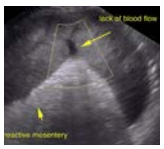
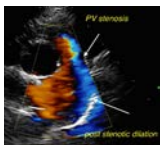
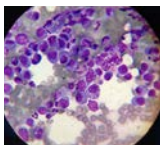
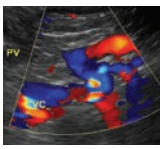

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PATIENT
Zak Gion

SPECIES
Canine

BREED
Labrador Retriever

SEX
Male

AGE
9 Years 11 Months

WEIGHT
94 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Jessie Evoniuk

HOSPITAL NAME
State Ave Vet

REFERRING VET
Dr. Jessie Evoniuk

INVOICE
39229

DATE
7/6/22

PRESENTING CLINICAL SIGNS

Presented as a referral for US- Attached is the records that were sent to us
Abnormal PE/Chem/CBC/UA Results: WBC 17 w/neutrophilia
Gastrointestinal issues.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** itself was unremarkable with anechoic urine. Minimal amount of urine present at the time of the sonogram.

The **prostate** was uniformly enlarged (5.0 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. An anechoic cyst was noted in the prostate measuring 1.5 cm with echogenic debris, potentially abscessed. 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.0 cm. The left kidney measured 6.0 cm.

Adrenal Glands

The **left adrenal gland** was upper limits of normal and slightly heterogeneous at the caudal pole, measuring 9.0 mm at the caudal pole and 6.0 mm at the cranial pole.

The **right adrenal gland** was not visualized.

Spleen

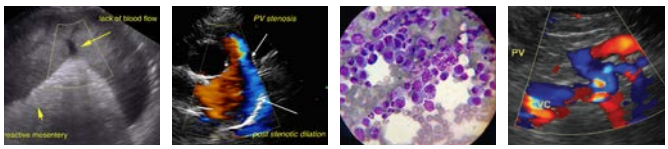
The **spleen** presented subtle micronodular granular appearance. Given the anemia, FNA indicated to ensure this is a hyperplastic and more significant disease is not present.

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. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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 evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool



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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.

Thorax

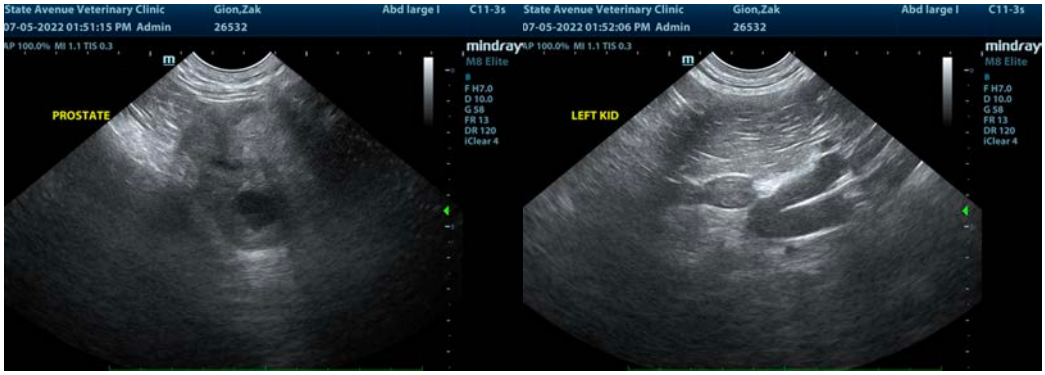
The thorax revealed slight pleural effusion with heterogeneous pleural changes. The heart appeared to be of normal volume with subjectively normal contractility. Pleural irregularities were noted.

PRIMARY FINDINGS

- Unremarkable abdomen with BPH prostate with cyst or possible abscess
- Non-cardiogenic pleural effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend pleurocentesis with cytospin of the free fluid. Radiographs and/or chest CT would be ideal in this patient. Concern for thoracic neoplasia. Prognosis is guarded. Pleuritis, pneumonitis, lung lobe torsion, other causes of hemothorax all possible. However, thoracic neoplasia is a primary concern to be confirmed by cytology visa pleurocentesis.



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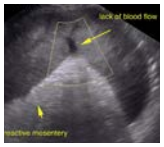
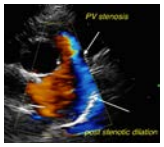
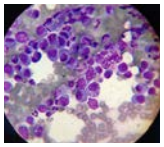
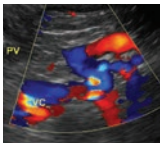

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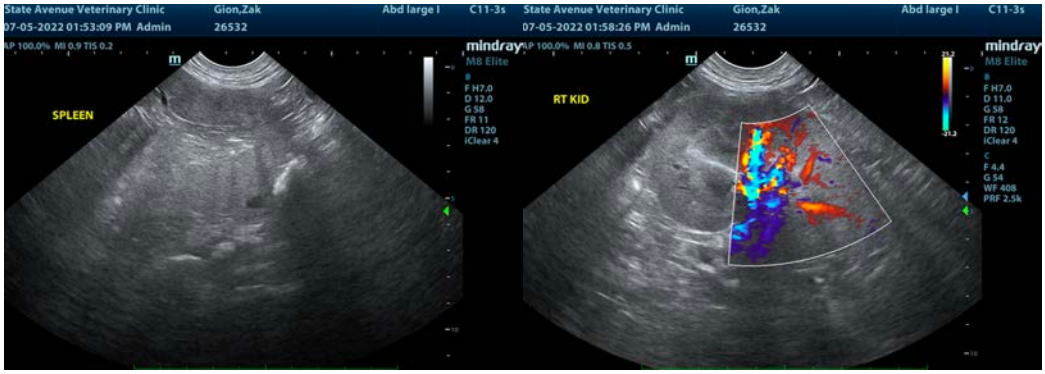

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com