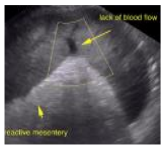
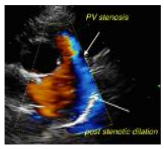
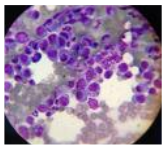
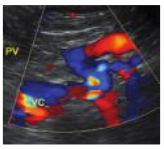
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Oakley Petro

SPECIES

Canine

BREED

German Shorthaired Pointer

SEX

Male

AGE

7 Years

WEIGHT

71.4

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Michelle Bartus

HOSPITAL NAME

Valley Veterinary Services, Inc.

REFERRING VET

Michelle Bartus

INVOICE

23524

DATE

7/20/23

PRESENTING CLINICAL SIGNS

History: PU/PD ever since TPLO surgery was done Dec. 2022. Owner became more concerned when littermate was diagnosed with Addison's Dz. Normal PE, very active dog.

Abnormal PE/Chem/CBC/UA Results: Normal Chemistries, including electrolytes. High WBC 30,920 characterized by a monocytosis and neutrophilia. U/A sp. gr. 1.020 pH 6.5 Leuk 25 Bld 25. Neg for bacteria (Free catch). Last 4 Dx was neg in May 2023, on preventative. Chest radiographs reveal normal heart size, slight increase in interstitial markings similar to "old dog lungs"; client smokes outside, never inside.

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 were 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. This is a mild change. The prostate measured 4.3 cm in width.

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 7.01 cm. The left kidney measured 7.67 cm.

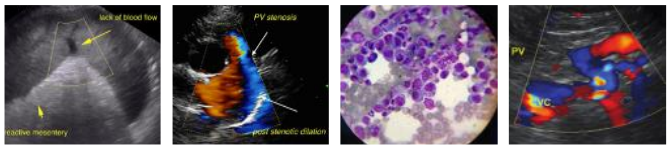
Adrenal Glands

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 0.67 cm at the cranial pole and 0.63 cm at the caudal pole. The left adrenal gland measured 0.6 cm at the cranial pole and 0.63 cm at the caudal 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 were noted.

Liver



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

PATIENT

Oakley Petro

SPECIES

Canine

BREED

German Shorthaired Pointer

SEX

Male

AGE

7 Years

WEIGHT

71.4

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Michelle Bartus

HOSPITAL NAME

Valley Veterinary Services, Inc.

REFERRING VET

Michelle Bartus

INVOICE

23524

DATE

7/20/23

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.

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.

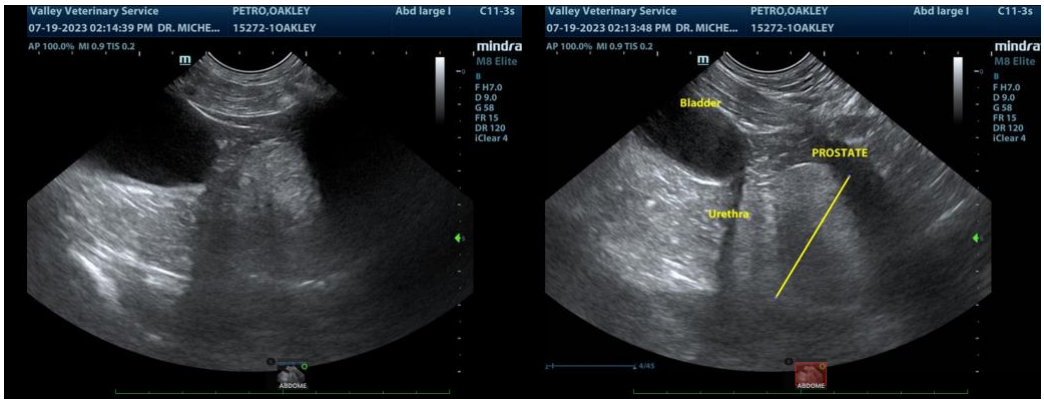
ULTRASONOGRAPHIC FINDINGS

- Structurally normal abdomen with BPH prostate

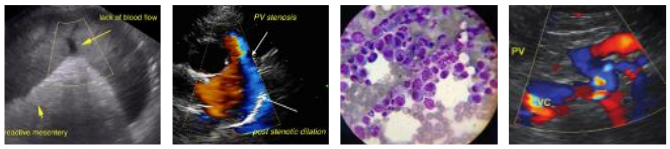
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutering should prove curative. However, if neutering is absolutely not an option, the following protocol could be considered. FNA of the prostate with cytology and culture could be considered to assess for inflammation yet no other evidence of cause of PU/PD noted. Partial water deprivation test is warranted to assess for the ability to concentrate. Washout may be an issue hiding bacteria and inflammatory sediment. Given the blood and leukocytes, despite isosthenuria, infection should be assumed, despite bacteria. Manual palpation of the prostate is indicated.

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.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Oakley Petro

SPECIES

Canine

BREED

German Shorthaired Pointer

SEX

Male

AGE

7 Years

WEIGHT

71.4

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Michelle Bartus

HOSPITAL NAME

Valley Veterinary Services, Inc.

REFERRING VET

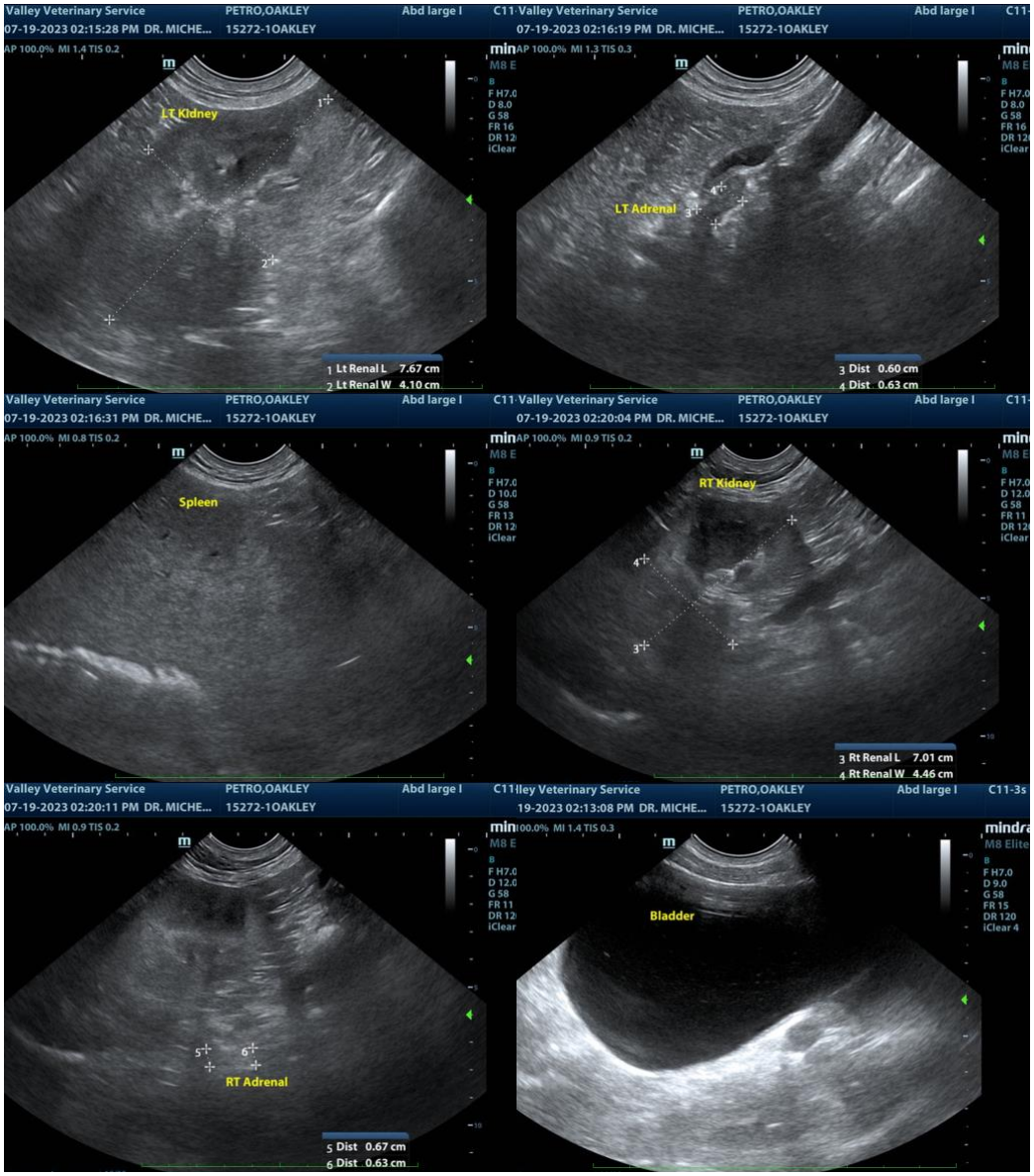
Michelle Bartus

INVOICE

23524

DATE

7/20/23



The information and recommendations provided are based on the images presented by the referring veterinarian. 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
info@SonoPath.com