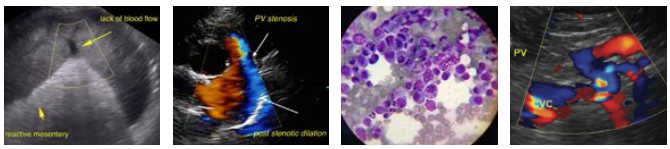


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Max Honigsberg

SPECIES

Canine

BREED

German Shepherd

SEX

Intact male

AGE

3 years

WEIGHT

78 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA Blairstown AH

REFERRING VET

Dr. Lovell

INVOICE

43161

DATE

3/7/23

PRESENTING CLINICAL SIGNS

History: Hemorrhagic diarrhea, inappetence, stranguria, chronic diarrhea. Current meds: Fortiflora, metronidazole
Abnormal PE/Chem/CBC/UA Results: wnl, cortisol pending

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 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. Edema lines were noted in the prostate. This is suggestive for inflammation. 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 4.45 cm. The testicles were imaged and found to be uniform.

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 7.63 cm.

Adrenal Glands

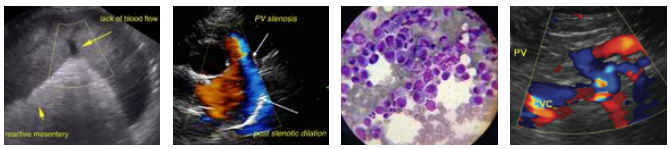
The right **adrenal gland** was flattened and isoechoic measuring 2.35 x 0.43 cm at the cranial pole and 0.38 cm at the caudal pole. The left adrenal gland measured 2.57 x 0.58 cm at the cranial pole and 0.62 cm at the caudal pole.

Spleen

The **spleen** was enlarged and folded upon itself. This is consistent with breed hypersplenism. Blood flow to the spleen was normal on power Doppler assessment.

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



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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. Reactive mesenteric lymph nodes were noted in the mesenteric root and measured 1.5 x 0.5 cm.

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

BPH prostatitis pattern.

Spleen folded upon itself.

Subjectively subnormal and flatted adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the spleen can be considered to rule out emerging lymphoma, yet not suspected. Screening for Addison's is warranted with baseline cortisol. Palpation of the spleen is warranted. If discomfort is present then proactive splenectomy should be considered as the spleen may be predisposed to torsion. However, I do not have any other direct cause of the inappetence of this patient unless the prostate is causing discomfort leading to inappetence. If neutering is not an option the following protocol may prove effective.

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.

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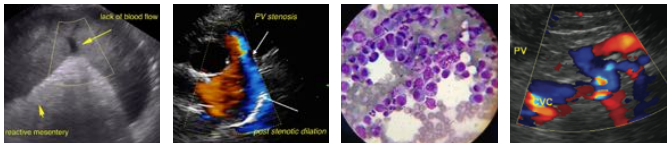

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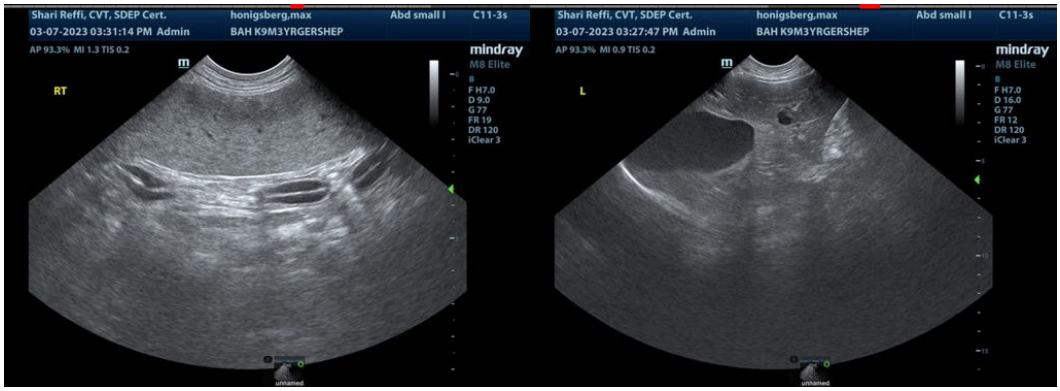

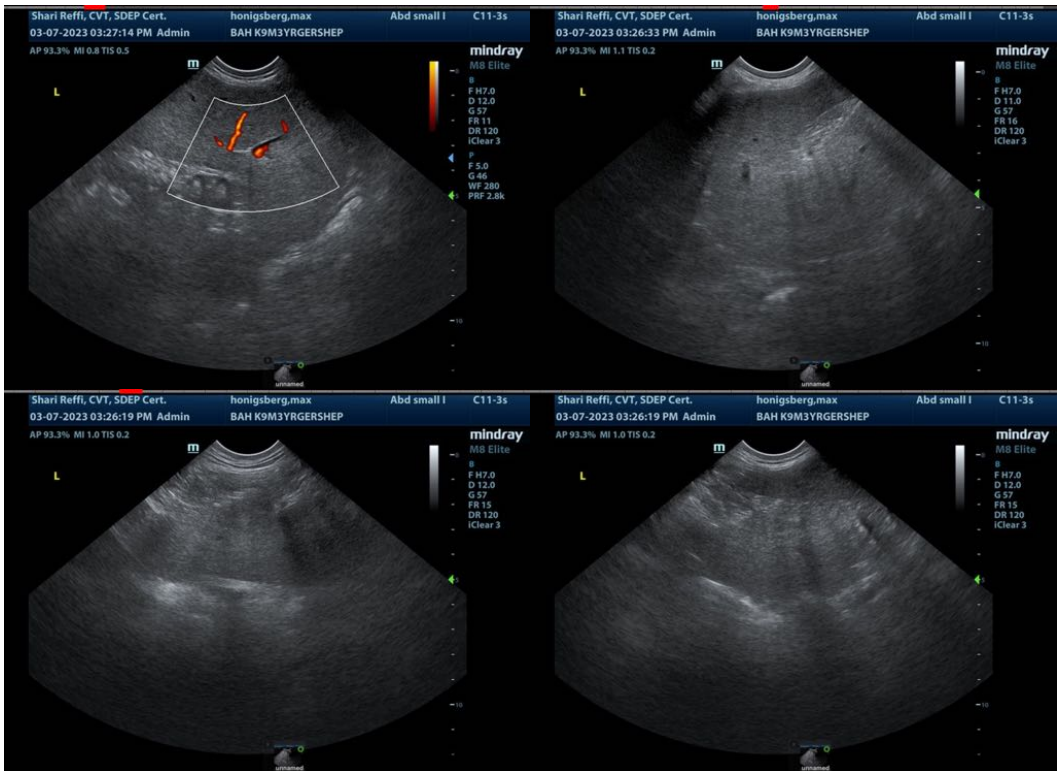

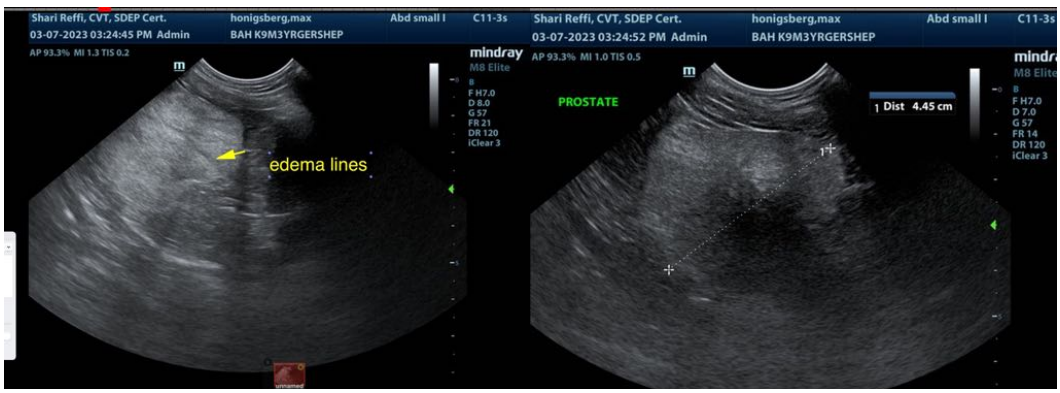

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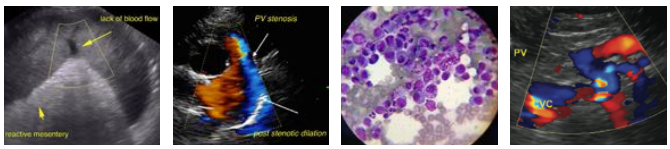

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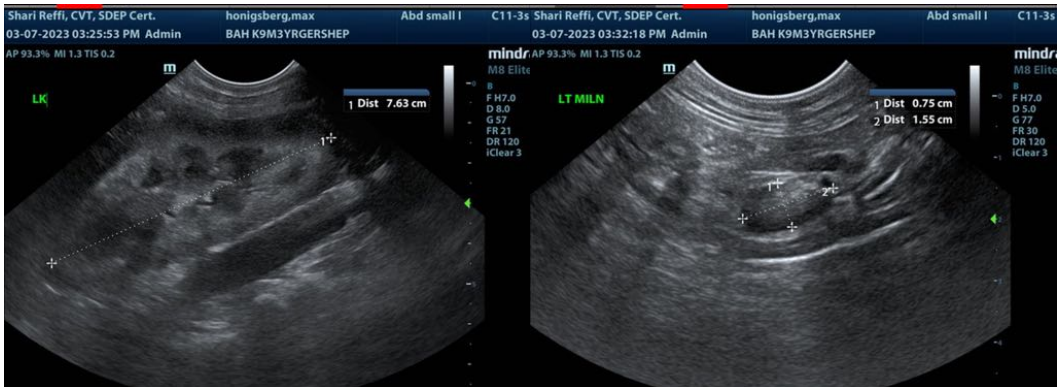

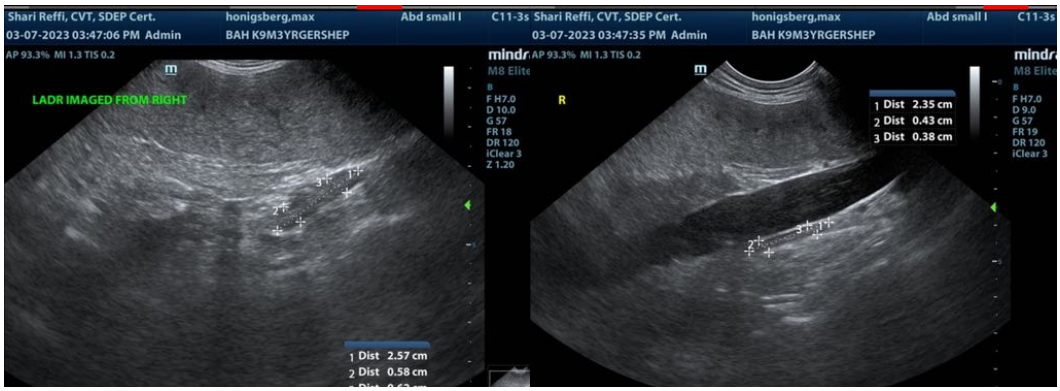

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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