



PATIENT

Ecko Cusumano

SPECIES

Canine

BREED

German Shepherd

SEX

Male

AGE

10 Years

WEIGHT

80 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Michael Ferber

HOSPITAL NAME

East Meadow VC

REFERRING VET

Dr. Michael Ferber

INVOICE

44485

DATE

7/29/23

PRESENTING CLINICAL SIGNS

Chronic mixed bowel diarrhea. Poor response to diet trials, fiber, flagyl. Fecals have been negative for parasites, initially poor appetite and dyschezia.

Abnormal PE/Chem/CBC/UA Results: Hypocobalaminemic. Other lab tests (CBC/chem, resting cortisol, TLI, fecals) were all normal. Current tx = prednisone 15mg BID (tapering) and CsA (200mg daily) for presumptive IBD and early perianal fistulas. The clinical signs have been improving since initiating prednisone and CsA. Additional Tx = weekly B12 injections.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **prostate** was uniformly enlarged (3.8 cm) 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 **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. Slight pyelectasia noted in the left kidney. The kidneys measured 7.0 cm each.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** presented subtle heterogeneous parenchymal changes yet normal size and contour.

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.

Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No



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evidence of pathology. 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.

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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.

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German Shepherd

ULTRASONOGRAPHIC FINDINGS

SEX

Male

- BPH prostate
- Subtle heterogeneous splenic changes
- Post-prandial presentation

AGE

10 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient was NPO, foreign matter should be considered. Assessment for Addison's warranted, given that the adrenals were not overtly visible. Structurally the abdomen is unremarkable. Note that the Prednisone therapy may be suppressing a more significant presentation. Some level of prostatitis may be present.

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Differentials for diarrhea include occult parasitism. Dietary indiscretion, dietary intolerance, antibiotic responsive colitis, intestinal dysbiosis and occult Addison's should all be considered as causes of diarrhea in this patient. A hydrolyzed diet trial may be in this patient's best interest +/- probiotics. 24-hour NPO and reintroduction of bland diet indicated. I recommend a baseline cortisol or ACTH stimulation test, a fresh fecal smear and fecal floatation analysis if not already performed.

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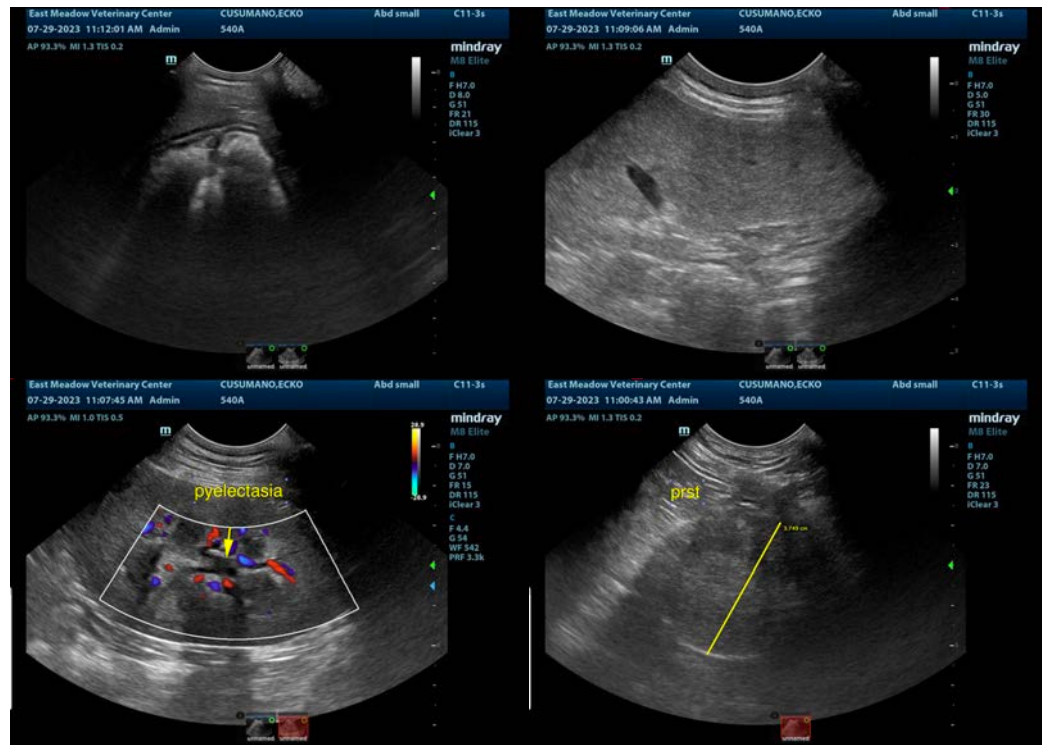
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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