOICE

44002

DATE

4/25/23

PRESENTING CLINICAL SIGNS

History: Patient presented to ER on 4/15/23 for concerns of blood coming from his penis. Patient is an intact male. Rectal revealed enlarged prostate and dried blood was noted on the inside of his hind legs. Bloodwork revealed lactate 4.63 (0.6-3), Glucose 127 (63-124), stress leukogram. UA via cysto revealed SPG of 1.040, pH of 9, WBC 13/hpf, RBC >50/hpf, rods present. Enrofloxacin, Carprofen, and Trazodone Rx'd. Patient then presented to Hershire on 4/17/23 for establishing exam - discussed UTI vs prostatitis as cause from blood from penis. Plan to schedule neuter at anytime and recheck urine in 8 days. O then called in 4/19/23 with concerns that patient is unable to hold his urine and when he stands up he leaks urine and blood "pours" out of his penis. Upon PE, MM pink, CRT <2, moist. Patient does dribble urine while sitting but the urine is not grossly hematuric. Normal penile retraction, normal penile anatomy, normal position of urethra etc. Urine collected for C/S. C/S revealed no growth. xray: no stones, no mineralization seen of prostate or bladder Pet is scheduled to be neutered next week

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 preprostatic urethra was unremarkable. The prostate was mildly heterogenous and mildly enlarged measuring 3.0 cm. This is consistent with BPH. There is no evidence of abscessation. Minor edema lines were noted. This is suggestive for prostatitis.

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 6.0 cm.

Adrenal Glands

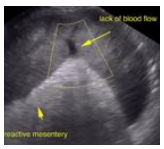
The regions of the **adrenal glands** were imaged with no evidence of pathology.

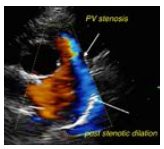
Spleen

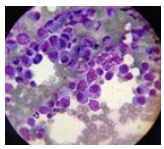
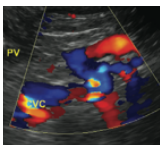
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** 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





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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.

Free Abdomen

The iliac trifurcation was unremarkable.

ULTRASONOGRAPHIC FINDINGS

Mild prostatitis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutering should be curative; however, the following alternative protocol can be considered. Treatment for UTI is warranted. However, I recommend Enrofloxacin or similar prostatic based antibiotic given that an embedded infection in the prostate is likely.

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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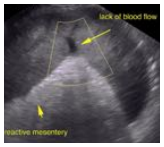

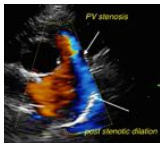

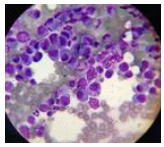
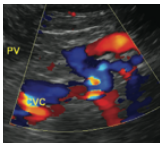

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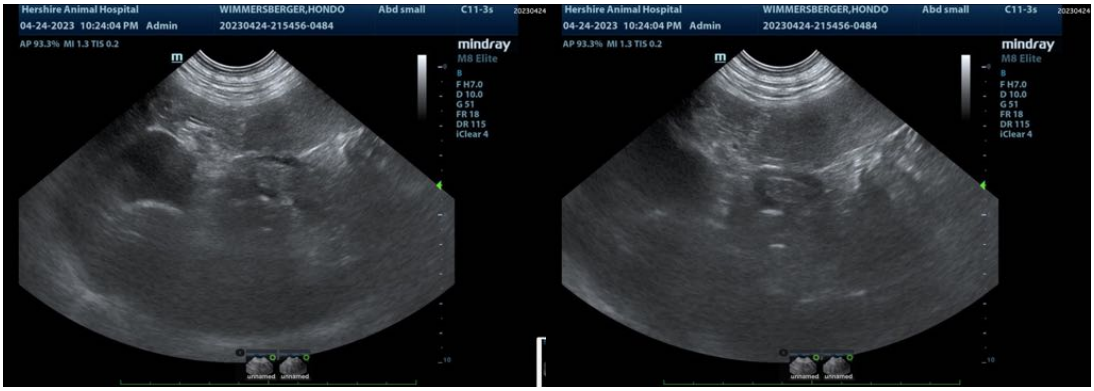

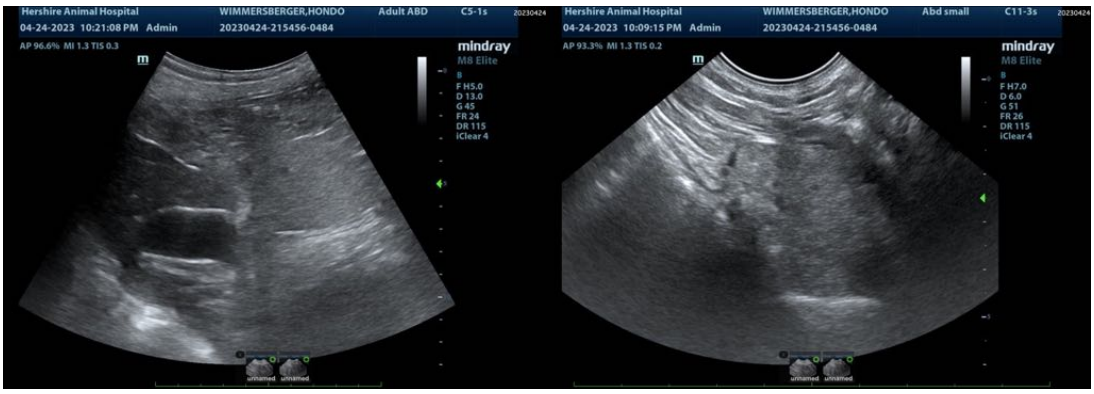

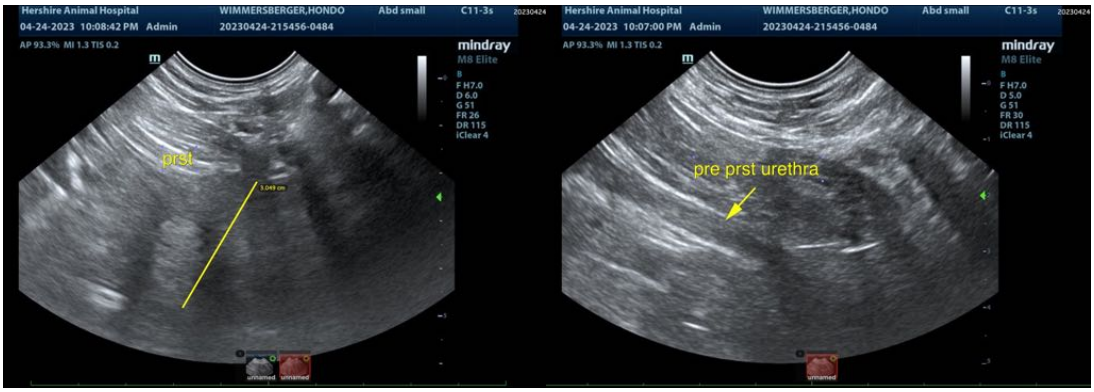

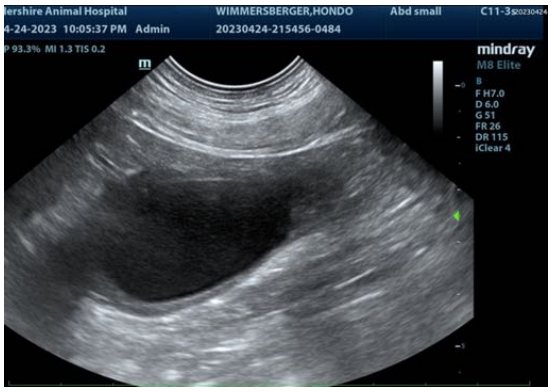

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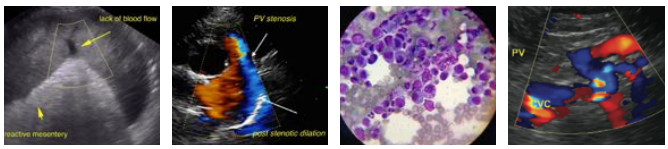

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com