



PATIENT PRESENTING CLINICAL SIGNS

Bruin Elder Lethargic with a decreased appetite and water intake over the past 3 days. O concerned that patient had not produced any urine but was able to get him to go outside and urinate prior to coming in for visit this evening. Within the last 24 hours patient has also started to have diarrhea. O stated that patient is not really wanting to move around a lot unless she gets him up. P was neutered only 2 years ago (@ 12 years of age)

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered male

AGE

13 years

WEIGHT

6.64 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Amanda Crook - SDEP
Certified Clinical
Sonographer

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr. Gray

INVOICE

31668

DATE

7/14/22

Abnormal PE/Chem/CBC/UA Results: See attached labwork - UA shows SEVERE increase WBC 80k
CHEM = Gluc 69, BUN 31, Phos 14.9, Sod 143, Chlor 99, ALP 408, Tbili 2.4
CBC = 5.48. HCT 27.9, Hemo 10.7, MCV 50.9, MCH 19.5, MCHC 38.4, WBC 80.92, Neu 61.13 w/bands suspected, Lymph 12.74, Mono 6.91, MPV 13.4

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. The bladder revealed suspended debris and small, non-obstructive calculi. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The prostatic urethra was dilated in this patient and measured 0.67 cm. The prostate revealed a hypochoic nodule or abscess that measured 1.5 cm and was deriving from the cranial aspect of the right lobe. A second cyst was 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. The capsules were acceptably uniform without significant irregularities. Pyelectasia was noted in both kidneys with non-obstructive pelvic calculi. The left kidney measured 4.0 cm. The right kidney measured 3.93 cm.

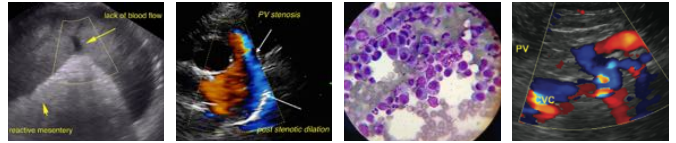
ULTRASONOGRAPHIC FINDINGS

Prostatic abscess or possible mass.

Pyelonephritis renal pattern with calculi.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Drainage of the cystic portions with FNA and cytology with culture is indicated. Catheterization is indicated. Prostatic abscessation and possible underlying carcinoma, Concurrent lower urinary tract urolithiasis. Catheter passage and IV fluid support is warranted until drainage and cytology can occur. If purulent debris is obtained from the prostate then injection of Enrofloxacin at 5 mg/kg directly into the abscess can be considered. Full abdominal sonogram is warranted if the bilirubin elevation is persistent. However, underlying hemolysis may be an issue given the minor anemia. Urine culture and sensitivity as well as prostatic fluid culture and sensitivity is indicated. Enrofloxacin is recommended antibiotic IV along with plasma expanders and general support.



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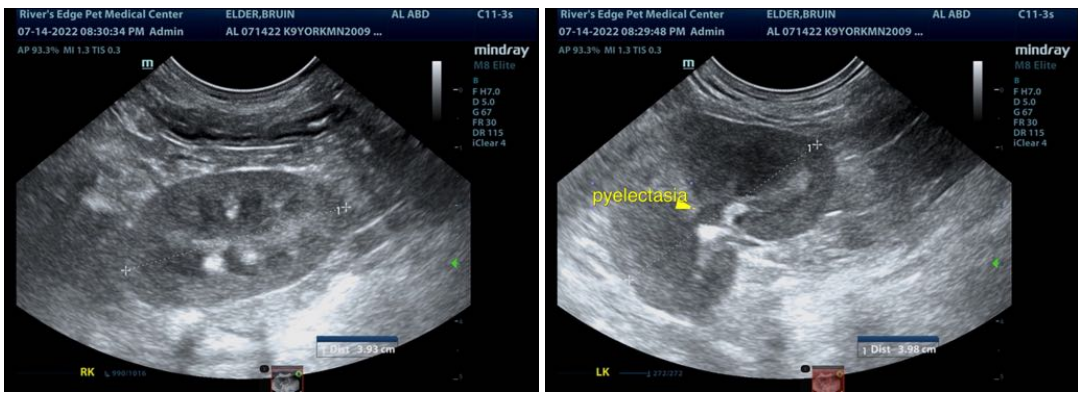
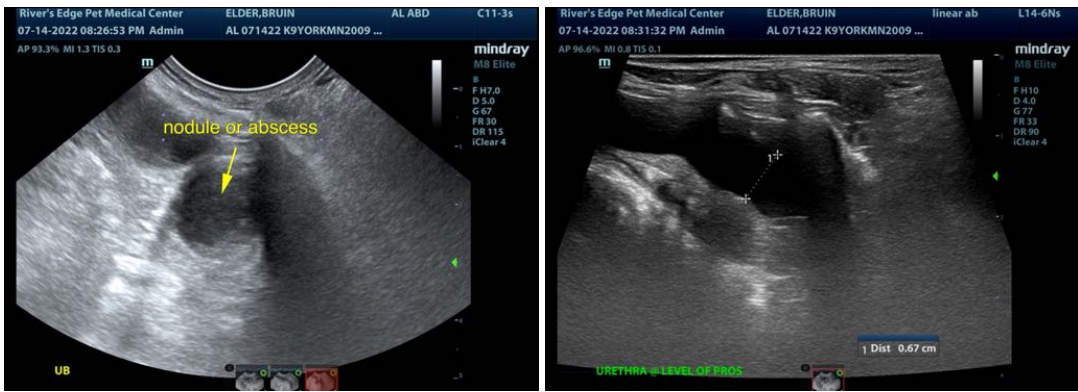
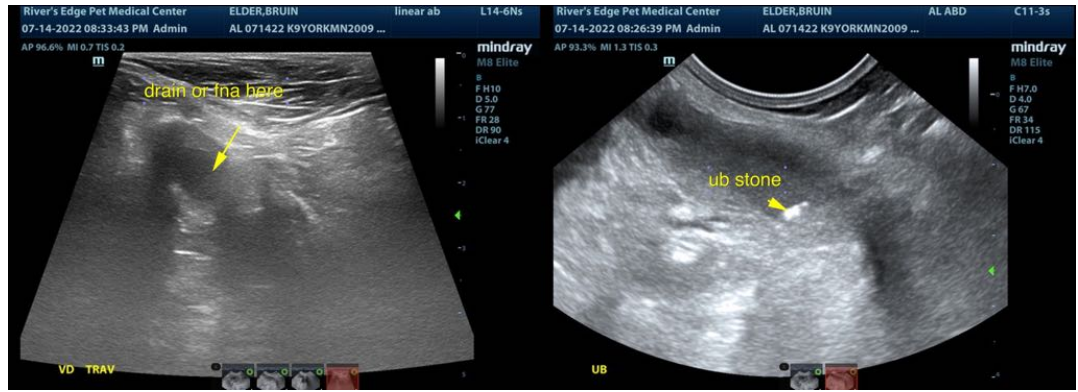
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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