



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Leo Hagen
SPECIES
Canine
BREED
Cocker Spaniel
SEX
Intact male
AGE
1 year
WEIGHT
28.9 lbs

PRESENTING CLINICAL SIGNS
History: 5 day history of vomiting and diarrhea, painful hind end. radiographs-NSF, caudal abdominal pain, pain on palpation of prostate, hematuria noted on intake.
Abnormal PE/Chem/CBC/UA Results: UA USG 1.010, rods and cocci (confirmed on manual review) sperm present, WBC 9/hpf, RBC 7/hpf CBC: Monocytosis 2.42 (K), Chem 17: BUN 5 (L), Glob 5.1 (H), Electrolytes: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was mildly thickened. 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 enlarged and measured 3.0 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 5.0 cm. The right kidney measured 5.0 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 left adrenal gland measured 0.4 cm. The right adrenal gland measured 0.8 cm at the cranial pole and 0.4 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 was noted.

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Harmon

HOSPITAL NAME

Willamette VH

REFERRING VET

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PATIENT

Gastrointestinal

Leo Hagen

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.

SPECIES

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Pancreas

BREED

Cocker Spaniel

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.

SEX

Intact male

Free Abdomen

The iliac lymph nodes were reactive and measured 2.0 x 1.0 cm.

AGE

1 year

ULTRASONOGRAPHIC FINDINGS

Prostatic enlargement, prostatitis and UTI suspected.

WEIGHT

28.9 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutering should prove effective in this patient. If neutering is not an option a clinical trial of the following can be considered.

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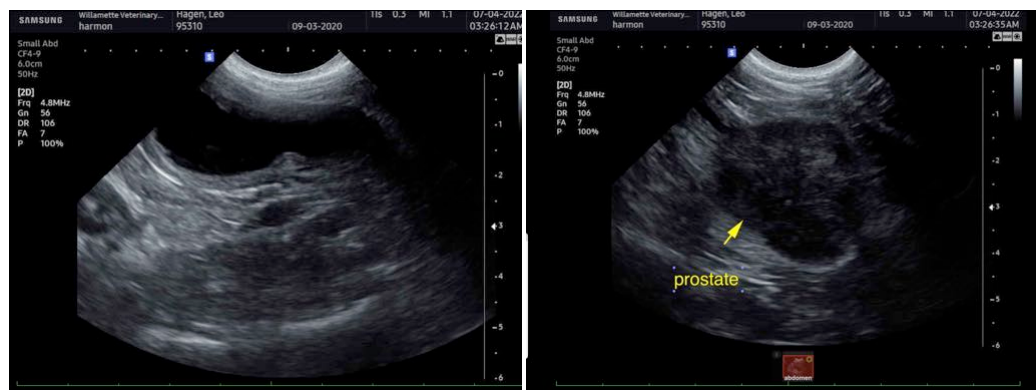
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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