

PATIENT

Charlie Munster

SPECIES

Canine

BREED

English Bulldog

SEX

Intact male

AGE

1 year

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Lara Wiseman

HOSPITAL NAME

Heron Lakes AH

INVOICE

Heron Lakes AH

DATE

6/30/23

PRESENTING CLINICAL SIGNS

History: - Patient has been lethargic and vomiting straining to defecate. Also experiencing hematuria
- Did not eat this morning

Abnormal PE/Chem/CBC/UA Results: Pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was mildly thickened with echogenic debris.

The testicles were imaged and found to be uniform.

The prostate was mildly swollen with a 2.0 x 1.0 cm echogenic cyst with flocculent material that is suggestive for abscessation. The prostate measured 3.25 cm. Regional inflammation was noted around the prostate. Heterogenous microcystic changes were also noted.

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 7.23 cm. The left kidney measured 6.62 cm.

Adrenal Glands

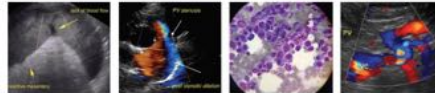
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.56 cm at the caudal pole and 0.9 cm at the cranial pole. The left adrenal gland measured 0.6 cm at the caudal pole and 0.7 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 without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

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 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. The mesenteric lymph node was reactive and measured 1.98 x 1.6 cm.

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.

Free Abdomen

The iliac lymph nodes were reactive and measured 1.5 cm.
 Free fluid was noted around the caudal abdomen and spleen.

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ULTRASONOGRAPHIC FINDINGS

Prostatic abscess with possible rupture and underlying free fluid. Pelvic inflammation/peritonitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided drainage of the prostatic abscess is recommended with Enrofloxacin injection at 5 mg/kg into the cystic structure is recommended. Ultrasound-guided abdominocentesis and assessment of the free fluid matching with the drained fluid in the prostate is indicated as leakage of the abscess may be the underlying issue. Medical monitoring post treatment may prove adequate for this patient. However, eventual exploratory surgery may be necessary depending on progression. Recheck sonogram is recommended every 24 hours until the fluid is reabsorbed. Aggressive antibiotic therapy such as Enrofloxacin and Clindamycin combination is recommended.

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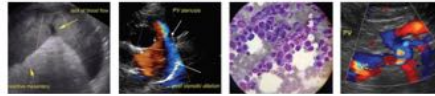
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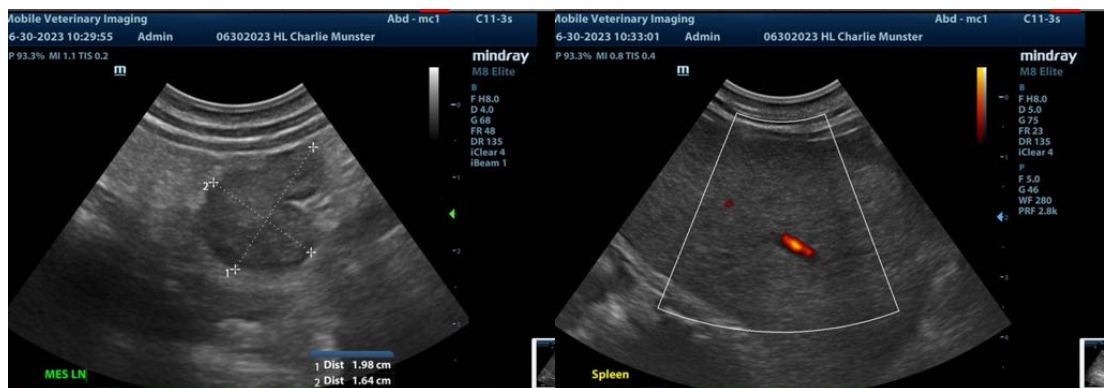
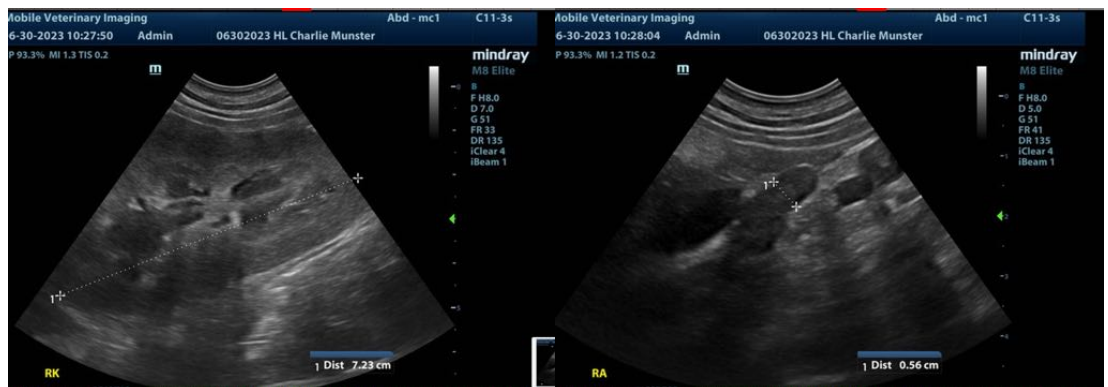
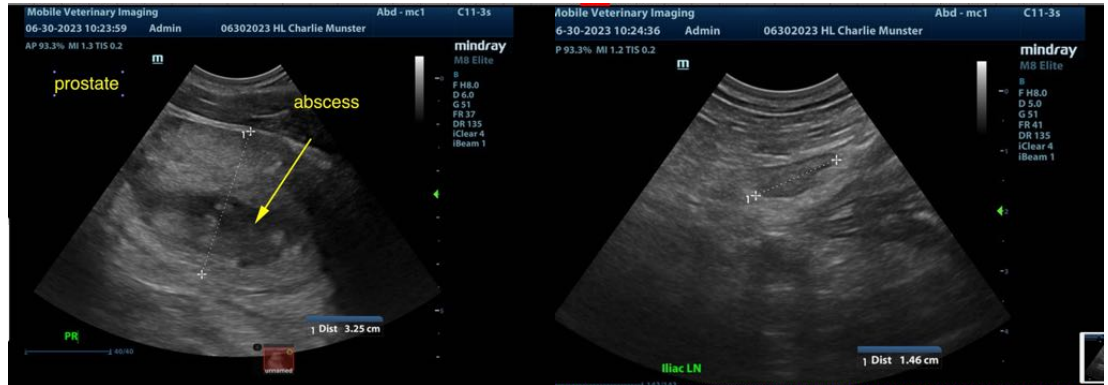
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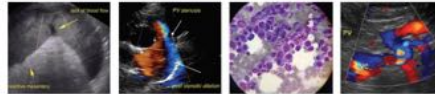
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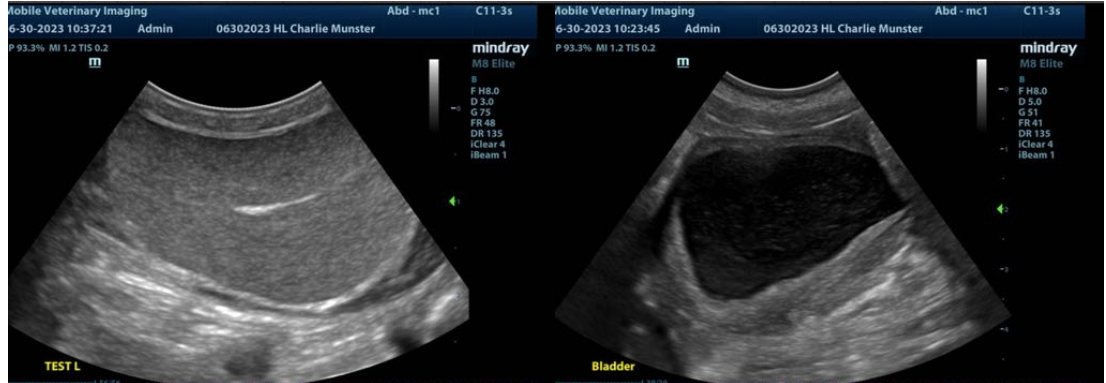
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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