



PATIENT

Maximus Clarke

SPECIES

Canine

BREED

English Springer Spaniel

SEX

Intact male

AGE

10 years

WEIGHT

21 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Sanctuary VH

REFERRING VET

Dr. Warnakulasooriya

INVOICE

91836

DATE

9/20/21

PRESENTING CLINICAL SIGNS

History: Attending suspected abdominal mass patient has a history of neurological signs -ataxia?
Patient is intact

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

***38 still images and 4 videos were submitted

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A large amount of dependent and suspended debris was noted. This is consistent with urinary tract infection. No evidence of inflammatory or neoplastic changes was 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. Cystic areas were noted and may be abscessation. 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. Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture. The prostate measured 5.4 cm in short axis.

Both testicles revealed a moderate amount of remodeling. The left testicle revealed mixed, echogenic, hypoechoic cystic nodule that measured 0.83 x 0.53 cm.

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 right kidney measured 7.18 cm. The left kidney measured 6.76 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 0.43 cm at the cranial pole and 0.29 cm at the caudal pole. The right adrenal gland measured 0.54 cm at the cranial pole and 0.35 cm at the caudal 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 was noted.



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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. Gallbladder calculus was noted and measured 0.58 cm and was non-obstructive.

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. The mesenteric lymph nodes were reactive and measured up to 0.37 cm in width.

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.

ULTRASONOGRAPHIC FINDINGS

Left testicular nodule and testicular remodeling.

Large amount of urinary debris.

Chronic BPH prostatitis.

Minor gallbladder calculus.

Otherwise, age related abdominal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend ultrasound-guided drainage of the larger prostatic cysts, neutering and urine culture and sensitivity. If purulent debris is obtained from the prostate then injection of Enrofloxacin directly into the prostate at the time of neutering would be appropriate. There is no evidence of abdominal masses or evident neoplasia. However, given the patient's history full CNS examination would be warranted. If any abnormalities are found then CT with contrast of the CNS would be appropriate.



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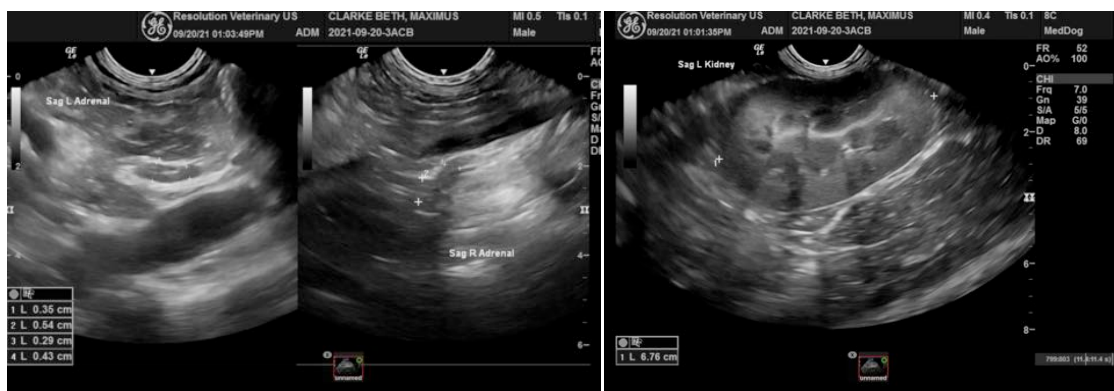
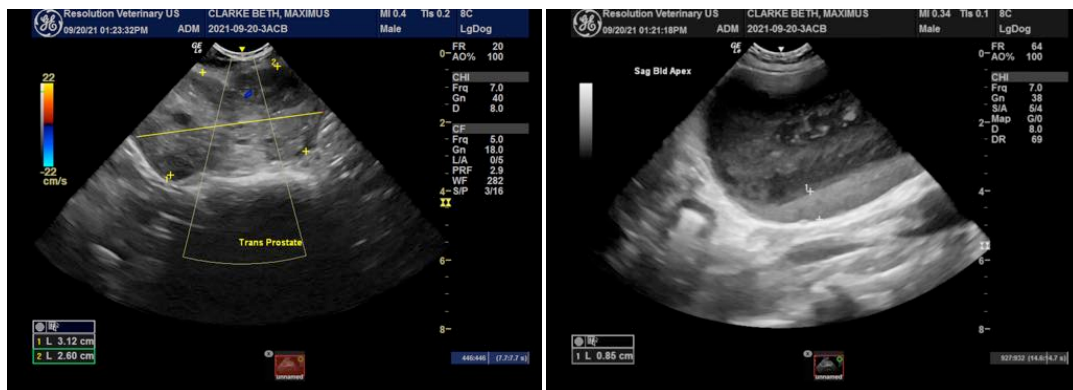
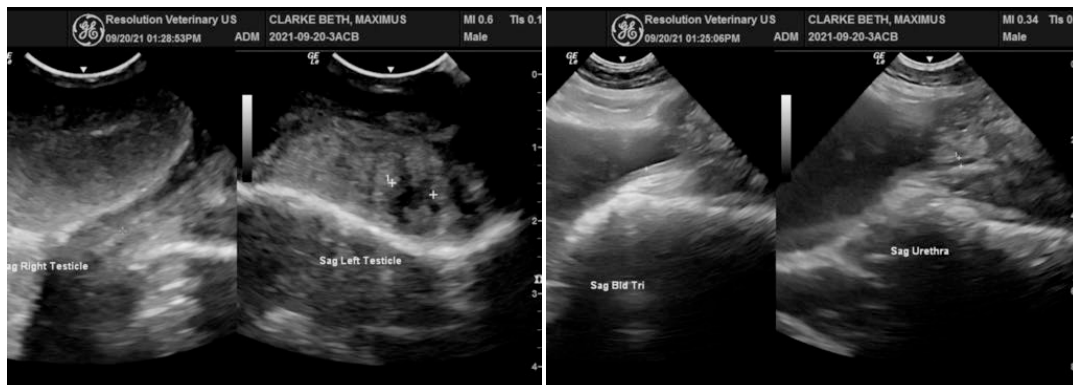
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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