



PATIENT

Ferris Galinsky

SPECIES

Canine

BREED

Shih Tzu

SEX

Male

AGE

12 years

WEIGHT

13 lbs

PRESENTING CLINICAL SIGNS

History: Xrays show hepatomegaly and prostatomegaly
Abnormal PE/Chem/CBC/UA Results: BW shows ALP 326, ALT 163, GGT 5, BA 73, ALB 4.4, CHOL 292

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 was noted. Ureteral papillae were normal.

The prostate was heterogenous and measured 2.0 cm. Micronodular changes were noted in the pre and post prostatic urethra.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The kidneys measured 4.0 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 0.6 cm.

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 was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Occasional hyperechoic nodule was noted. The largest of which measured 2.0 cm. 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 was mildly over distended with striating bile. The cystic duct was dilated with rounded contour. This is consistent with emerging mucocele.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dallas Reynolds LVT

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Parker

INVOICE

91904

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9/17/21



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Gastrointestinal

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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.

BREED

Shih Tzu

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.

SEX

Male

ULTRASONOGRAPHIC FINDINGS

AGE

12 years

Undefined, hepatic nodular changes.

Emerging gallbladder mucocele.

WEIGHT

13 lbs

Heterogenous prostate, consistent with history of prostatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Ultrasound-guided FNA is warranted to assess for hyperplasia versus carcinoma. There was no overt evidence of neoplasia unless the liver changes represent early carcinoma. Ursodiol therapy +/- gallbladder motility study would be appropriate. If hyporexia is an issue then the gallbladder may be causing the low-grade clinical signs. If empirical treatment with Ursodiol is utilized I recommend a recheck sonogram of the liver to assess for nodular expansion as well as resolution or worsening of emerging gallbladder mucocele. Neutering should prove effective regarding reduction of the prostate if any prostatic signs are present. Otherwise, if neutering is not an option then following off label protocol may prove effective.

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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.

REFERRING VET

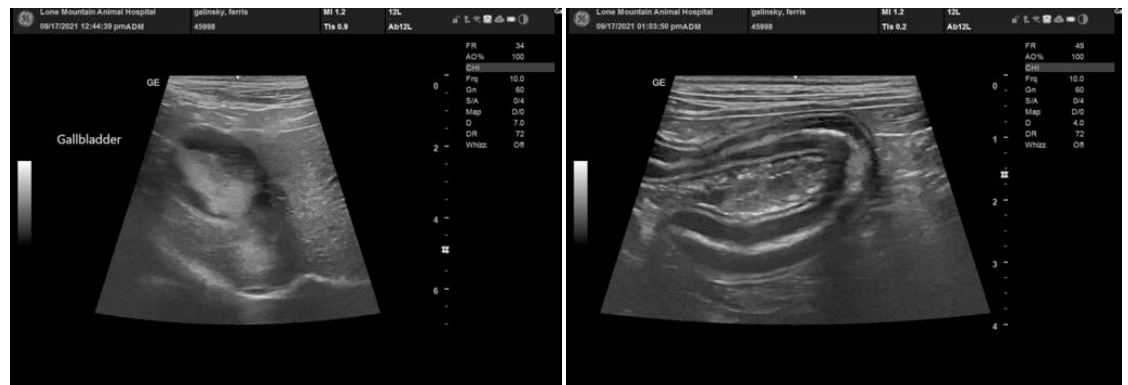
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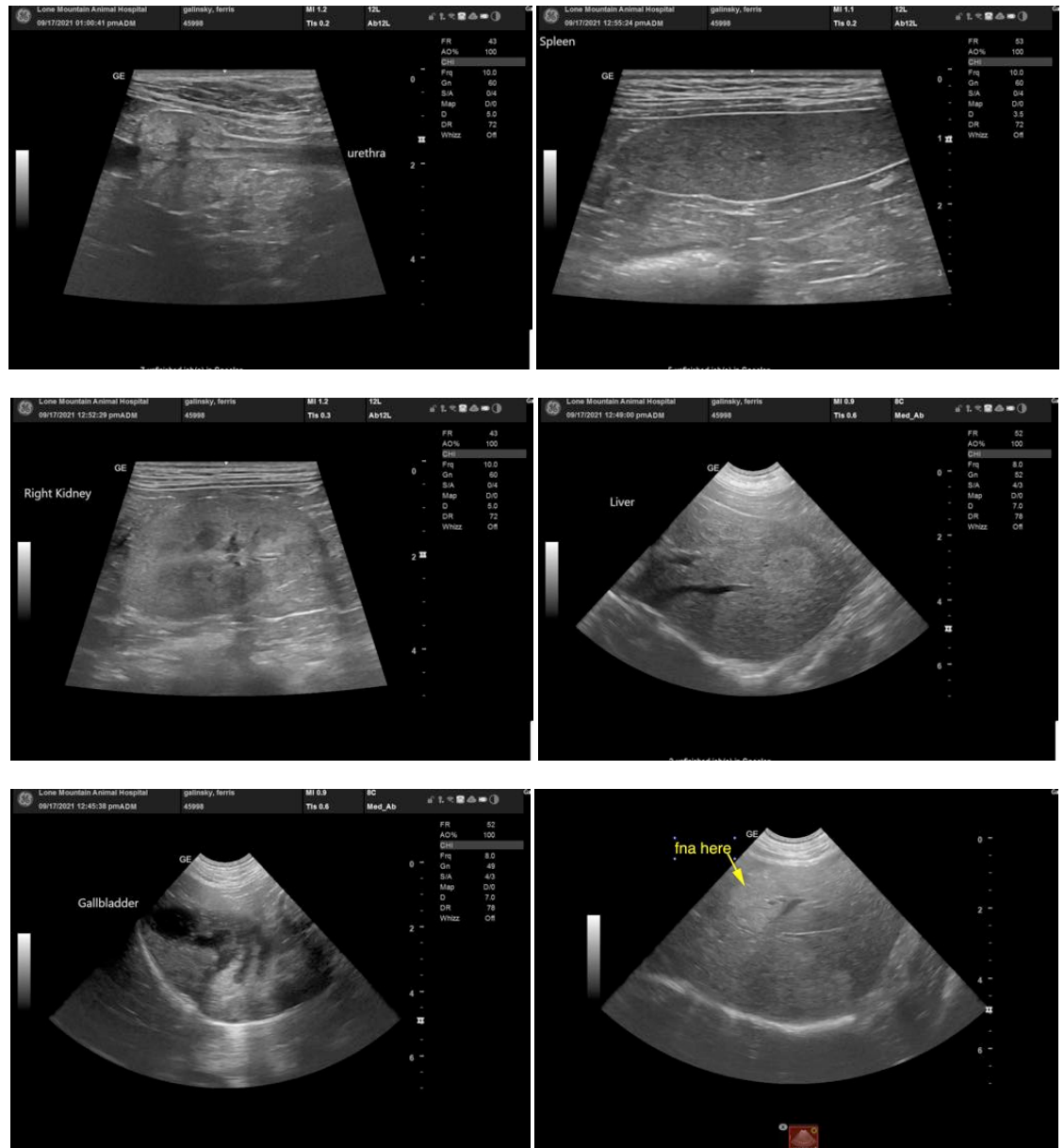
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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