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Clinical Sonography & Telecytology
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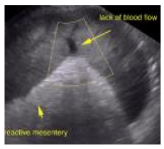
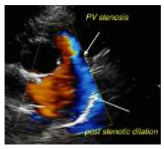
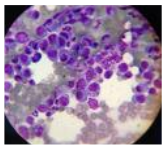
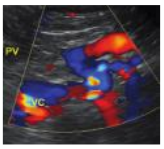





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Blade Riley

SPECIES

Canine

BREED

Shepherd Mix

SEX

Intact Male

AGE

2016

WEIGHT

104 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT, RDMS

HOSPITAL NAME

Kenilworth AH

REFERRING VET

Dr. Mansour

INVOICE

16700

DATE

8/2/22

PRESENTING CLINICAL SIGNS

History: Diagnosed with BPH prostate - on Finasteride 1mg/kg/day for the last 6 months. Rechecking prostate. Previous AUS attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was unremarkable.

The **prostate** has significantly reduced in size to a maximum width of 3.22 cm.

The **testicles** were imaged and were largely uniform with slight areas of mineralization noted. A slight cyst was noted at the cranial pole of the right testicle, measuring 4.0 mm.

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 right kidney measured 8.6 cm. The left kidney measured 8.9 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 3.34 cm x 0.7 cm at the caudal pole and 0.44 cm at the cranial pole. The left adrenal gland measured 3.14 cm x 0.42 cm at the caudal pole and 0.45 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.

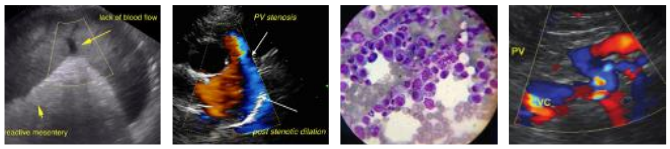
Liver

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



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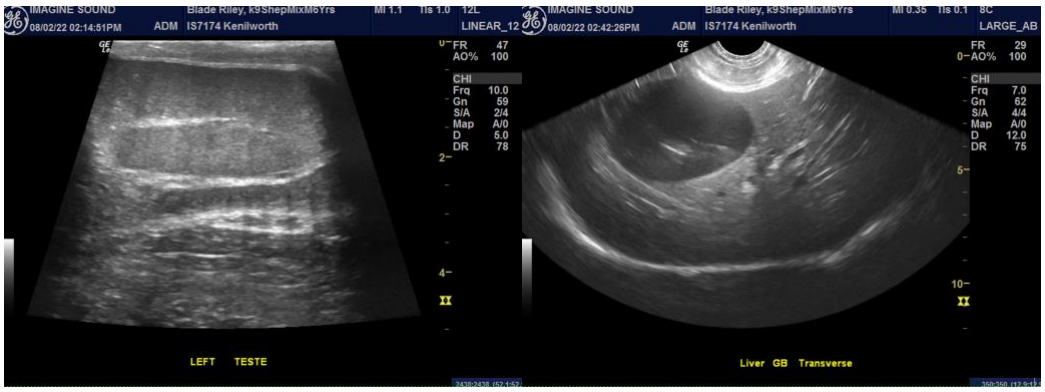
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

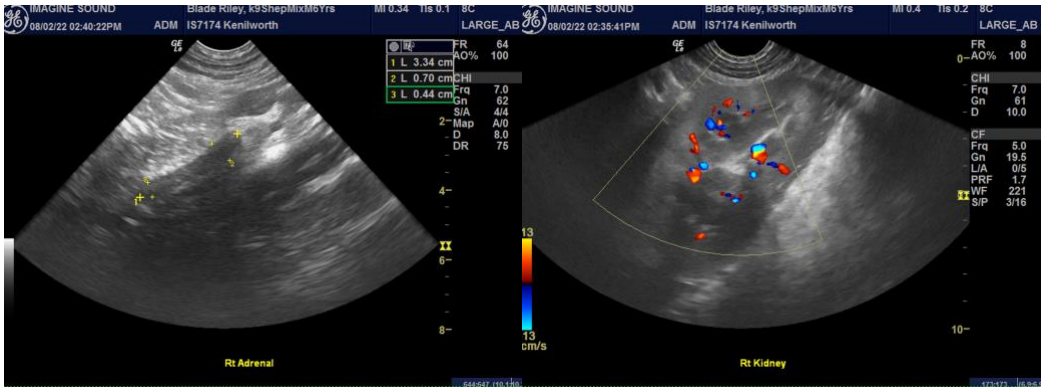
ULTRASONOGRAPHIC FINDINGS

- Significantly improved prostatic presentation
- Minor testicular remodeling and slight cyst

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate has reduced by approximately 30% in size. Urinalysis is warranted to assess if any residual infection is present. Otherwise, it's debatable on whether finasteride should be continued in this patient given the predisposition, as opposed to tapering. If finasteride is stopped, then recheck of the prostate in approximately one month is warranted. However, in my experience the prostate tends to return to the prior state once finasteride has been stopped. Therefore, continuation with finasteride is likely in this patients best interest long term.





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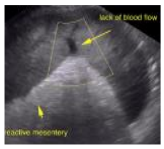
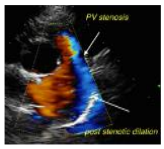
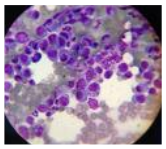
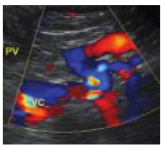

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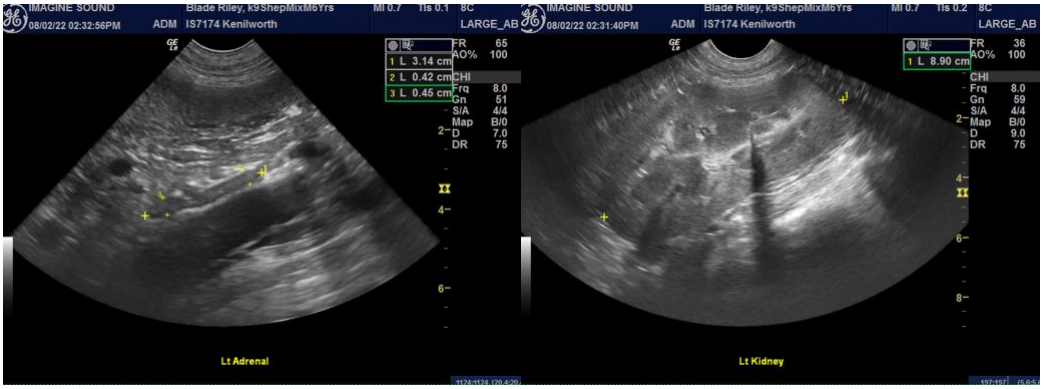

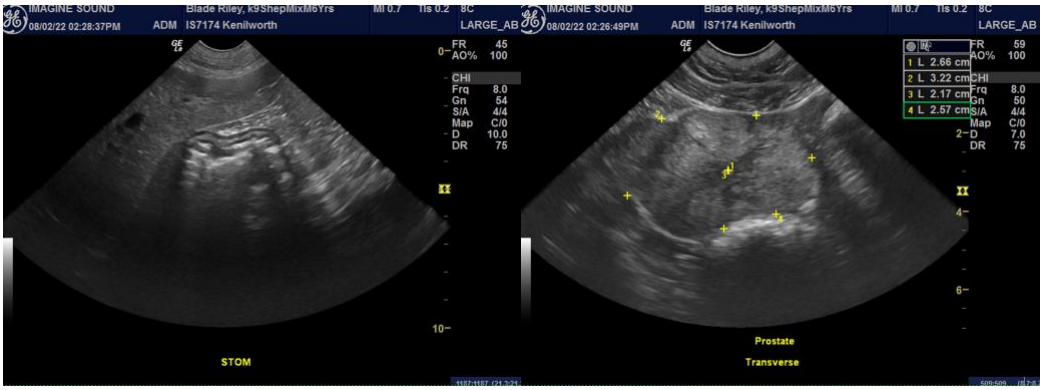

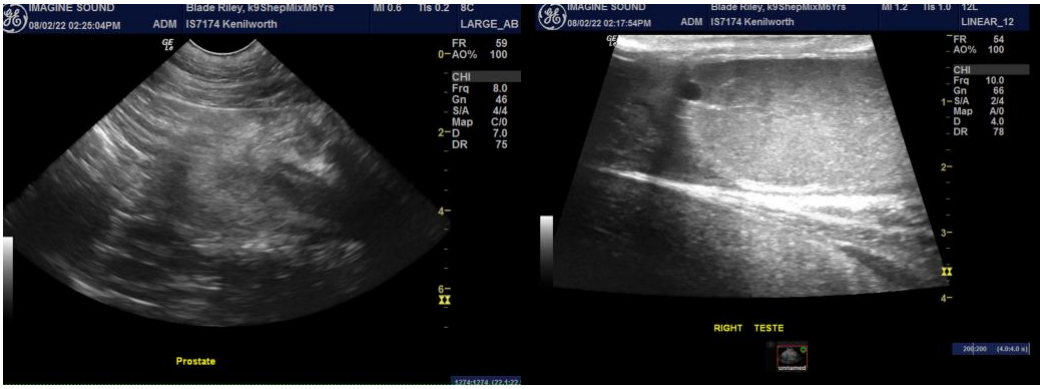

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com