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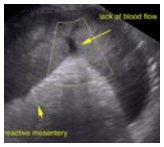
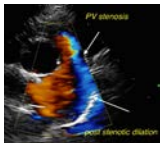
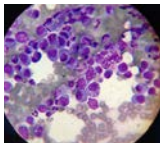
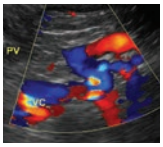

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1-800-838-4268 info@sonopath.com

PATIENT
Hammer Graves

SPECIES
Canine

BREED
German Shepherd

SEX
Intact Male

AGE
8

WEIGHT
36.4 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Judy McFarlen

HOSPITAL NAME
Van Isle Vet Hospital

REFERRING VET
Dr. Matheson - Balanced Paws Vet

INVOICE
44648

DATE
8/11/23

PRESENTING CLINICAL SIGNS

Weight loss noted by referral veterinarian. Discussion with the owner while sedating patient indicates he thinks he is at fault. Was 44 kg before and way too heavy so really cut back his food and over time he thinks he got too lean. Normal activity and appetite. Stools normal. Referring veterinarian can easily palpate distal spleen-concern regarding enlargement vs other. Prostate enlarged and non painful. History of prostatitis treated with TCM. Is considering neuter.

Abnormal PE/Chem/CBC/UA Results: Patient also squeaks when jumping into high truck. Holds right leg up and then returns to normal function quickly. Radiographs are pending and palpation of knees no effusion and stable. Psoas injury?

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 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. Pericapsular inflammatory pattern noted with edema lines and regional inflammation. This presentation is most consistent with benign prostatic hyperplasia with possible active prostatitis.

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.

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 0.59 cm at the caudal pole and 0.44 cm at the cranial pole. The right adrenal gland measured 0.77 cm at the caudal pole and 1.2 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

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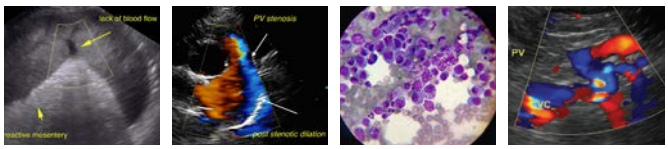

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The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. 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.

Gastrointestinal

The stomach revealed hyperechoic muscularis striations. These are idiopathic, may be related to underlying gastritis, yet is non-specific. The small intestine and colon were unremarkable.

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.

Free Abdomen

The right testicle presented heterogeneous coalescing nodular changes. The left testicle was fairly uniform with minor echogenic remodeling.

ULTRASONOGRAPHIC FINDINGS

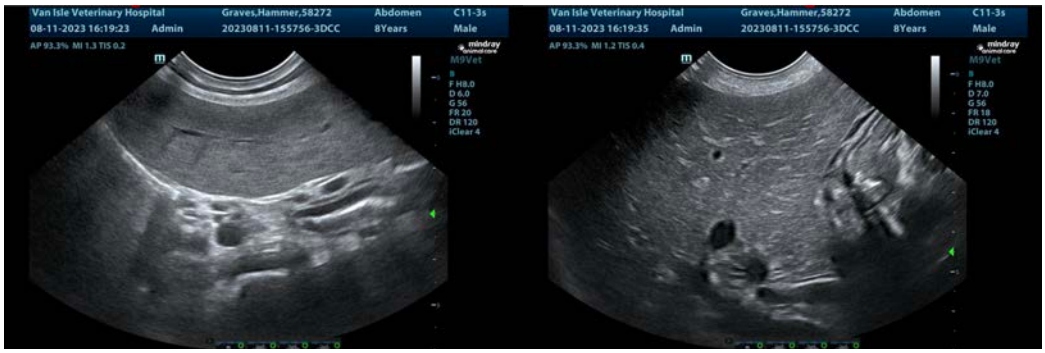
- BPH/Prostatitis pattern
- Nodular testicular changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ideally, cytology and culture would be performed for further definition. Neutering should be considered in this patient. If this is absolutely not an option, the following protocol may Prove effective:

Off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture.

Other than the prostatic pathology, no specific issues present in this patient.



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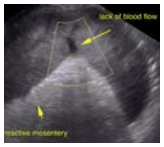
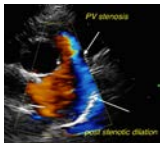
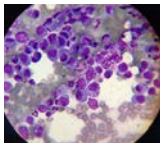
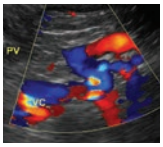

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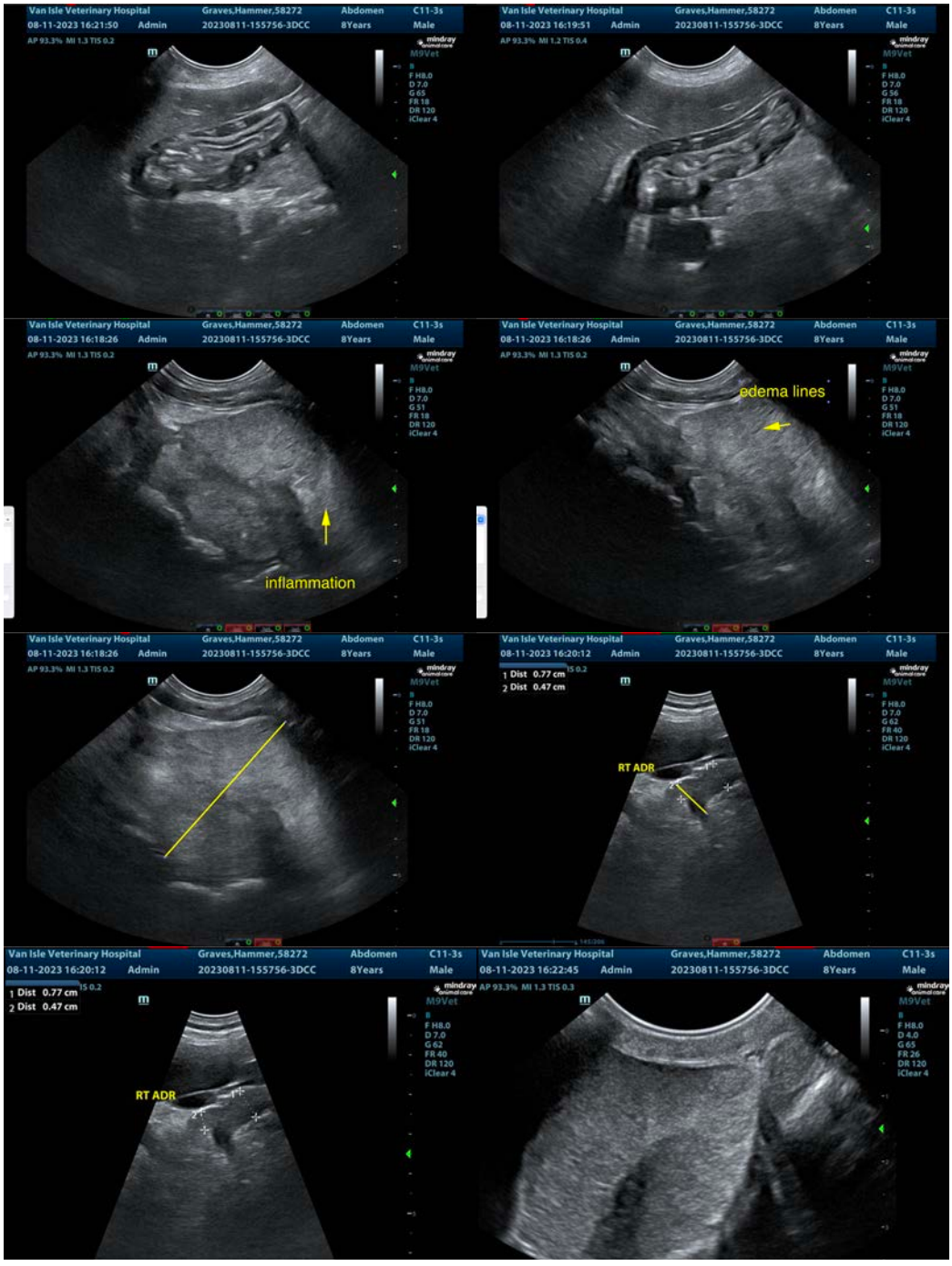

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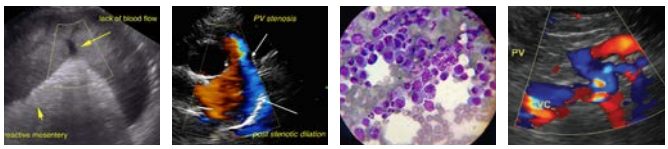

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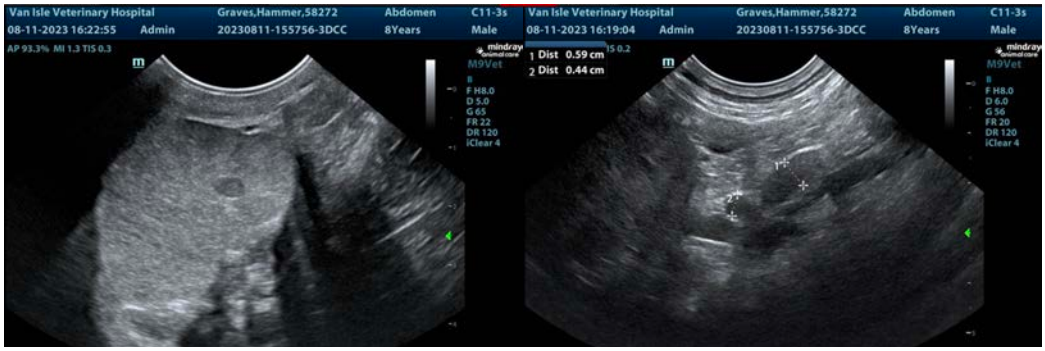

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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