



**PATIENT**

Branch McMillen

**SPECIES**

Canine

**BREED**

Golden Doodle

**SEX**

Male

**AGE**

4/16/17

**WEIGHT**

49 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Beachy

**HOSPITAL NAME**

Linn VH

**REFERRING VET**

Dr. Beachy

**INVOICE**

76121

**DATE**

7/12/23

**PRESENTING CLINICAL SIGNS**

History: Patient presented 7/3/23 for dripping blood once after urination, otherwise normal. Abnormal PE/Chem/CBC/UA Results: Enlarged prostate noted on physical exam 7/3/2023. UA showed possible UTI, treatment was started with Baytril. Patient presented 7/12/23 for not eating and soft stool in addition to more blood after urination, CBC/Chem was ran and came back within normal limits. Targeted urinary ultrasound was performed.

**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 revealed a 1.5 cm cyst. The cyst may be abscessation. The prostate measured 4.7 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 left kidney measured 6.4 cm. The right kidney measured 6.5 cm.

**ULTRASONOGRAPHIC FINDINGS**

BPH prostatic pattern with cyst or abscessation.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound-guided drainage, culture +/- Enrofloxacin injection into the cyst is indicated. Neutering is recommended at the time of sampling. If neutering is absolutely not an option the following protocol may be effective; however, drainage +/- culture and injection would be recommended regardless.

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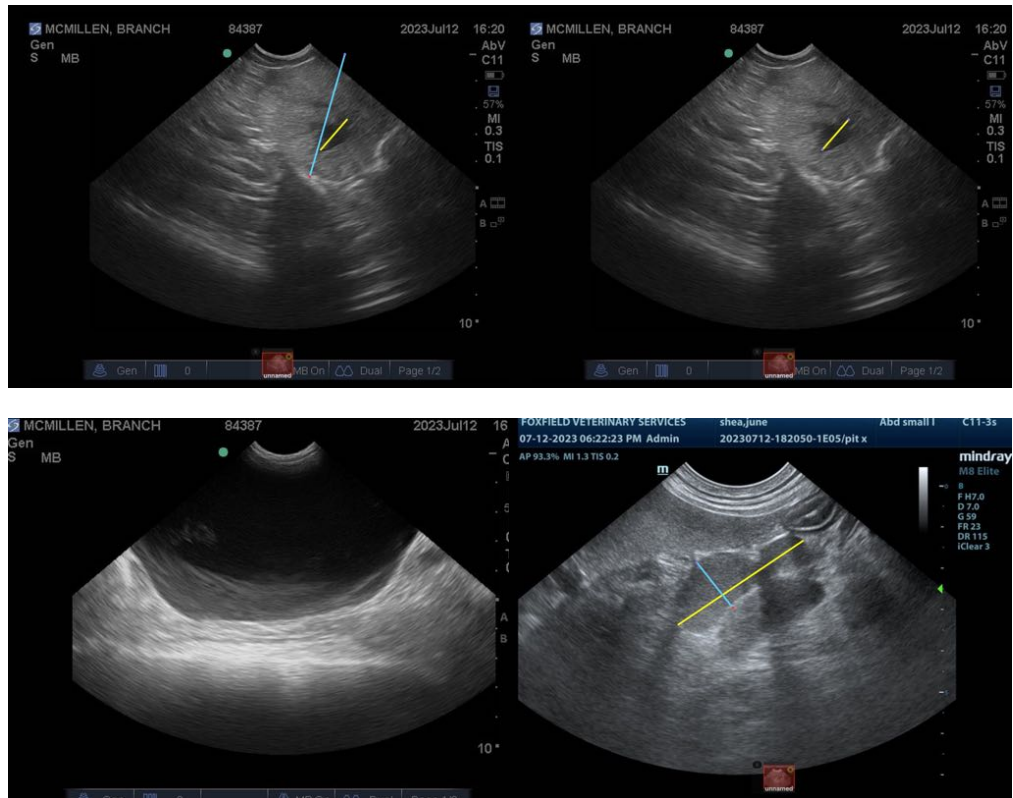
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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