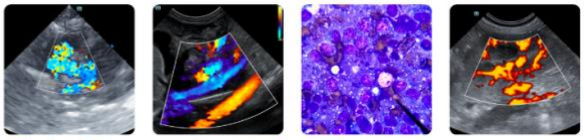


PATIENT

Luc Conroy

SPECIES

Canine

BREED

Berger Picard

SEX

Intact Male

AGE

11 Years

WEIGHT

31.1 kg

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

IMAGING PERFORMED BY

Renee Trionfetti VMD

HOSPITAL NAME

Country Companion Animal Hospital

REFERRING VET

Amanda Wanner DVM

INVOICE

15906

DATE

05/07/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate weight loss, proteinuria with UPC of 2.3 and negative IH culture. UA +3 protein. Normal renal values. Still E/D ok, normal u/bm. BCS 3/9, MCS 2/3. Meds: Bravecto

Rads - no evidence of mets, bulla seen in caudal right lung field BW - wnl, Accupelx neg x 4. UA 3+ proteinuria UPC: 2.3 H IH UC: negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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. Bladder wall thickness measured 0.53 cm.

The iliac **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The lymph nodes measured up to 3.65 cm x 0.96 cm.

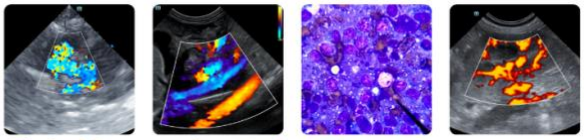
The **prostate** was uniformly enlarged with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign 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. Edema lines were present and consistent with prostatitis. The prostate measured 6.35 cm. The testicles have been shown to be uniform with minor remodeling of the right testicle.

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 7.1 cm in length. The right kidney measured 7.1 cm in length.

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 left adrenal gland measured 2.98 cm x 0.57 cm width at the cranial pole and 0.72 cm width at the caudal pole. The right adrenal gland measured 2.87 cm x 1.09 cm width at the cranial pole and 0.66 cm width at the caudal pole.

Spleen



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The **spleen** revealed a 2.4 cm x 2.04 cm nodule with generalized splenic enlargement and heterogenous parenchymal changes. Differentials for the splenic nodule include hyperplasia, round cell neoplasia, emerging hemangiosarcoma.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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. Some minor parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

Rapid view of the **heart** revealed no evident pathology in the right article of pericardium. Normal volumes and contractility were evident with no evidence of pericardial or pleural effusion.

ULTRASONOGRAPHIC FINDINGS

- BPH prostatitis pattern.
- Chronic cystitis bladder pattern.
- Splenic nodule.
- Reactive iliac lymphadenopathy.
- Age-related abdominal changes otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutering should be considered in this patient unless their breeding is essential. The following protocol may prove effective regarding the prosthetic presentation. 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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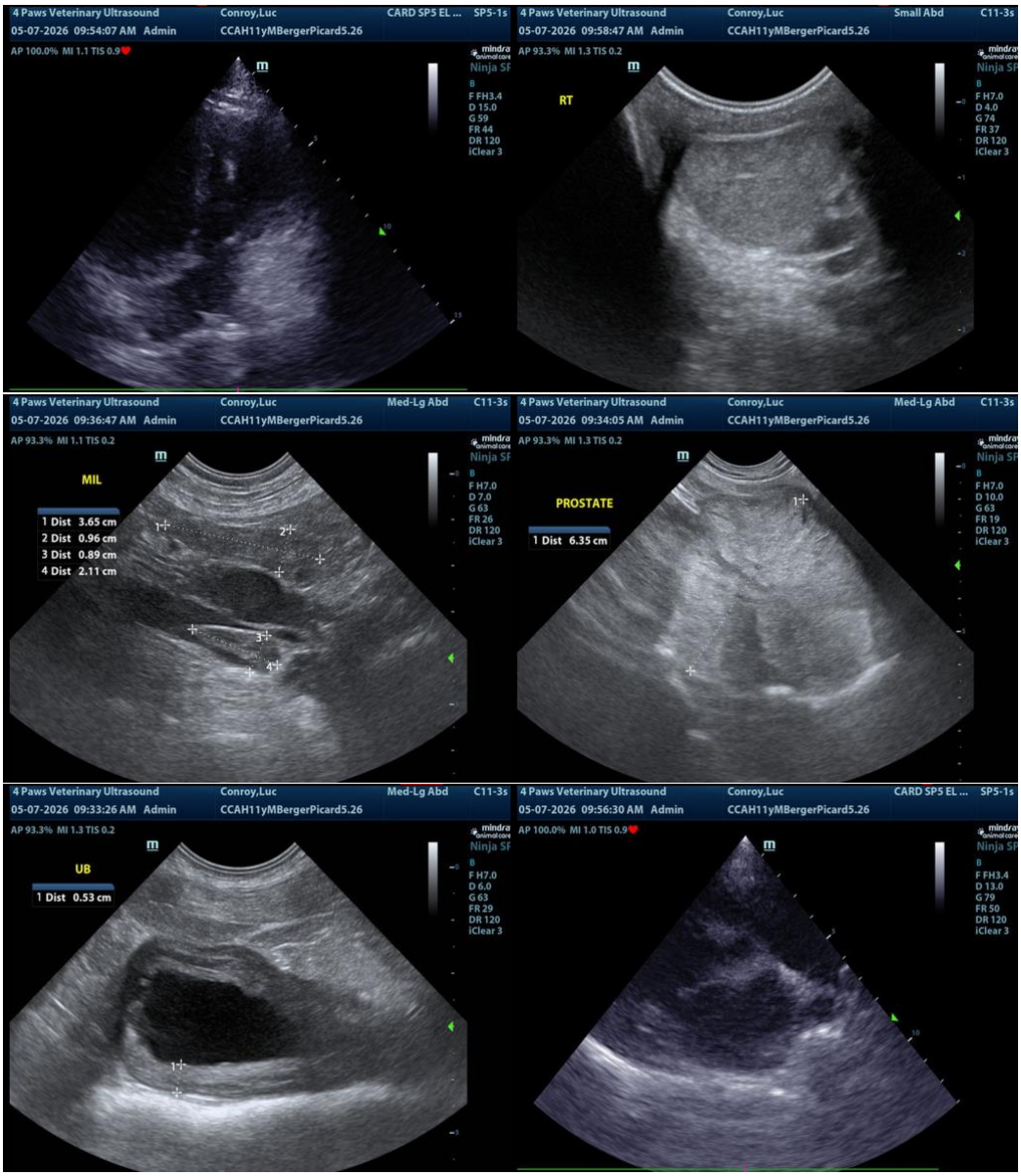
FNA of the splenic nodule is recommended strongly recommended.



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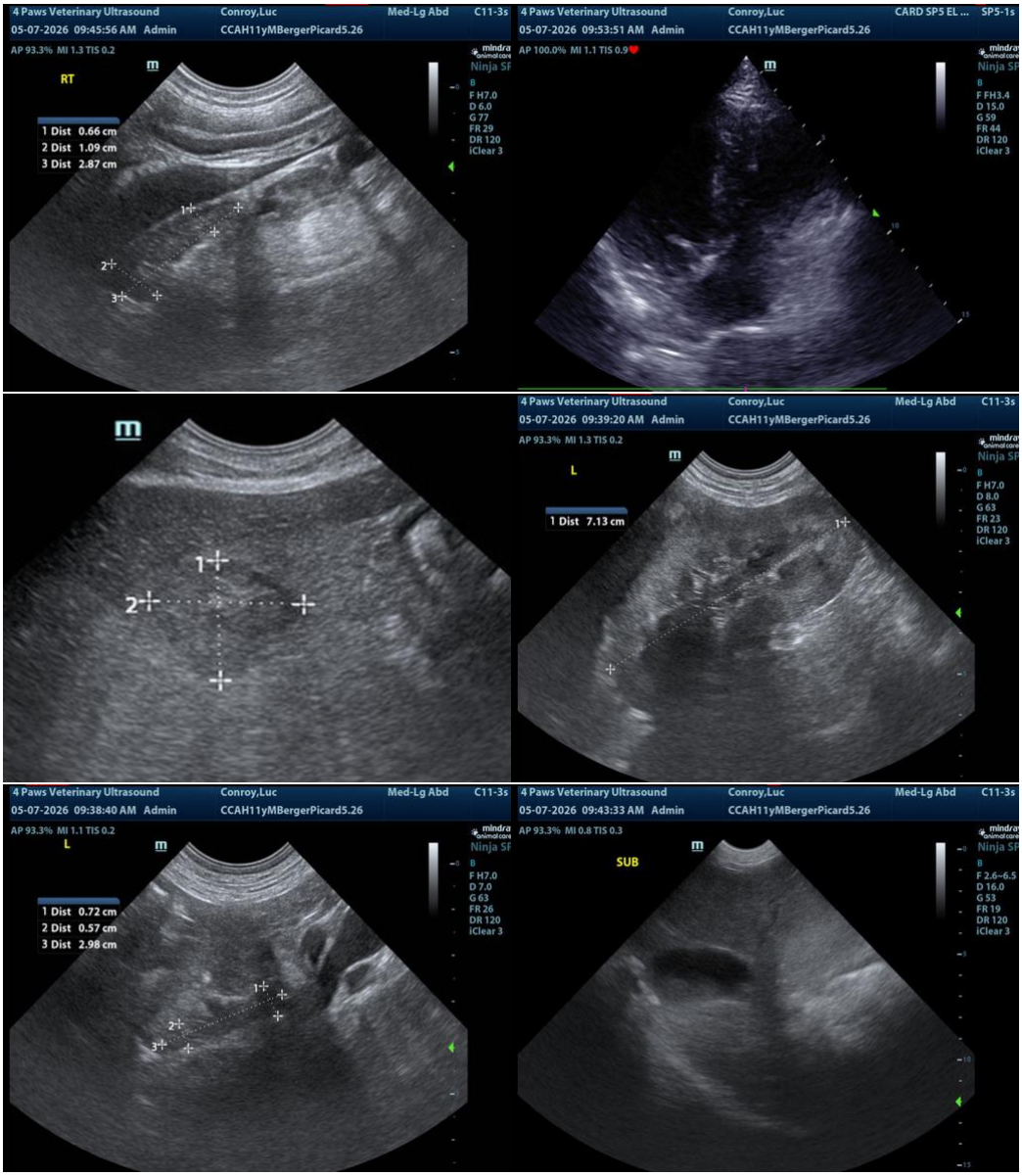

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com

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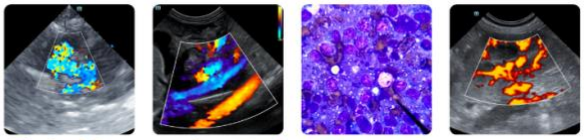
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
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