



PATIENT

Skipper Parsons

SPECIES

Canine

BREED

Lab

SEX

Intact Male

AGE

7 Years

WEIGHT

78 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Chaley Hunt, LVT

HOSPITAL NAME

Columbia AC

REFERRING VET

Dr. Michelle Engel

INVOICE

40529

DATE

8/17/22

PRESENTING CLINICAL SIGNS

Ultrasound for enlarged bladder and prostate. Owner reports the for years Skipper has taken a long time to urinate, but since winter is straining to urinate and is now leaking urine. On PE, greatly distended urinary bladder but can be expressed easily. Urine appeared yellow, clear, with normal concentration. No apparent obstruction. Intact male, testicles appear normal. Chronic otitis, grade 2 dental disease, lick granuloma-small on RF paw. Rads-very large urinary bladder, and visible prostate. No other abnormalities noted. Senior lab work-normal, except for mild elevation in amylase which has been chronic. Urinalysis-normal urine concentration, no RBC's or WBC's, 1+ struvite crystals(was a free catch and sent to a lab so there was a lag time), and sperm.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was significantly overdistended. The prostate was mildly enlarged and nodular, measuring 3.3 cm at maximum width. The urethra appeared to be patent, yet impinged upon by the prostate lobes. The prostatic presentation is most consistent with BPH.

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. Minor pyelectasia noted in the right kidney. The capsules were acceptably uniform without significant irregularities. The right kidney measured 7.2 cm. The left kidney measured 7.7 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 0.70 cm at the caudal pole and 0.46 cm at the cranial pole. The right adrenal gland measured 0.64 cm at the caudal pole and 0.58 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.



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Pancreas

Skipper Parsons

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

- Overdistended bladder
- Mild to moderate BPH prostate

BREED

Lab

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Intact Male

The bladder overdistention may not be completely owing to prostatic enlargement. However, this does not appear neoplastic. Full urinary workup indicated. Neurogenic issues could also be playing a role. The bladder wall after catheterization revealed minor concentric thickening, consistent with minor cystitis. Recommend neutering this patient with catheterization over the next 2-3 days and reassessment of the clinical signs.

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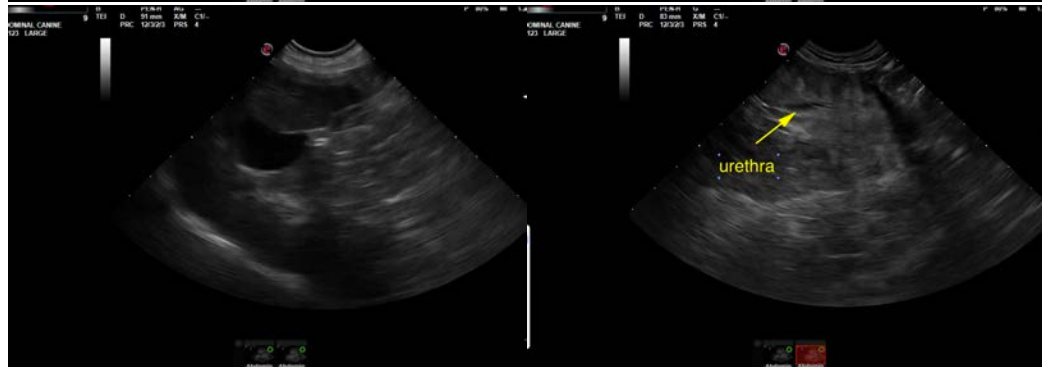


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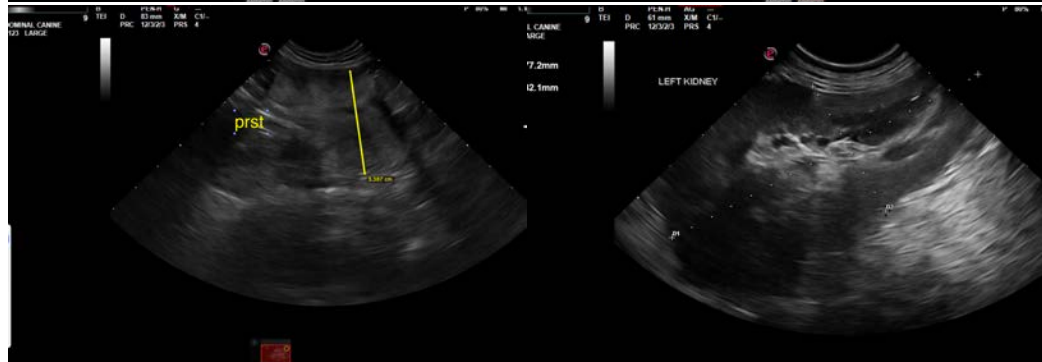


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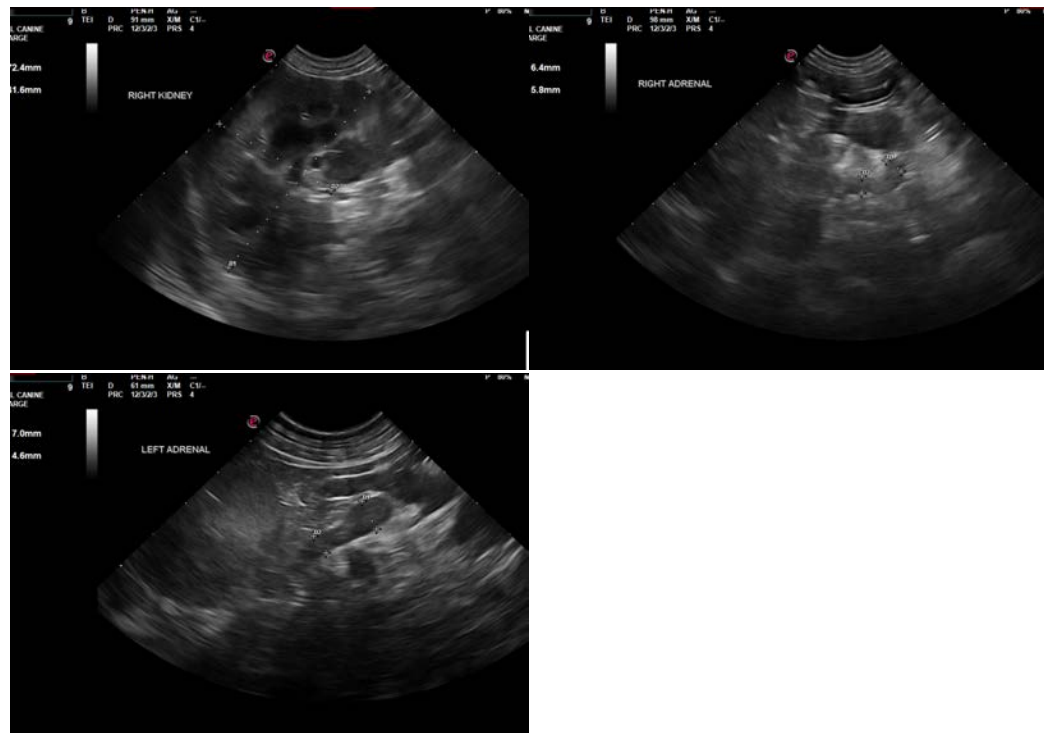
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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