



PATIENT

Summit Jaffe

PRESENTING CLINICAL SIGNS

Enlarged prostate on rectal exam. Elevated liver values, bloody urine
Abnormal PE/Chem/CBC/UA Results: AST 434, ALT 386, WBC 17.6

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

German Shepherd

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.

SEX

Intact Male

The **prostate** was uniformly enlarged (4.5 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. 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.

AGE

9 Years

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 8.42 cm. The right kidney measured 8.42 cm.

WEIGHT

104 Pounds

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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 3.49 cm x 0.84 cm. The right adrenal gland measured 3.77 cm x 1.1 cm at the cranial pole and 0.60 cm at the caudal pole.

IMAGING PERFORMED BY

JK

Spleen

The **spleen** was enlarged and extended caudally toward the urinary bladder, yet uniform. The spleen was folded upon itself cranially and caudally.

HOSPITAL NAME

Hamburg Vet Clinic

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 wall was echogenic and mildly thickened. A minor amount of sand was noted, non-obstructive. Polypoid gallbladder changes also noted.

REFERRING VET

Dr. Martens

Gastrointestinal

INVOICE

40448

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.

DATE

8/15/22



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Pancreas

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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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Mild hypersplenism
- BPH prostate
- Minor gallbladder thickening and sand

BREED

German Shepherd

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Intact Male

Neutering should prove curative in this patient regarding lower urinary tract signs. FNA of the liver warranted. Amoxicillin/Metronidazole trial could be considered. Ursodiol therapy recommended over a 6 week period to potentially dissolve gallbladder sand. If neutering is not an option, a clinical trial of the following could be considered. Off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment +/- FNA or prostatic wash cytology and culture.

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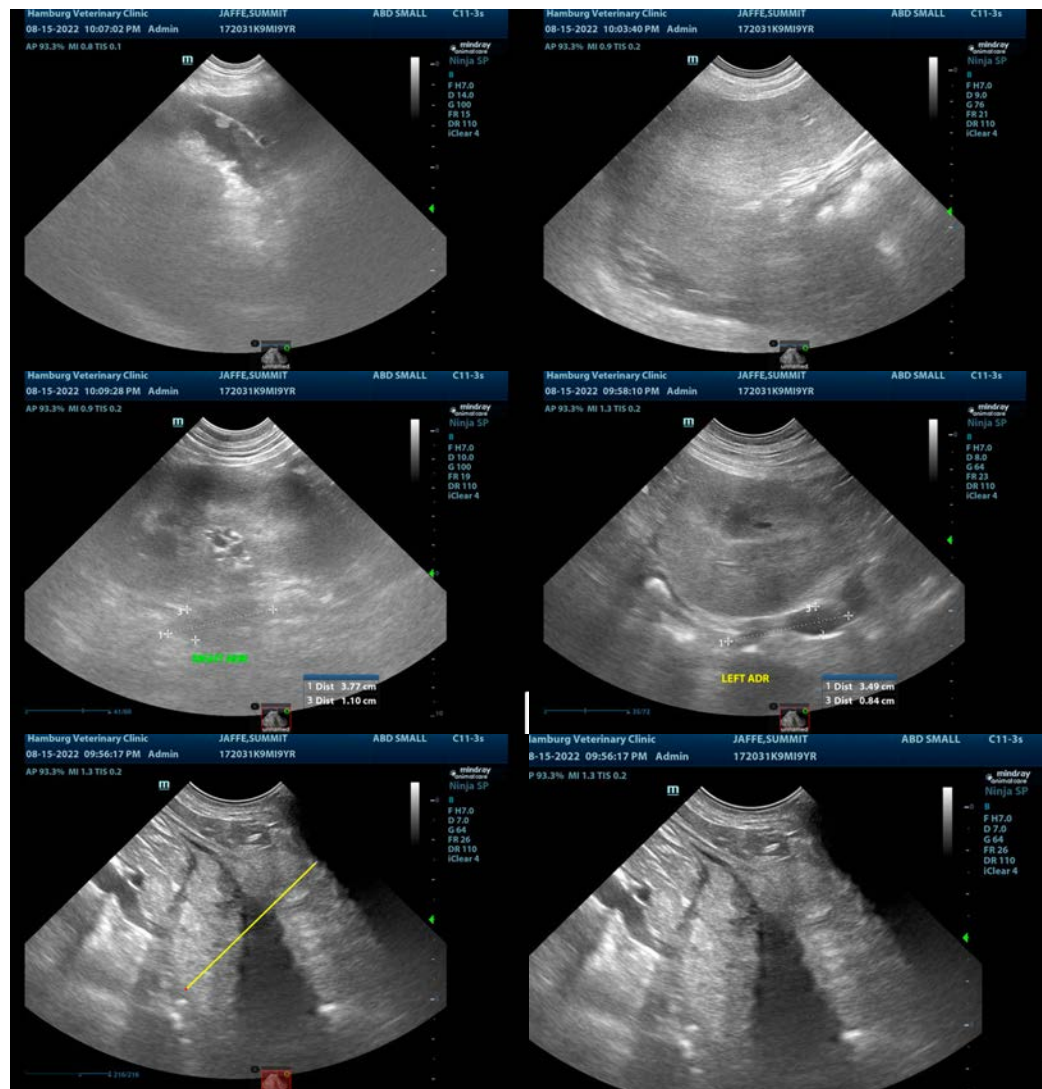
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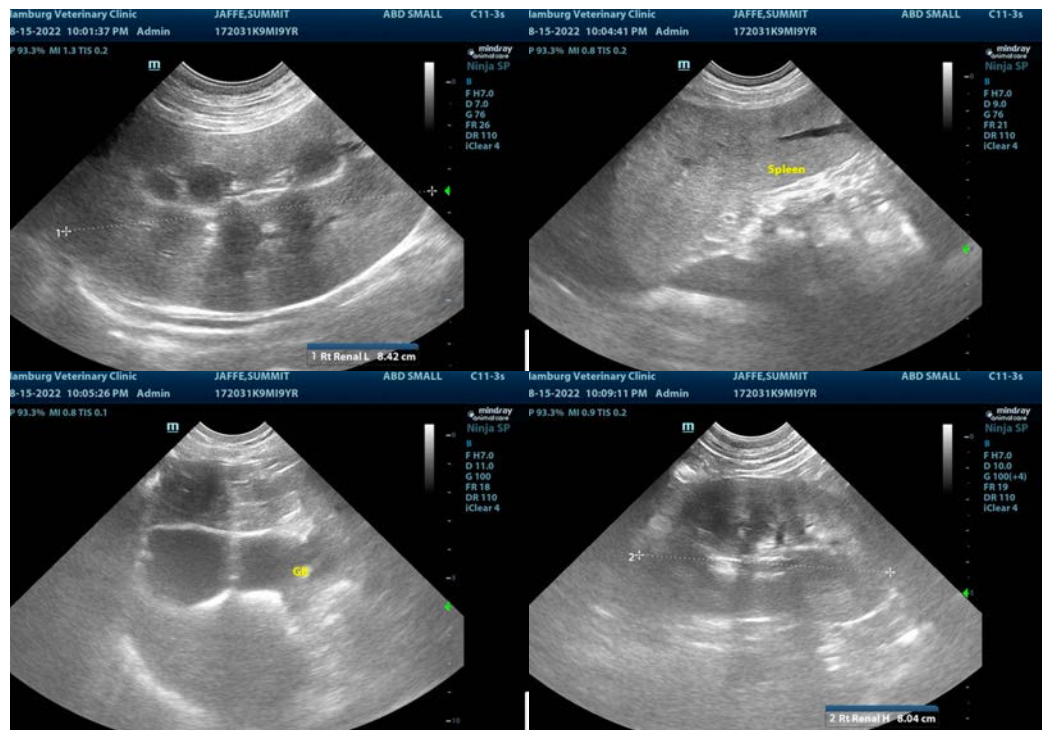
Dr. Martens

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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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