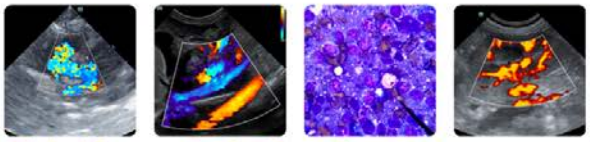


PATIENT

Leo Michaud

SPECIES

Canine

BREED

Belgian Malinois

SEX

Intact Male

AGE

3 Years 9 Months

WEIGHT

26.4 kg

INTERPRETED BY

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Mariusz Chmielinski, DVM

HOSPITAL NAME

Apex Veterinary Services

REFERRING VET

Alpine 24/7 ER

INVOICE

73182

DATE

2/22/26

PRESENTING CLINICAL SIGNS

Clinical signs began Feb 17 with hypersalivation and gulping. Treated with Cerenia (2 days) and Omeprazole (partial improvement). Worsened Feb 21: Liquid diarrhea. Anorexia. Profound lethargy. Stiff, guarded gait described as “ataxic”. No vomiting. Recent changes:. Increased CBD oil dose. Omeprazole discontinued; Pepcid administered prior to ataxia

Abnormal PE/Chem/CBC/UA Results: HR: 104 bpm, R: 32 bpm, Temp: 37.9°C , MM: Pink, tacky , CRT (sec): < 2 seconds , BP: 129/82 mmHg (MAP 91) blood chemistry and CBC were performed. Results revealed a mild leukocytosis, with all other values within normal limits.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The prostate is enlarged, irregular, and mildly symmetric with hyperechoic and hypoechoic nodular lesions within. There is a mild amount of regional hypoechoic effusion.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. Left kidney measures 7.09 cm. Right kidney measures 7.04 cm.

Adrenal Glands

Both adrenal glands are visualized and have 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. Left measures 0.59 cm. Right measures 0.66 cm

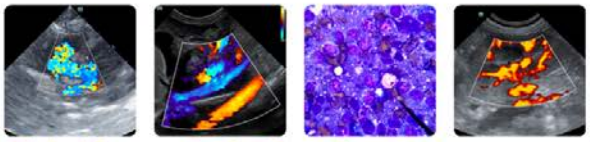
Spleen

The spleen measures 1.77 cm at the hilus. it is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls and contains a mild amount of suspended echogenic debris and dependent sediment. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented.

Gastrointestinal



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The stomach and small intestine are minimally distended with mild fluid and gas. The pylorus and pyloroduodenal junction are patent. There is no evidence of small intestinal or gastric obstruction. Gastrointestinal walls are normal in thickness with maintenance of normal wall layering. The ICJ is patent. The colon is diffusely fluid filled.

Pancreas

The pancreas is mildly hypoechoic with mild hyperechoic regional mesentery and omental fat. There is no free peritoneal effusion identified.

Other

The jejunal and sublumbar lymph nodes are prominent with normal length to width ratios and isoechoic parenchymal detail.

The testicles are not visualized.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic, irregular prostate – May be consistent with patient's intact status and benign prostatic hypertrophy. However, infiltrative neoplastic disease cannot be definitively excluded.
- The gallbladder contains echogenic, suspended and dependent unorganized debris. This is not yet to the level of an organized mucocele, however early/developing mucocele cannot be ruled out. This dependent sediment is often an incidental finding or may be associated with concurrent endocrine disease such as hyperadrenocorticism or diabetes mellitus.
- The prominent, hypoechoic pancreas with an irregular contour and mixed ill-defined hyper and hypoechoic changes is most consistent with pancreatic remodeling and nodular hyperplasia. This may be secondary to active or acute-on chronic inflammatory disease or pancreatitis.
- The slightly prominent sublumbar and jejunal lymph nodes display no loss of parenchymal detail or change in echogenicity. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirates of the prostate with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.

A gastrointestinal panel (TLI, PLI, B12, folate) via Texas A&M gastrointestinal laboratory is indicated to further evaluate for potential chronic enteropathy. Ultimately, gastrointestinal biopsies may be required for a definitive diagnosis.

A spec cPLI is recommended to further evaluate the pancreas for active pancreatitis.

Pending initial diagnostics, continue supportive care for occult pancreatitis or gastroenterocolitis as clinically indicated.

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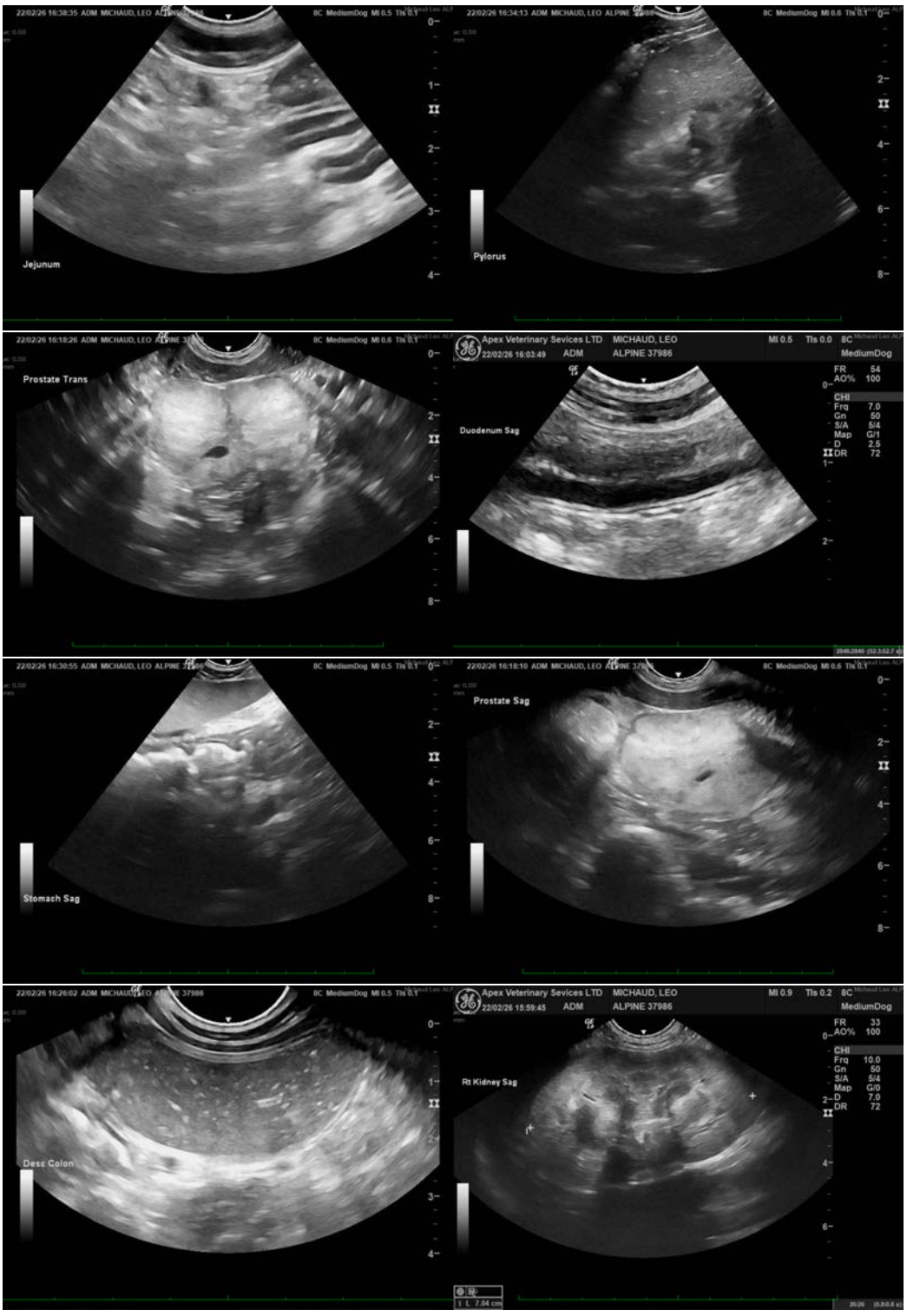

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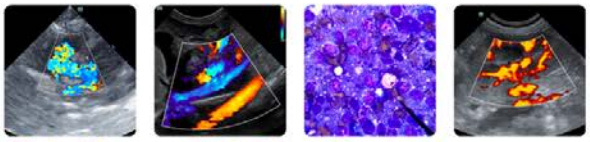

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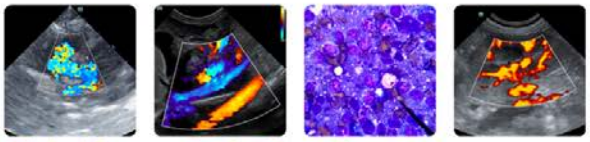

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com