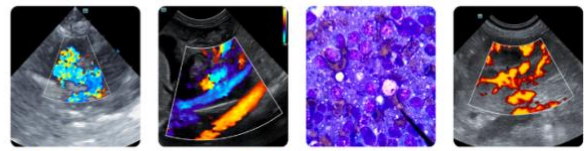


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Gunner 59988411	<ul style="list-style-type: none"> <li>Heartworm Positive</li> </ul>
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	The <b>urinary bladder</b> , trigone, and pelvic urethra presented 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 were noted. Ureteral papillae were normal.
Hound Mix	
<b>SEX</b>	The <b>prostate</b> was mildly 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 3.5 cm.
Neutered Male	
<b>AGE</b>	
2 Years	
<b>WEIGHT</b>	The <b>kidneys</b> 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 6.4 cm in length. The right kidney measured 6.2 cm in length.
35.5 pounds	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS	Both <b>adrenal glands</b> 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 left adrenal gland measured 1.67 cm x 0.37 cm width at the caudal pole and 0.43 cm width at the cranial pole. The right adrenal gland measured 1.0 cm width at the cranial pole and 0.50 cm width at the caudal pole.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Greg Schaffer	The <b>spleen</b> 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 were noted.
<b>HOSPITAL NAME</b>	<b>Liver</b>
Saint Frances Animal Center	The <b>liver</b> 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.
<b>REFERRING VET</b>	
Dr. O'Sullivan	
<b>INVOICE</b>	
13307	
<b>DATE</b>	
01/21/26	



**PATIENT**

Gunner 59988411

**SPECIES**

Canine

**BREED**

Hound Mix

**SEX**

Neutered Male

**AGE**

2 Years

**WEIGHT**

35.5 pounds

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP(CFM), Cert.  
IVUSS

**IMAGING PERFORMED BY**

Greg Schaffer

**HOSPITAL NAME**

Saint Frances Animal  
Center

**REFERRING VET**

Dr. O'Sullivan

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**DATE**

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**Gastrointestinal**

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. The stomach was full.

**Pancreas**

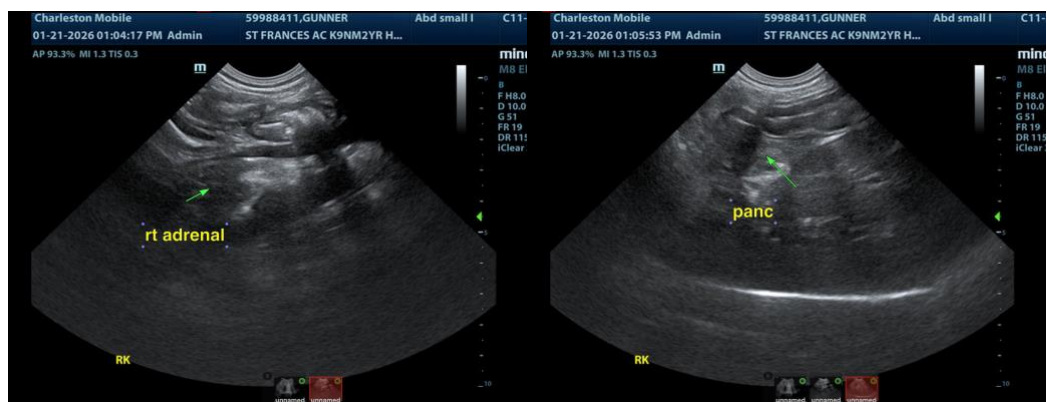
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

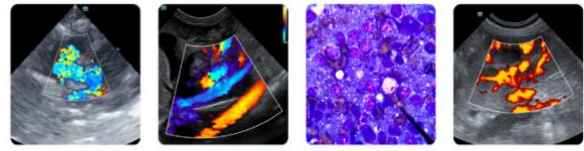
**ULTRASONOGRAPHIC FINDINGS**

- IBD GI pattern with full stomach- occult inflammatory bowel, possible food intolerance, parasitism all can present in this fashion.
- BPH prostate.
- Structurally unremarkable abdomen otherwise.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Parasite assessment is recommended.





**PATIENT**

Gunner 59988411

**SPECIES**

Canine

**BREED**

Hound Mix

**SEX**

Neutered Male

**AGE**

2 Years

**WEIGHT**

35.5 pounds

**INTERPRETED BY**

Eric Lindquist, DMV,  
 DABVP(CFM), Cert.  
 IVUSS

**IMAGING PERFORMED BY**

Greg Schaffer

**HOSPITAL NAME**

Saint Frances Animal  
 Center

**REFERRING VET**

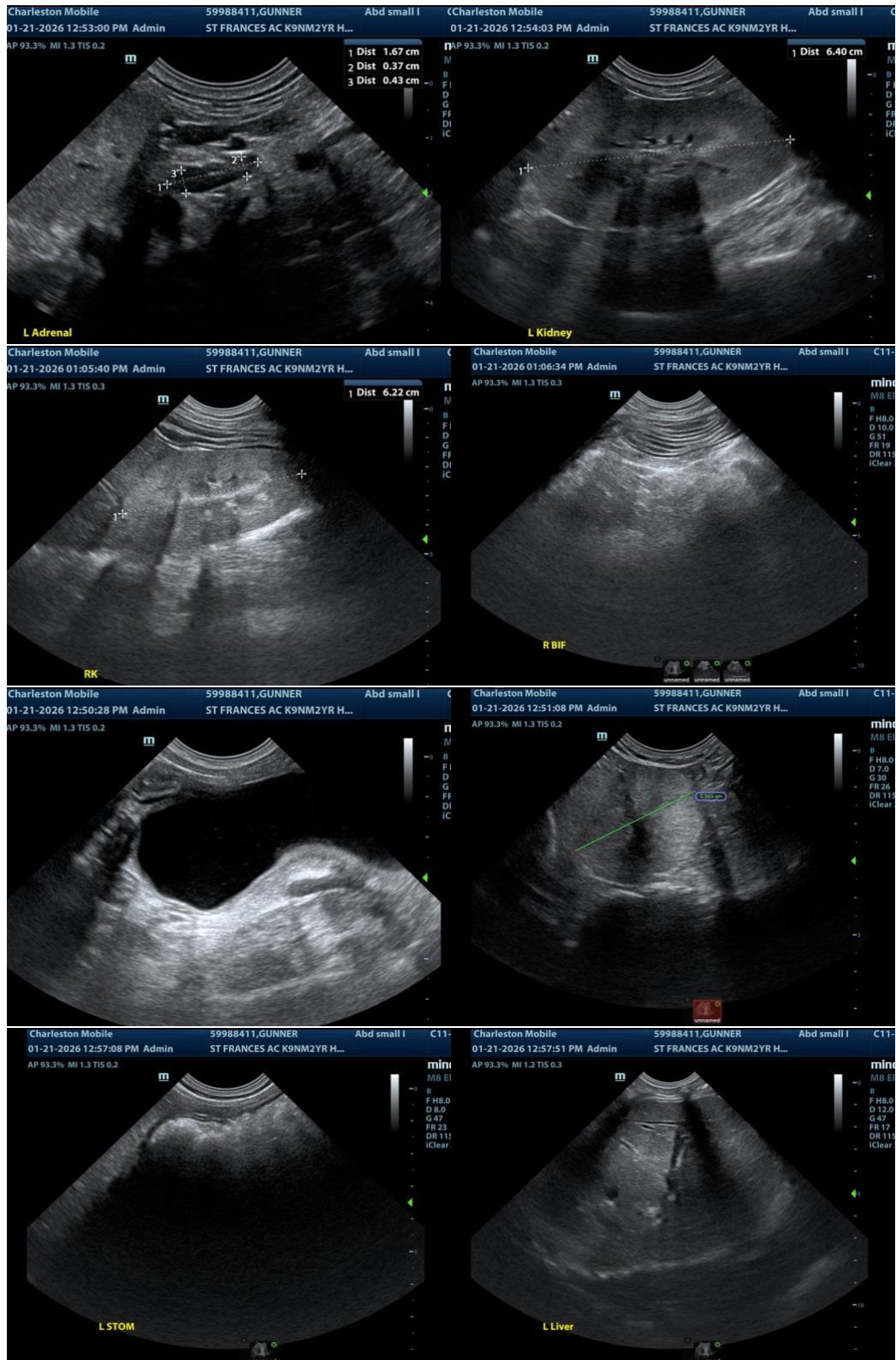
Dr. O'Sullivan

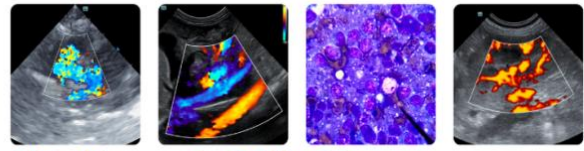
**INVOICE**

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01/21/26





**PATIENT**

Gunner 59988411

**SPECIES**

Canine

**BREED**

Hound Mix

**SEX**

Neutered Male

**AGE**

2 Years

**WEIGHT**

35.5 pounds

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP(CFM), Cert.  
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**IMAGING  
PERFORMED BY**

Greg Schaffer

**HOSPITAL NAME**

Saint Frances Animal  
Center

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**DATE**

01/21/26



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(CFM), Cert. IVUSS,**

CEO, Owner, Founder -- SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)