



PATIENT

Hank Porter

PRESENTING CLINICAL SIGNS

History: raisin ingestion; diarrhea
Abnormal PE/Chem/CBC/UA Results: nsf

SPECIES

Canine

BREED

German Shepherd

SEX

Intact male

AGE

2 years

WEIGHT

83 lbs

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. 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 4.5 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 left kidney measured 8.6 cm. The right kidney measured 8.3 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The left adrenal gland was flattened and isoechoic measuring 1.63 x 0.27 cm at the caudal pole and 0.33 cm at the cranial pole. The region of the right adrenal gland was imaged with no evidence of pathology.

IMAGING PERFORMED BY

Diane McFadden, RVT

Spleen

The **spleen** was uniformly enlarged and folded upon itself. This is typical of the breed.

HOSPITAL NAME

Rockaway AH

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.

REFERRING VET

Dr. Maniar

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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



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demonstrated normal luminal chyme and stool consistency respectively. The mesenteric lymph nodes were enlarged and reactive measuring 2.26 x 1.23 cm.

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Pancreas

Canine

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.

BREED

German Shepherd

Heart

SEX

Rapid view of the heart revealed no evidence of pathology.

Intact male

ULTRASONOGRAPHIC FINDINGS

AGE

Structurally unremarkable abdomen.

2 years

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

83 lbs

If any clinical signs of Addison's disease is present then ACTH stimulation is indicated. Full urinary work-up is warranted to assess for inflammatory sediment.

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DABVP, Cert. IVUSS

IMAGING PERFORMED BY

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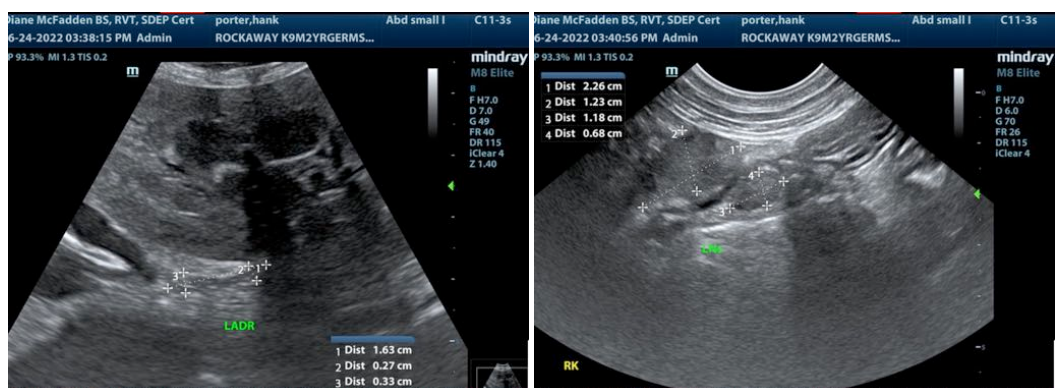
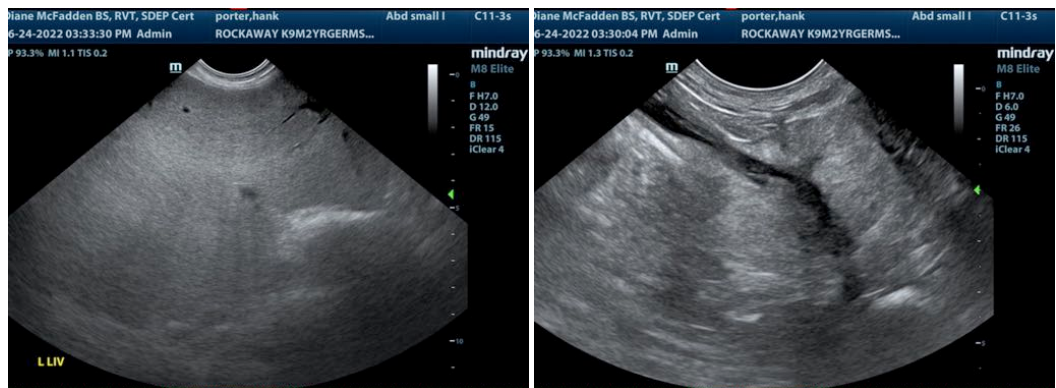
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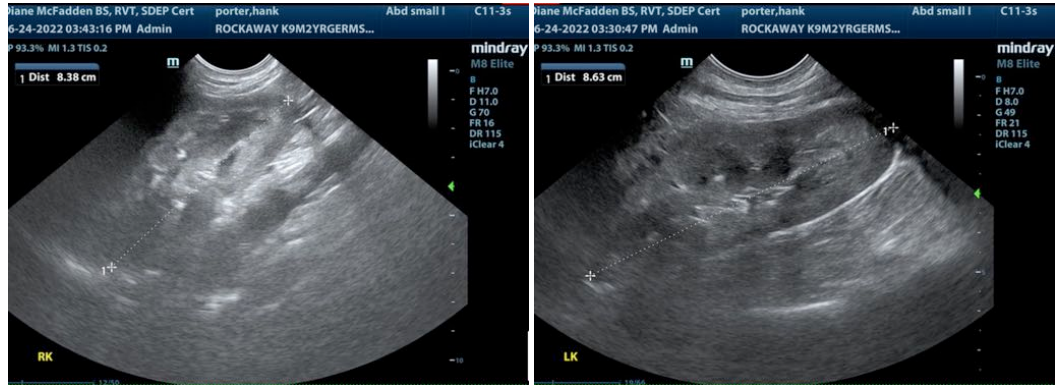
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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