

PATIENT PRESENTING CLINICAL SIGNS

Lincoln Silva Laying around, curled up, whining, getting worse over last week, restless at night, suspicious of a mass - noted by owners Xrays and physical exam - NAF Gabapentin 600mg - 1 tab every 12 hours for 10 days. Abnormal PE/Chem/CBC/UA Results: Xrays attached. Appeared mildly gassy with poss enlarged prostate.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Shep X

Urinary System

SEX

Intact Male

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

AGE

7 Years

The **prostate** was uniformly enlarged (4.5 cm) with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. Significant microcystic changes noted. 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.

WEIGHT

56 kg

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 8.17 cm. The left kidney measured 7.23 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

IMAGING PERFORMED BY

Crystal Hill

The **right adrenal gland** was 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 right adrenal gland measured 2.27 cm x 1.2 cm at the cranial pole and 0.87 cm at the caudal pole.

HOSPITAL NAME

Queensway AH

The **left adrenal gland** presented mild uniform enlargement and measured 3.05 cm x 1.14 cm at the caudal pole and 1.0 cm at the cranial pole.

REFERRING VET

Dr. Hill

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 were noted.

INVOICE

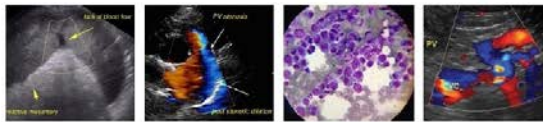
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Liver

DATE

5/27/22

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



PATIENT 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.

Lincoln Silva

SPECIES *Gastrointestinal*

Canine 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.

BREED

Shep X *Pancreas*

SEX 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.

Intact Male *Free Abdomen*

AGE The testicles were imaged and found to be uniform, no evidence of pathology.

7 Years

WEIGHT

56 kg

- BPH prostate
- Slightly enlarged adrenal glands
- Unremarkable abdomen otherwise

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY No evidence of masses. If discomfort is present upon prostatic palpation and/or UTI is an issue, neutering should be considered. Given the chronic changes in the urinary bladder, treatment for UTI warranted if inflammatory sediment suggests UTI. Blood pressure measurements recommended to assess for systemic hypertension as well as orthopedic examination to assess for pain that may be related to the clinical history.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Queensway AH

REFERRING VET

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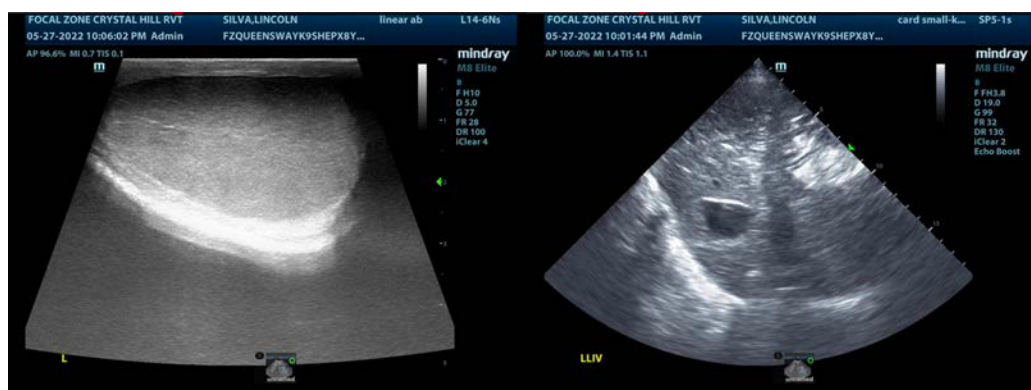
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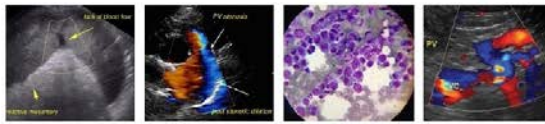
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Radiographs: Mild hepatomegaly.





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Lincoln Silva

SPECIES

Canine

BREED

Shep X

SEX

Intact Male

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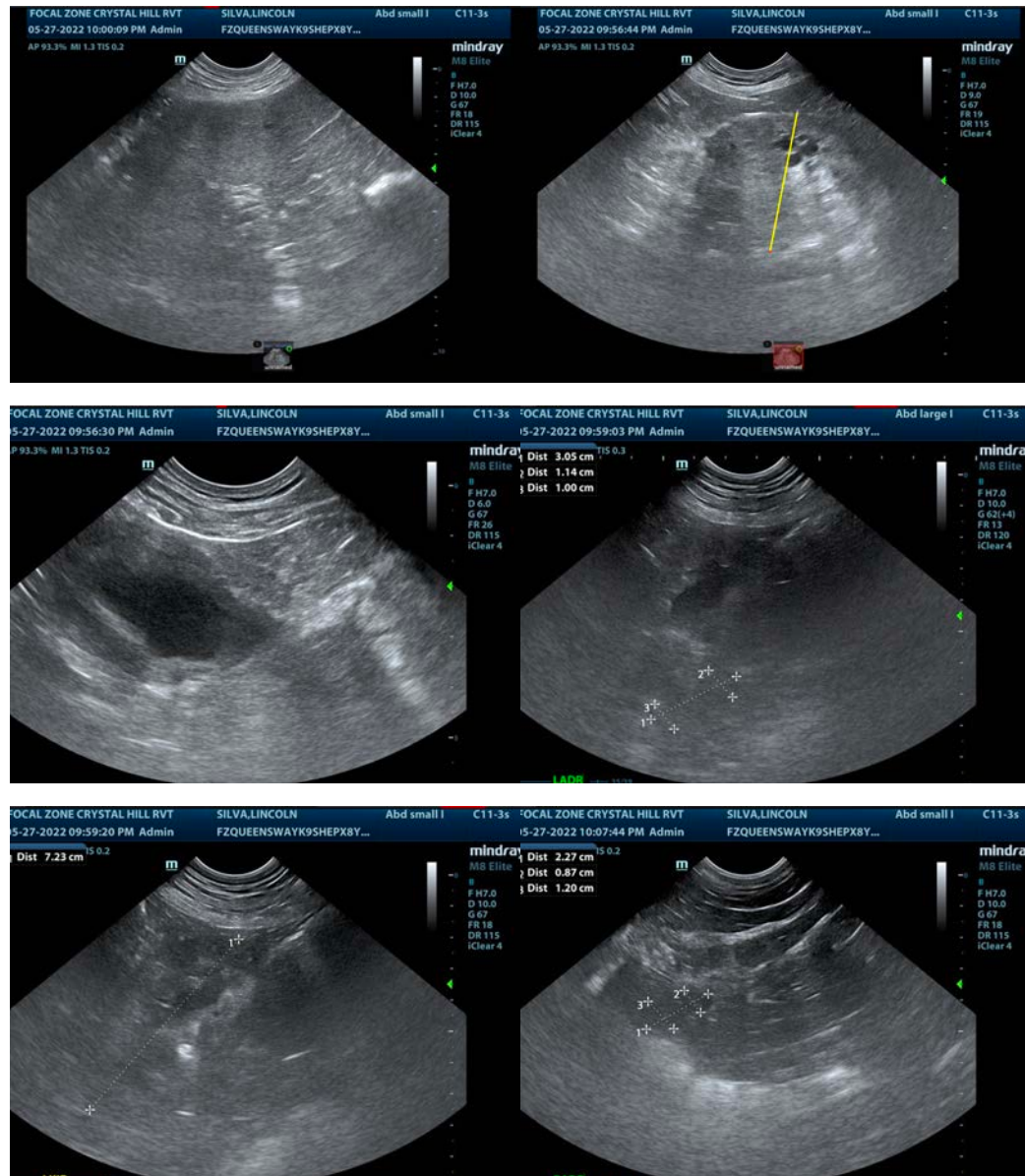
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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