

PATIENT

Frances Lobue

SPECIES

Canine

BREED

Border Collie

SEX

Intact Male

AGE

6 Years

WEIGHT

45 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUS

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Powers

INVOICE NUMBER

15062

DATE

5/6/22

PRESENTING CLINICAL SIGNS

History: Dripping bloody urine since 5/4/22. Urinating normal amounts and frequency with no straining observed. Prostate palpates symmetrical and non-painful. Diarrhea also started 5/4/22. Eating/drinking well. No vomiting. Energy level normal. Current Medications Augmentin, Provable Primary Question/Differential to Be Answered in This Exam Evaluation of the urinary tract and prostate to check for contributing factors for UTI
 Abnormal PE/Chem/CBC/UA Results: UA: RBCs TNTC, WBCs 2+, cocci 2+, epithelial cells 1+. Protein ++, USG >1.050

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 were 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. This is a moderate change. The prostate measured 3.44 cm. Deviation of the descending colon noted. Edema lines were noted in the prostate consistent with prostatitis.

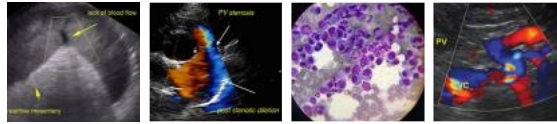
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Slight pinpoint mineralizations noted in the kidneys. The left kidney measured 6.24 cm. The right kidney measured 6.31 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 1.62 cm x 0.56 cm at the caudal pole and 0.56 cm at the cranial pole. The left adrenal gland measured 1.79 cm x 0.32 cm at the caudal pole and 0.48 cm at the cranial pole.

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



PATIENT without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

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Liver

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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- Prostatitis/BPH pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

Neutering should prove effective as well as treatment for underlying UTI. Prostatic wash, neutering and enrofloxin over a 3-4 weeks period would be appropriate. Otherwise, if neutering is absolutely not an option, alternative protocol, such as the following could be considered.

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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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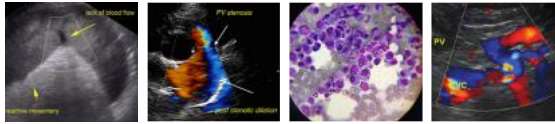
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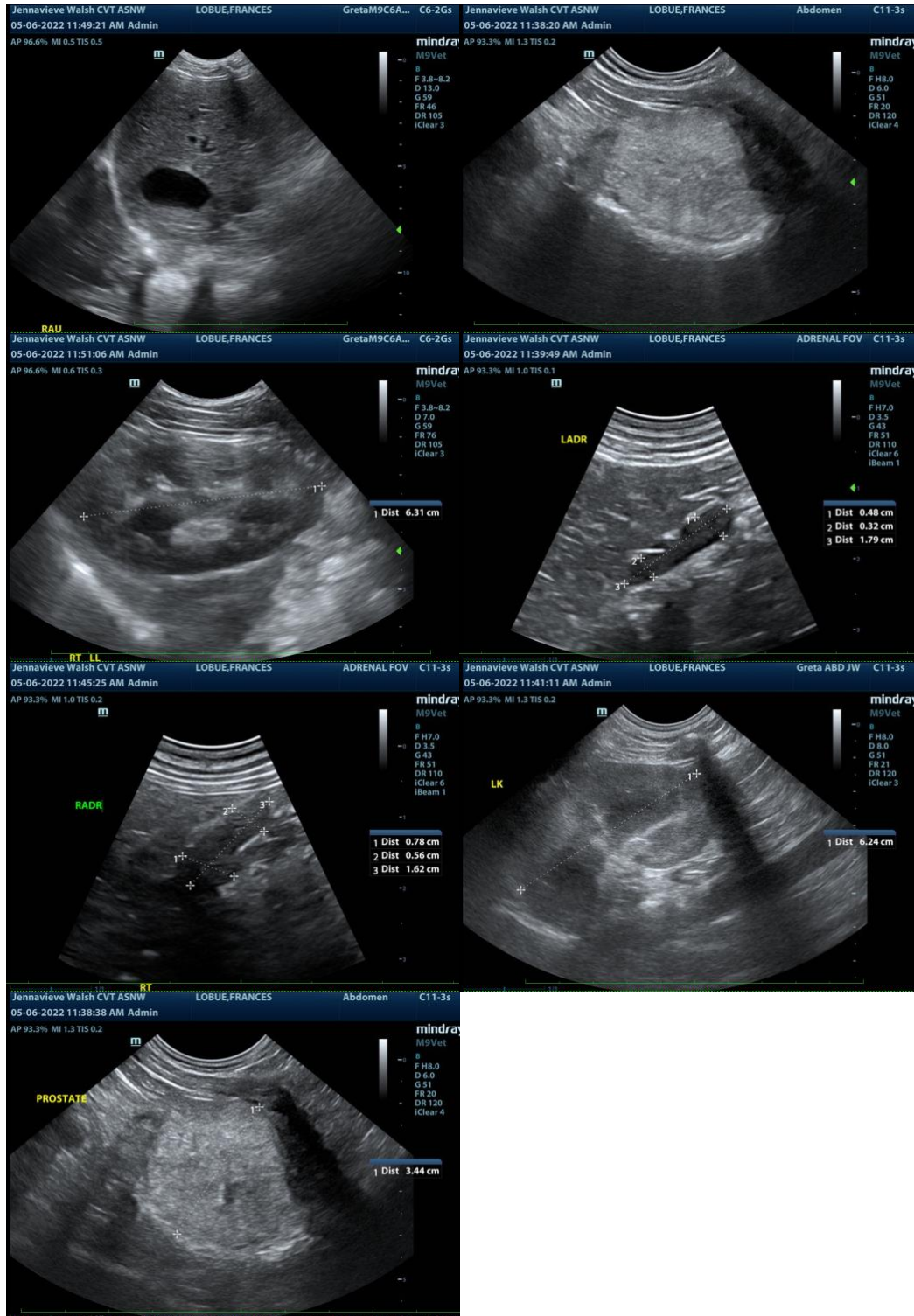
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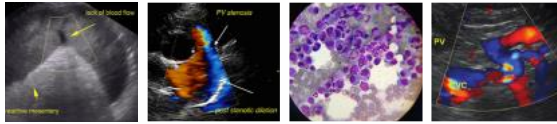
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology



PATIENT that was not visible in the image/video clips provided.

Frances Lobue 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.

SPECIES

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Eric.Lindquist@SonoPath.com

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