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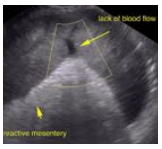
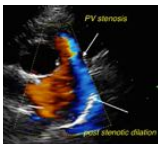
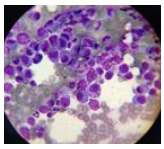
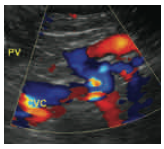





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Bentley Myer

SPECIES
Canine

BREED
Longhair Dachshund

SEX
Male

AGE
6 years

WEIGHT
11 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Reser

HOSPITAL NAME
Harvest Hills VH

REFERRING VET
Dr. Reser

INVOICE
31155

DATE
6/21/22

PRESENTING CLINICAL SIGNS

History: Anemia noted on preanesthetic labwork for neuter on 6/20/22. Scheduled neuter for likely PBH, previous treated for possible prostatitis 4/25 w/ cephalexin and finasteride, improved per O. O reports no change in appetite, drinking, urinating, defecating; Other hx - on phenobarbital and keppra for seizures
Abnormal PE/Chem/CBC/UA Results: PE: pale MM, no jaundice UA nsf 6/20; HCT 22 - 6/20, 6/21 - reported possible non-regenerative (no reticulocytosis); plt 209 (previous HCT 35 - 11/18/20); chemistry normal CBC w/ path review still pending

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 **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 3.0 cm.

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 kidneys measured 4.0 cm.

Adrenal Glands

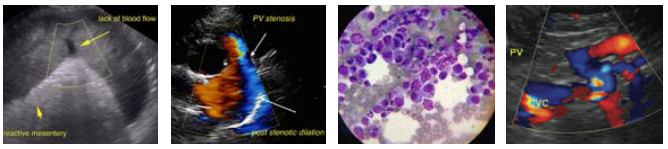
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.5 cm.

Spleen

The **spleen** revealed focal, hypoechoic nodule noted at the caudal pole measuring 1.0 cm.

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 primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic



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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.

ULTRASONOGRAPHIC FINDINGS

Focal splenic nodule.

BPH prostate.

Otherwise, unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of hemorrhage. The nodule is likely a manifestation of a multi-focal process possibly involving the bone marrow. CBC path review and 25-gauge FNA of the splenic nodule as well as bone marrow biopsy or aspirate is indicated. Chest radiographs and echocardiogram are warranted to assess for concurrent lesions. Bone marrow suppression occult neoplasia is possible, regenerative splenic nodule, round cell neoplasia and hemangiosarcoma are all possible.

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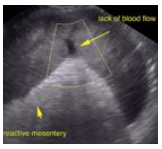
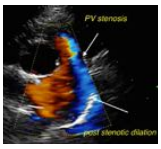
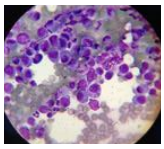
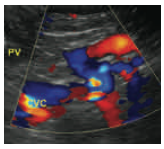

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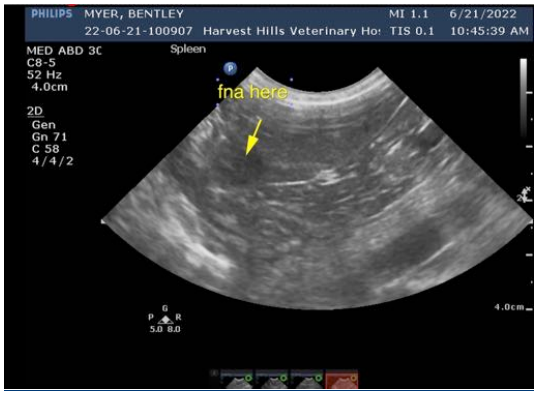

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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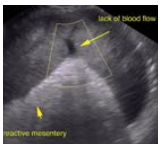

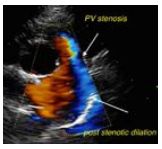

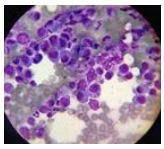
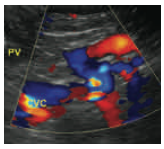

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