



PATIENT

Pablo Escobar Garcia

SPECIES

Canine

BREED

English Bulldog

SEX

Intact male

AGE

4 years

WEIGHT

74 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Animal Paradise
Hospital

REFERRING VET

Dr. ElShafie

INVOICE

43941

DATE

4/24/23

PRESENTING CLINICAL SIGNS

History: Patient presents for prostatomegaly, likely BPH, less likely prostatitis. Current meds: Clavamox

Abnormal PE/Chem/CBC/UA Results: U/A: Ph 8.0, protein 3+, blood 2+, RBCs 21-50, struvite crystals 11-20.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a 0.83 cm calculus as well as other smaller calculi. The bladder wall itself was thickened with apical polypoid changes and areas of mineralization.

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. 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 3.9 cm.

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 6.7 cm. The left kidney measured 6.63 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 2.29 x 0.95 cm at the cranial pole and 0.61 cm at the caudal pole. The left adrenal gland measured 1.64 x 0.46 cm at the caudal pole and 0.43 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 was 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



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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.

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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

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.

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ULTRASONOGRAPHIC FINDINGS

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Bladder calculi.

Chronic cystitis pattern.

BPH prostate.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend neutering and cystotomy. Apical bladder wall resection could be justified in this patient. Bladder wall biopsy, stone analysis and culture would be indicated as well as neutering. The prostatic pathology may be enhancing delayed outflow and predisposing to calculus formation. The calculi are large enough that surgical intervention is likely better than a dissolution program after neutering. There was no overt evidence of neoplasia, yet the wall thickening would be consistent with chronic cystitis and secondary mineralization or ulcerative changes.

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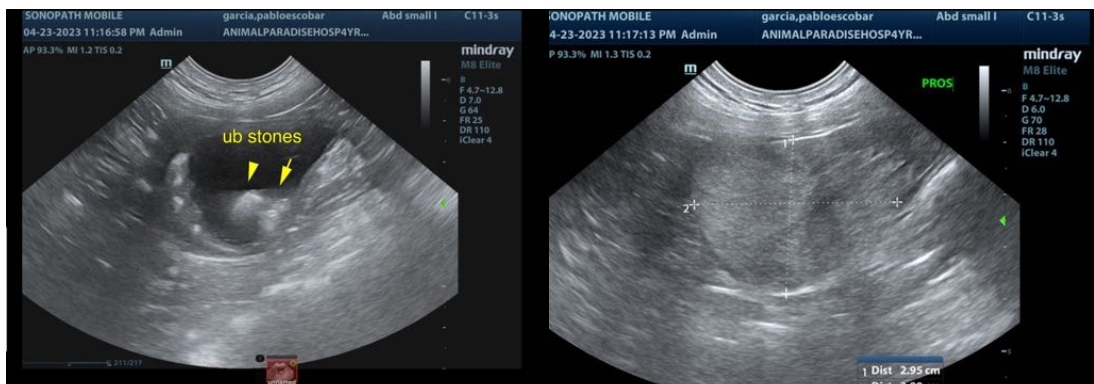
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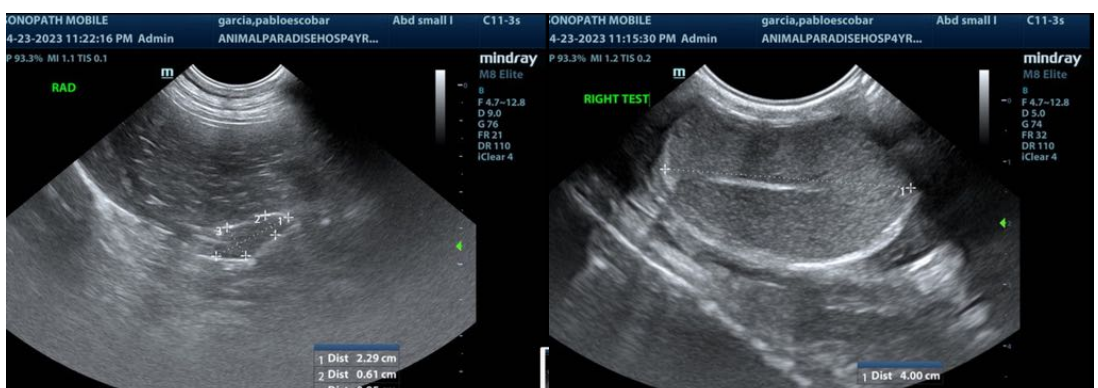
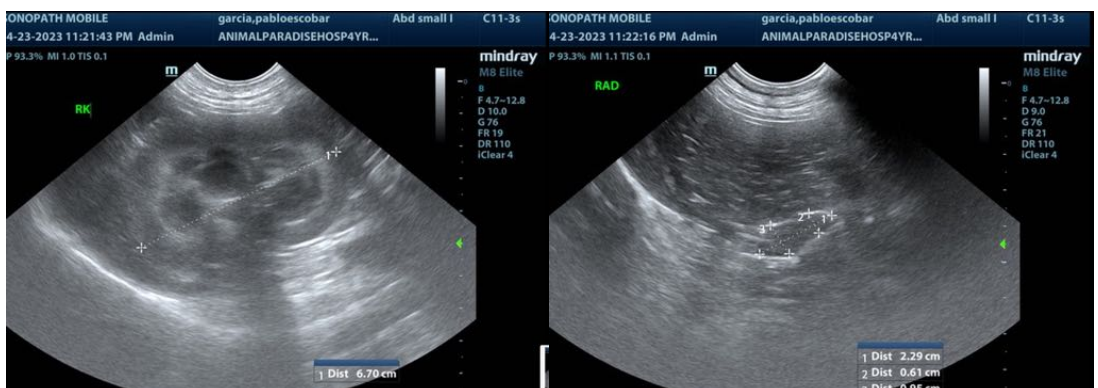
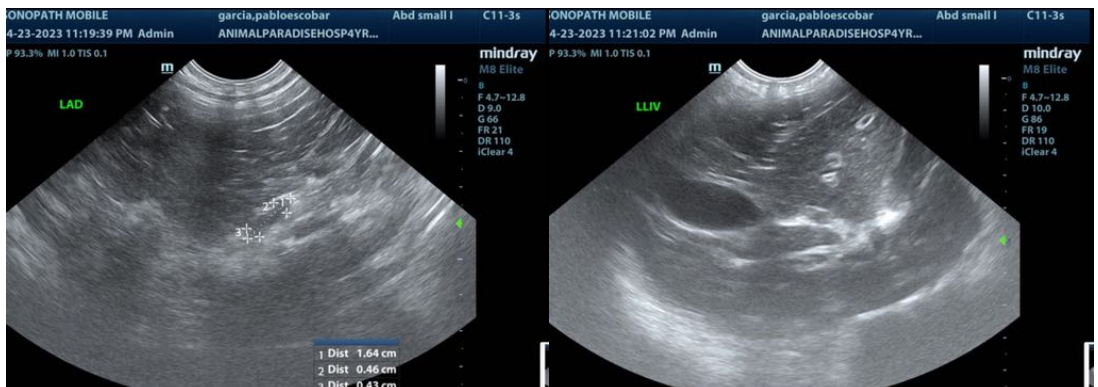
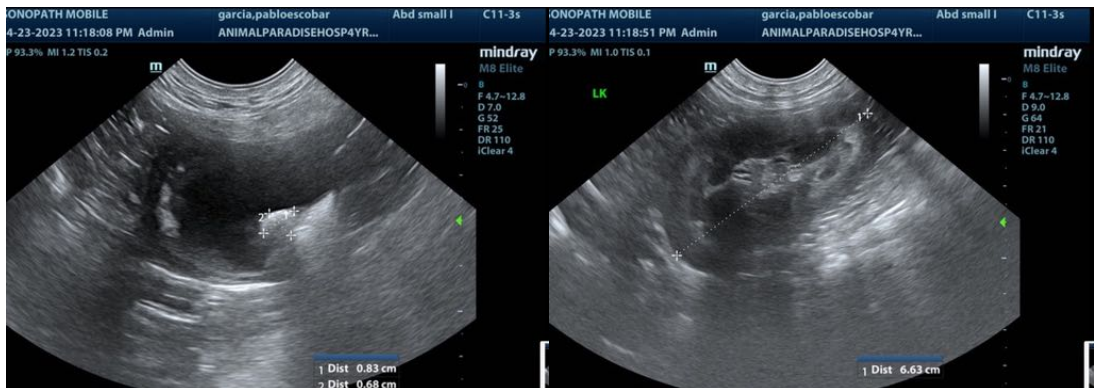
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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