



**PATIENT**

Bruce Rempel

**SPECIES**

Canine

**BREED**

Bichon

**SEX**

Intact Male

**AGE**

15 Years

**WEIGHT**

5.8 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Buck Animal Hospital

**REFERRING VET**

Dr. Calvise

**INVOICE**

74110

**DATE**

4/1/26

**PRESENTING CLINICAL SIGNS**

Recheck prostatic abscess and splenic mass post abx, zenequin x 1 month

Current Medications: Restorlax, lactulose, gaba

Abnormal PE/Chem/CBC/UA Results: Primary Question to Be Answered in This Exam mass grown? abscess improved?

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The prostate is hyperechoic and enlarged, which is normal for an intact male dog. There is a persistent irregular fluid accumulation that is significantly smaller in size today, measuring approximately 0.50 cm x 0.90 cm. There is persistent pinpoint mineralization visualized within the prostate.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Cortical mineralization is noted bilaterally. Left kidney measured 4.73 cm. Right kidney measured 4.96 cm.

**Adrenal Glands**

The left adrenal gland is visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 2.29 cm in length x 0.65 cm at the caudal pole and 0.78 cm at the cranial pole.

The right adrenal gland is visualized on still images only. It appears to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. Right measures 1.65 cm in length x 0.50 cm at the caudal pole and 0.81 cm at the cranial pole.

**Spleen**

The spleen contains a partially cavitated, capsular distending, hypoechoic, small mass measuring approximately 1.3 cm x 1.1 cm. The remainder of the splenic parenchyma is slightly mottled, consistent with age related change.

**Liver**

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder is moderately distended with anechoic bile. There are multiple cauliflower-like masses projecting from the wall, the largest of which measures 0.70 cm x 0.60 cm. These may represent adhered debris or gallbladder masses, likely benign papilloma.



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***Gastrointestinal***

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

***Pancreas***

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

***Free Abdomen***

No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

The left testicle is subjectively normal in size and shape with homogenous parenchyma free of masses and normal median raphe visualized.

The previously noted right testicular nodule is not visualized today. There are multiple small, hyperechoic nodules within the right testicle, consistent with developing areas of mineralization.

**ULTRASONOGRAPHIC FINDINGS**

- Improved prostatomegaly with significantly improved but persistent fluid accumulation.
- Static splenic nodule.
- Suspect gallbladder polyps.
- Degenerative renal changes.
- Mineralization in right testicle.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The prostatomegaly is significantly improved, and the prostate is currently considered essentially normal in size for an intact male. The previously visualized fluid accumulation is significantly reduced in size but is persistent. Continued antibiotic therapy for an additional 2-4 weeks is recommended.

The splenic nodule is static. Continued serial monitoring every 3-6 months is recommended to monitor for growth. Splenectomy could be considered at any time to further defined.

The gallbladder changes may represent inspissated bile accumulation adhering to the gallbladder wall. They have an appearance more consistent with gallbladder papillomas. No specific therapy is necessary. Ursodiol could be considered.



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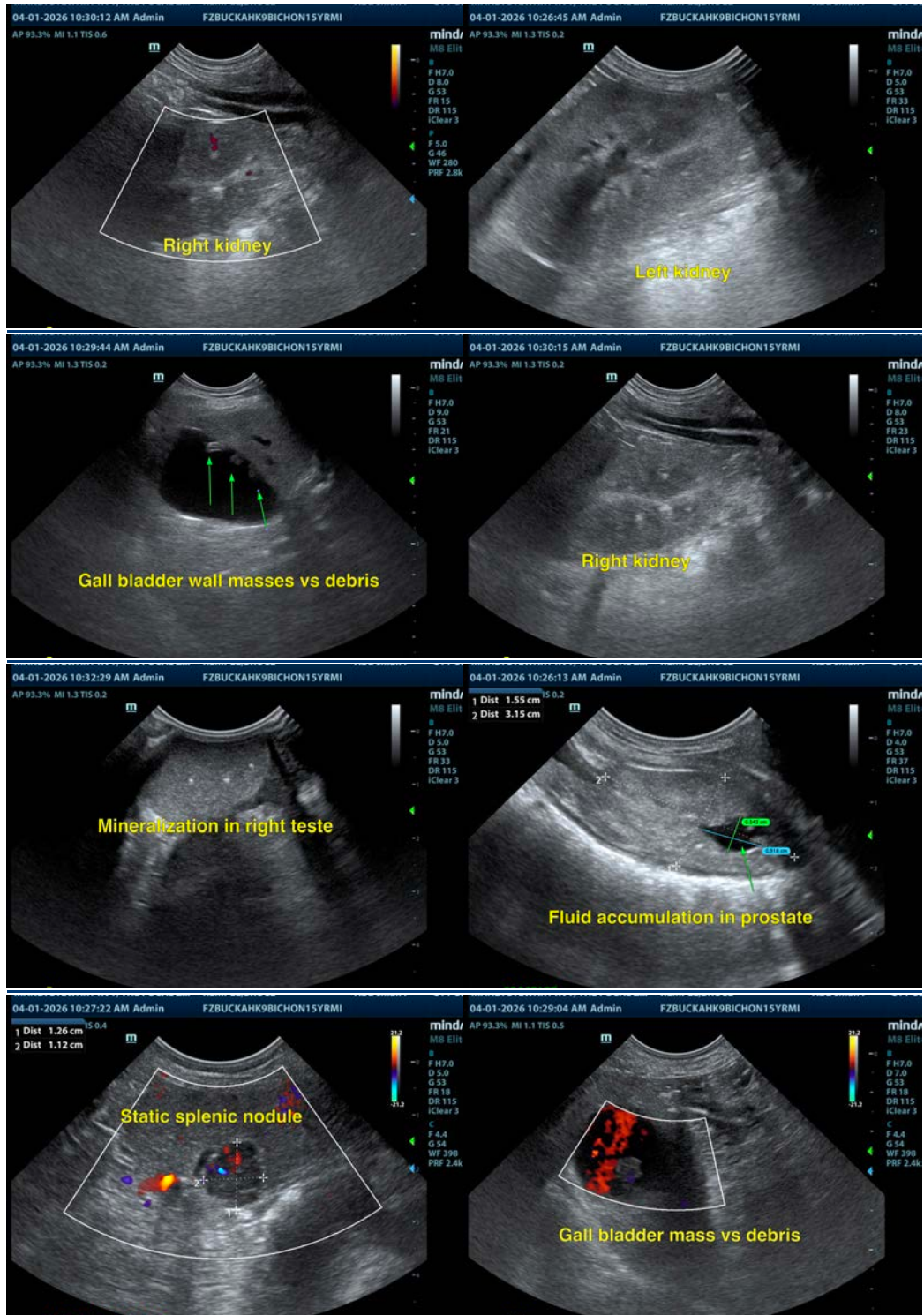
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

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