



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
CD Pareek

**SPECIES**  
Canine

**BREED**  
Labrador Retriever

**SEX**  
Intact male

**AGE**  
9 years

**WEIGHT**  
72 lbs

**INTERPRETED BY**  
Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**  
Dr. Schroeder

**HOSPITAL NAME**  
Animal Health  
Associates

**REFERRING VET**  
Dr. Schroeder

**INVOICE**  
30096

**DATE**  
5/3/22

Patient was seen one month ago for hematuria that resolved with 2 week course of Cipro. Patient in past week has had progressive hind end weakness, bad breath, vomiting, and weight loss. Hematuria has returned. Patient now in acute renal failure. BW run today shows extreme azotemia/hyperphosphatemia, elevated WBC,  
Abnormal PE/Chem/CBC/UA Results: Severe weakness in hind limbs, marked weight loss and loss of muscle mass. Dark bloody urine dripping. Severe dehydration. On BW phosphorus > 16.2 mg/dl, BUN 111 mg/dl, creatinine pending (too high for machine to read), Electrolytes also pending; neutrophilia and monocytosis, severe hemoconcentration with elevated globulin and albumin. Rads show enlarged irregular prostate and ground glass appearance in caudal abdomen.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed a moderate amount of suspended debris. Delayed outflow may be an issue owing to the prostatic disease. Regional inflammation and edema lines were noted around the prostate.

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 5.17 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex. The right kidney measured 7.3 cm with slight pinpoint corticomedullary mineralization and pyelectasia measuring 1.0 x 0.5 cm. The left kidney measured 8.34 cm.

**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 right adrenal gland measured 0.44 cm at the caudal pole and 0.56 cm at the cranial pole. The left adrenal gland measured 0.91 cm at the cranial pole and 0.75 cm at the caudal pole.

**Spleen**

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



**PATIENT**

**Liver**

CD Pareek

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.

**SPECIES**

Canine

**BREED**

Labrador Retriever

**Gastrointestinal**

Gastric stasis was noted. Structurally the GI tract appeared unremarkable. The curvilinear patterns were respected. . The mesenteric lymph nodes measured 2.74 cm and were reactive.

**SEX**

Intact male

**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.

**AGE**

9 years

**WEIGHT**

72 lbs

**ULTRASONOGRAPHIC FINDINGS**

BPH prostatitis pattern with regional inflammation.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

Minor renal pyelectasia.

Slight mesenteric lymphadenopathy.

Otherwise, geriatric abdomen.

**IMAGING PERFORMED BY**

Dr. Schroeder

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Animal Health  
Associates

I recommend focusing on the prostate in this patient. FNA of the prostate would be ideal with culture and sensitivity as well as cytology. Neutering is strongly recommended. There is a mild potential for underlying prostatic neoplasia. The cause of weight loss is unclear. The kidneys had minor degenerative changes. Therefore, an acute insult such as Leptospirosis should be considered. Baseline cortisol is recommended to rule out concurrent Addison's. Urine culture and sensitivity as well as blood pressure measurements are indicated. 72-hour IV fluid protocol is warranted. If the renal failure can be stabilized then neutering would be indicated. There was no overt evidence of neoplasia unless the prostatic cytology reveals carcinoma, which is unlikely. Some nodular reactive fat was noted around the cystourethral junction adjacent to the prostate.

**REFERRING VET**

Dr. Schroeder

**INVOICE**

30096

**DATE**

5/3/22



**PATIENT**

CD Pareek

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Intact male

**AGE**

9 years

**WEIGHT**

72 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Schroeder

**HOSPITAL NAME**

Animal Health Associates

**REFERRING VET**

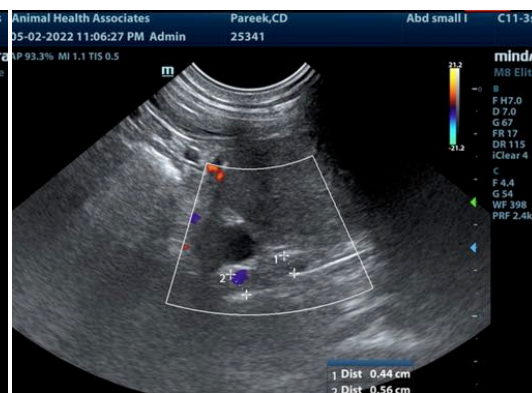
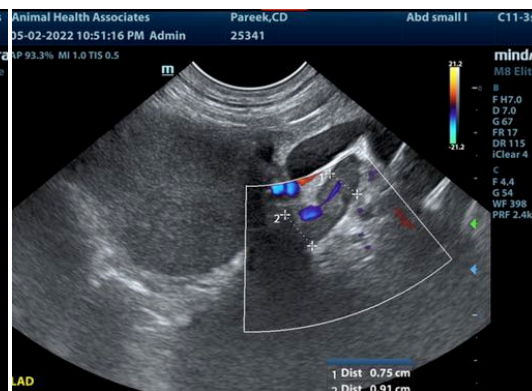
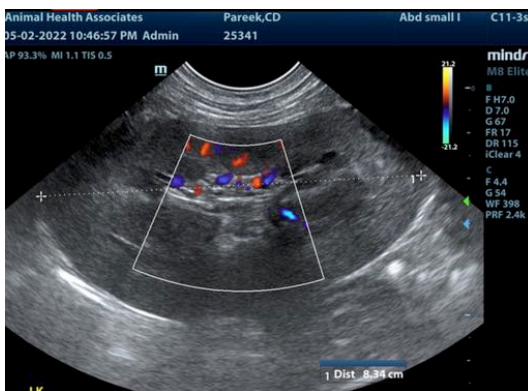
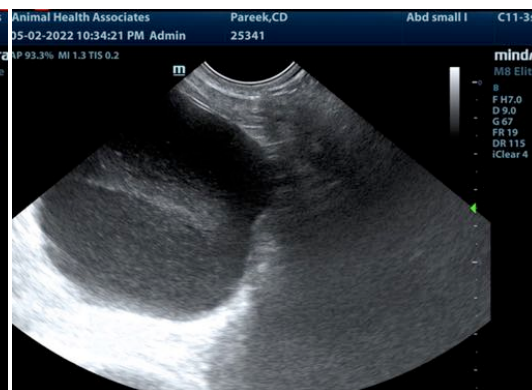
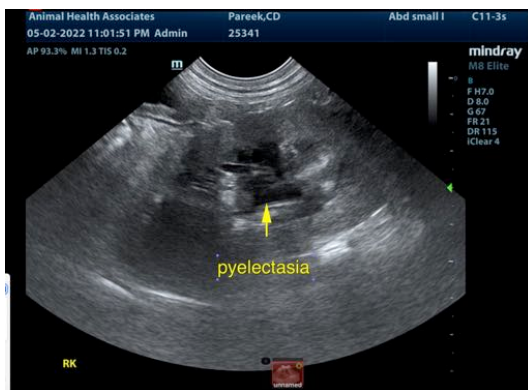
Dr. Schroeder

**INVOICE**

30096

**DATE**

5/3/22





**PATIENT**

CD Pareek

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Intact male

**AGE**

9 years

**WEIGHT**

72 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Schroeder

**HOSPITAL NAME**

Animal Health  
Associates

**REFERRING VET**

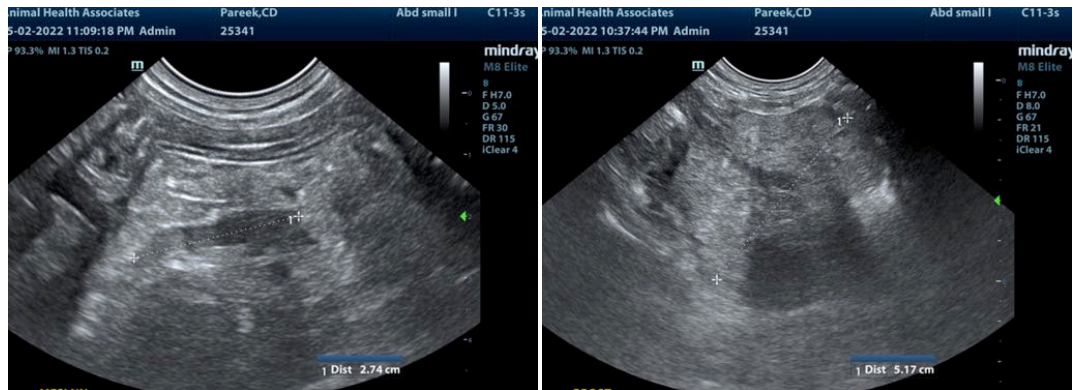
Dr. Schroeder

**INVOICE**

30096

**DATE**

5/3/22



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