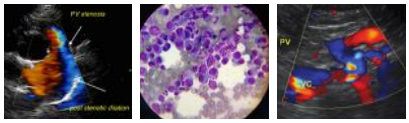
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

7/7/23

PATIENT

Hunter Raynor

SPECIES

Canine

BREED

German Shepherd

SEX

Intact Male

AGE

10/2/16

WEIGHT

91 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Greenbriar VC

REFERRING VET

Dr. Boccanfuso

INVOICE

23225

PRESENTING CLINICAL SIGNS

History: Pet presented on 6/26 for dripping blood from prepuce. Pet had enlarged prostate on rectal exam, significant hematuria and cocci present. Also has ulcerated skin on prepuce. Treated with 10 days of clavamox. Did improve initially but dripping blood started back 2 days ago. Took x-ray today, prostate looks enlarged, no bladder stones noted. repeat UA showed blood but no signs of infection. Prepuce still ulcerated- concerned for emerging autoimmune dz.

Current Medications: clavamox 562.5 mg BID for 10 days, Baytril 204 mg SID starting today
Lab Results: UA 6/25- RBC > 50, cocci present (rods noted were sperm) , protein 2+, USG > 1.050
UA 7/5- RBC > 50, (rods noted were sperm) otherwise no bacteria noted, prot 500, ph 7.0 WBC 7
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV Dexdomitor.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed minor nonshadowing concretion and dependent debris, suggestive for hematuria, blood clots and/or inflammatory sediment.

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 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. This is a moderate change. Microcystic changes were noted. Edema lines were noted in the prostate suggestive for inflammation.

The **testicles** were imaged and found to be uniform. No evidence of pathology.

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 8.3 cm. The right kidney measured 7.42 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 3.27 cm x 0.71 cm at the caudal pole and 0.88 cm at the cranial pole. The right adrenal gland measured 3.53 cm x 0.72 cm at the caudal pole and 0.64 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.

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

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.

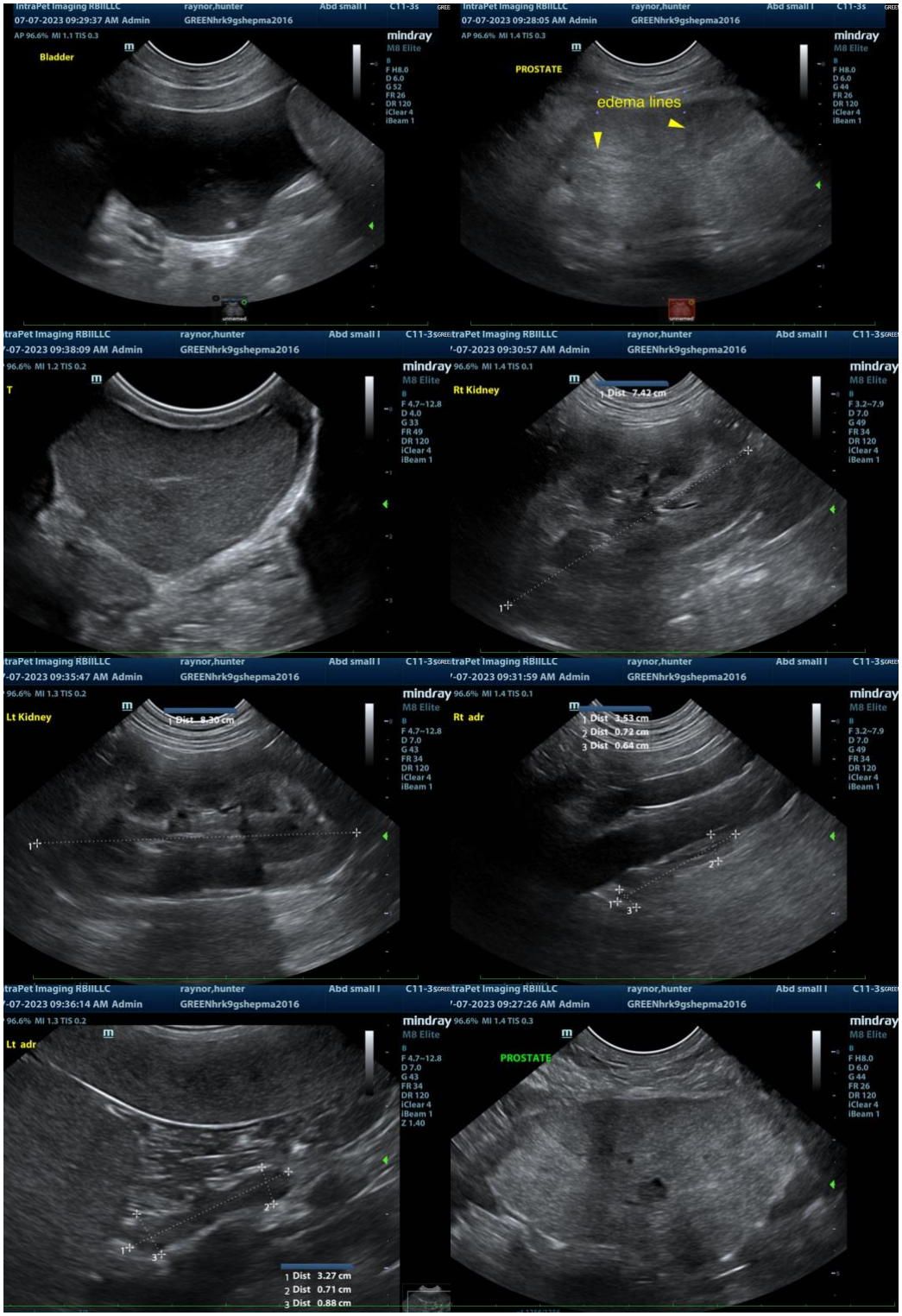
ULTRASONOGRAPHIC FINDINGS

- BPH prostatitis pattern with urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutering should prove curative along with prostatic wash, ideally, and urine culture and sensitivity. Treatment with enrofloxacin is warranted. If neutering is absolutely not an option, then following alternative protocol could be considered.

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.



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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