



PATIENT

Max Shtern-Litvin

SPECIES

Canine

BREED

Black Russian Terrier

SEX

Intact Male

AGE

8 Years

WEIGHT

N/A

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Hillsdale Animal Hospital

REFERRING VET

Dr. Kenneth Fischer

INVOICE

43826

DATE

7/6/23

PRESENTING CLINICAL SIGNS

Patient presents for persistent, intermittent hematuria, last episode occurred in March 2023 lasting for approx. 1-2 days then resolved on its own. No current meds.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem: WNL. U/A from voided sample: 2+ blood, 0-1 fine granular casts, 4-10 WBC, 4-10 RBC. USG: 1.024.

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 (5.25 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. A 1.5 cm anechoic cyst noted at the cranial aspect of the left lobe. 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.

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. Pelvic mineralization noted in the right kidney measuring 1.4 cm. The right kidney measured 6.0 cm. The left kidney measured 8.56 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 2.29 cm x 0.67 cm at the caudal pole and 0.56 cm at the cranial pole. The left adrenal gland measured 1.86 cm x 0.53 cm at the caudal pole and 0.41 cm at the cranial 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.



PATIENT *Liver*

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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.

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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 and were uniform, measuring 4.14 cm on the left and 3.61 cm on the right.

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ULTRASONOGRAPHIC FINDINGS

- BPH prostate with cyst and right renal calculus, either of which may be causing hematuria, however most likely the prostatic presentation.

IMAGING PERFORMED BY

Kelly Vazquez

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided drainage of the prostatic cyst +/- Enrofloxacin injection warranted if abscessation is noted. Neutering would likely be curative regarding the prostatic presentation along with ultrasound guided drainage. However, if neutering is not an option, ultrasound guided drainage under sedation with culture and sensitivity and the following alternative protocol could be considered.

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Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture. However, this would be a palliative measure at best.

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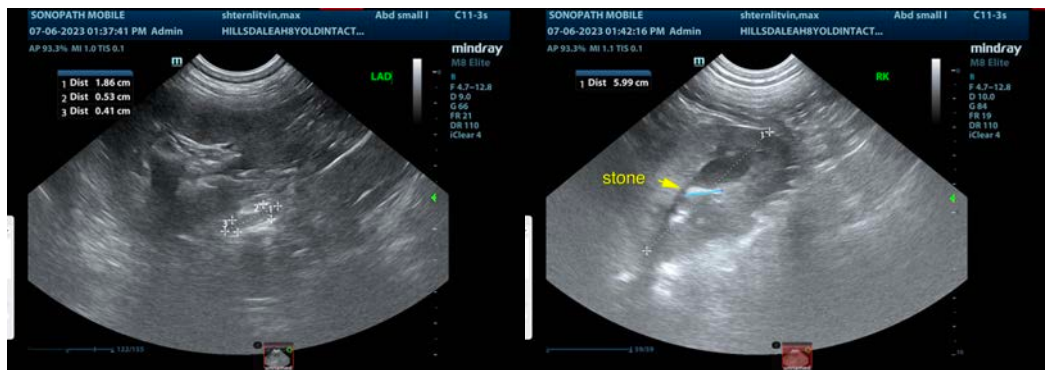
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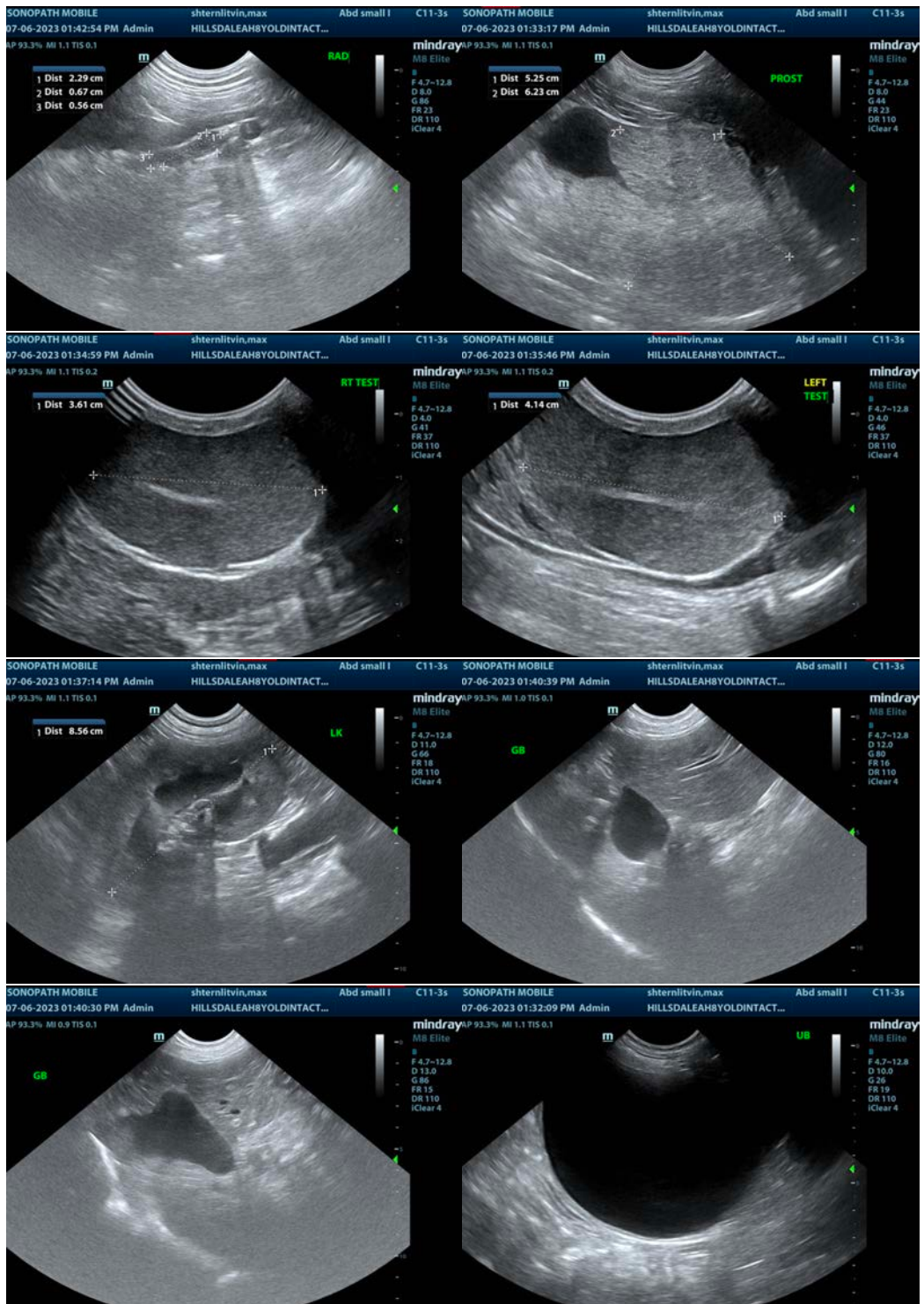
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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