

**DATE**

7/25/22

**PRESENTING CLINICAL SIGNS**

History: Ate macaroni and cheese earlier in week, on/off vomiting did a little better 2 days ago, then resumed vomiting, having diarrhea

**PATIENT**

Ice Grady

Current Medications: Potassium Chloride, Buprenorphine, Metronidazole Cerenia, Protonix.

Lab Results: See attached.

**SPECIES**

Canine

Radiographs: mildly rounded liver, bladder stone, renoliths small gas in SI, but overall not obvious mass/obstruction prostate is markedly enlarged--unclear if an issue or incidental, colon is narrowed

Date of Previous IntraPet Ultrasound: No previous.

**BREED**

Shih Tzu Mix

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**SEX**

Intact Male

Imaging Performed By: Andi Parkinson, BS, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****AGE**

7/28/06

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A bladder calculus was noted, measuring 6.0 mm, nonobstructive at the time of the sonogram. Ureteral papillae were normal.

**WEIGHT**

15.4 Pounds

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 moderate and 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 4.0 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The **kidneys** revealed moderate degenerative changes, corticomedullary calculi, cortical cysts, infarcts and pyelectasia. The right kidney measured 4.22 cm. The left kidney measured 4.02 cm. The right kidney measured 4.22 cm.

**HOSPITAL NAME**

Animal Emergency  
Hospital

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some mild heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 1.66 cm x 0.81 cm at the cranial pole and 0.56 cm at the caudal pole. The left adrenal gland measured 1.74 cm x 0.59 cm at the cranial pole and 0.67 cm at the caudal pole.

**REFERRING VET**

Dr. King

**INVOICE**

16541

**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***

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. Multifocal hyperechoic nodular changes were noted. The hepatic nodule measured 1.75 cm, nondisruptive.

### ***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.

### ***Other***

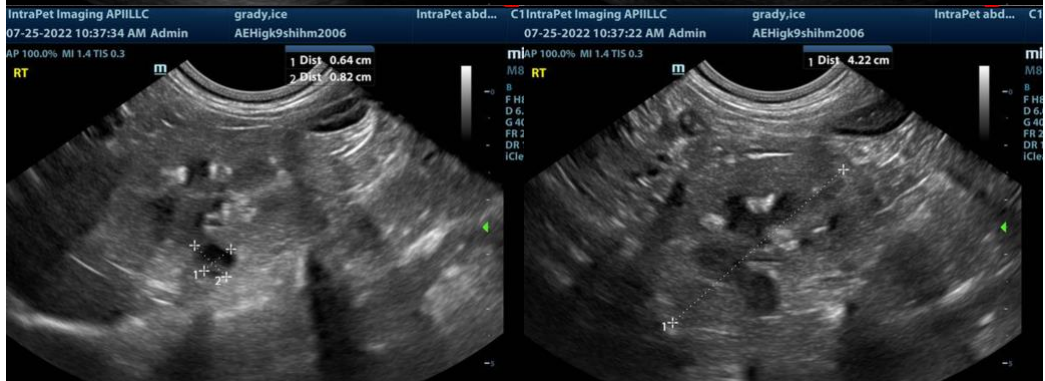
The **testicles** were imaged. A moderate amount of remodeling and coalescing nodular changes were noted in the left, creating a mass (2.6 cm x 2.75 cm) in one testicle. The right testicle was the smaller one with a mild amount of remodeling.

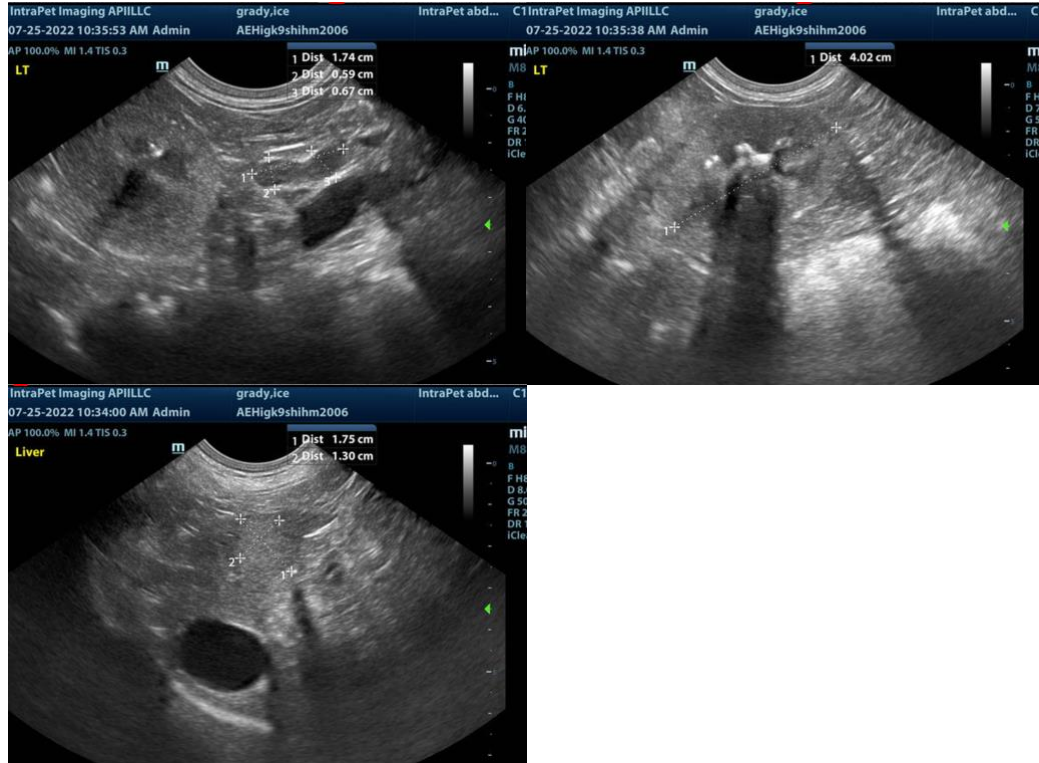
## **ULTRASONOGRAPHIC FINDINGS**

- Left testicular mass
- Nodular hyperplasia hepatic pattern
- Moderate degenerative renal changes with calculi
- Nonobstructive bladder calculus
- BPH prostate

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

72-hour IV fluid protocol, normalization of the renal values (if possible), followed by cystotomy and neuter in this patient with left testicular biopsy. Prognosis is guarded, mainly on the capability of the kidneys to rebound upon therapy. The hepatic presentation is likely benign.





**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.

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