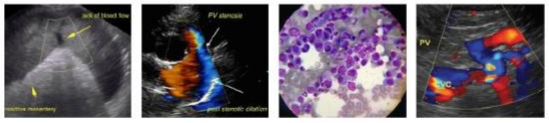

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pawsonography@gmail.com 530-786-8340

PATIENT

Rogue Martin

SPECIES

Canine

BREED

Doberman

SEX

Male

AGE

4 y

WEIGHT

90 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

MountainView Animal Hospital

REFERRING VET

Dr. Sarah Kalivoda

INVOICE

17603

DATE

10/7/22

PRESENTING CLINICAL SIGNS

History~flare-up of prostatitis and prostatic cysts~ p. has a hx of enlarged prostate and prostatic cysts that resolved with medical management with finasteride and then osaterone and long-term anti~biotics, patient recently started showing symptoms of urine dribbling, incompletion of urinary stream, urine retention the breeder intends to try to collect a sperm sample for cryo, so neuter is a complete last resort at this time patient also has a history of pancreatitis with multiple flare ups. MEDS:l-thyroxine ~ 0.8 mg 1 po bid osaterone to be restarted soon, 1 tablet by mouth once a day epimedium herbal therapy heartgard monthly other herbal therapies intermittently pending signs intermittent rx clay for ibs like symptoms

Abnormal PE/Chem/CBC/UA Results: LABS: thyroid 2.0 ~ 9/28 usg 1.044, pH 6.5 uprot 0.3, quiet sediment alt mildly elevated at 136 9/20

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 4.3 cm in diameter.

An anechoic, thinly walled parenchyma cyst was present, measuring 1.1 cm diameter.

The area of the aortic trifurcation was free of pathology.

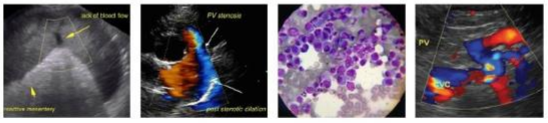
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.6 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.5 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.62 cm width at the caudal pole.

Spleen



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The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

Several, mildly prominent to enlarged medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation or neoplastic criteria and maintaining a normal width: length ratio (<0.5). The lymph nodes were incidental. An example measured 1.7 cm x 0.43 cm.

Other

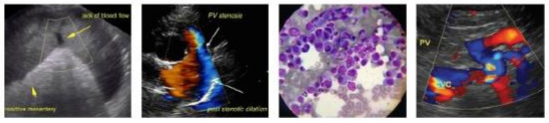
The left and right testicles were sonographically normal.

ULTRASONOGRAPHIC FINDINGS

- Benign prostatic hyperplasia pattern with solitary nondisruptive prostatic cyst, potential for recurrent to low grade prostatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the prostate exhibited similar size and overall appearance compared to the previous ultrasound without evidence of progressive prostatomegaly or parenchymal changes. This is likely consistent with benign prostatic hyperplasia, although given the patient history, prostatitis is possible, which may present in similar sonographic manner. Further assessment would require prostatic sampling (i.e., prostatic wash or FNA cytology). If neutering is not a possibility at this time, therapy for benign prostatic hyperplasia or prostatitis based on the clinical impression of the patient, which may include as needed



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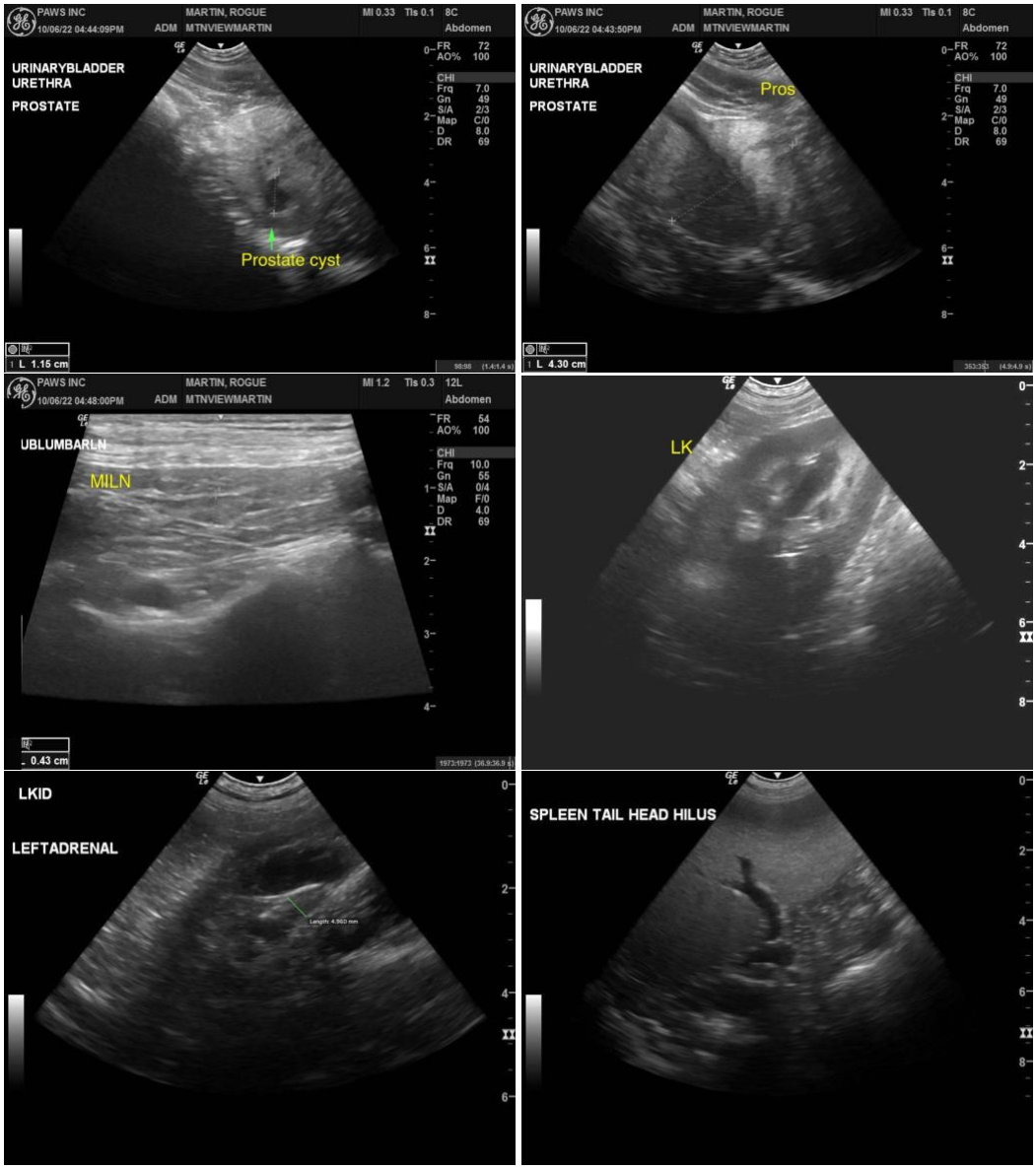
finasteride, as well as antibiotics, ideally based in prostatic sampling +/- culture and sensitivity would be reasonable.



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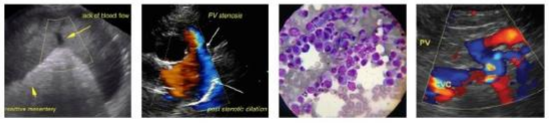

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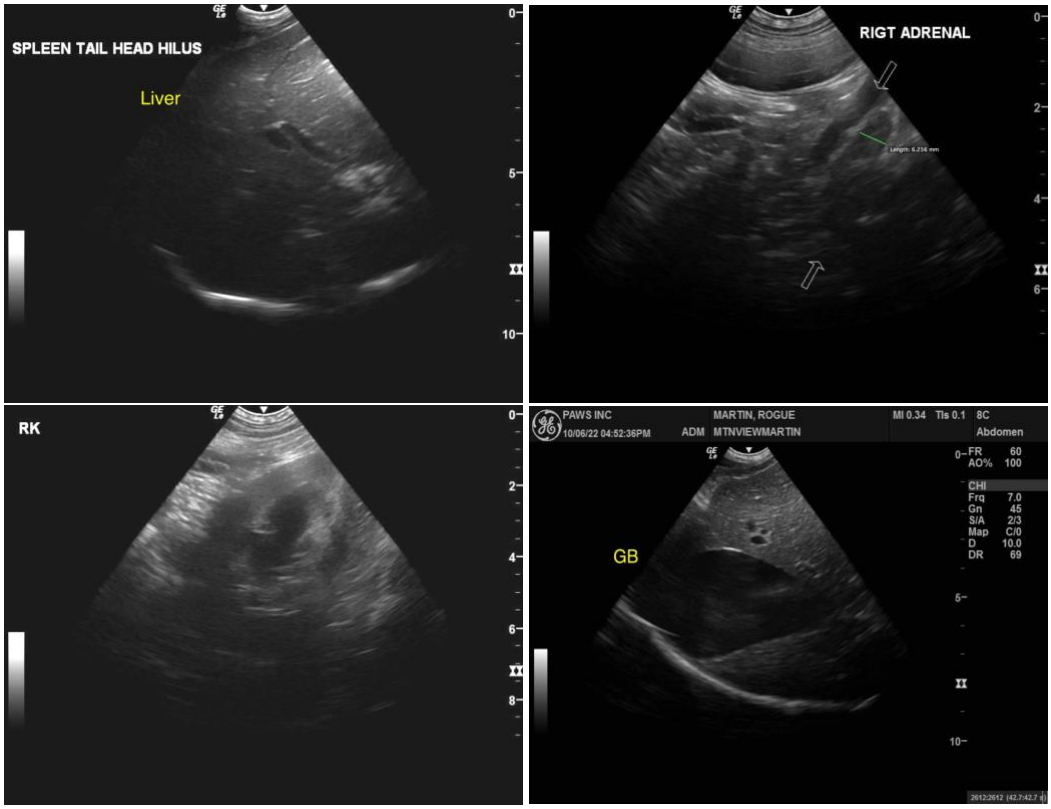

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com