



PATIENT

Kody Hogge

SPECIES

Canine

BREED

Miniature Aussie

SEX

Intact male

AGE

10 years

WEIGHT

27 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Tiffany Boomer

HOSPITAL NAME

Moyock AH

REFERRING VET

Dr. Eure

INVOICE

69982

DATE

1/9/26

PRESENTING CLINICAL SIGNS

History: OWNER IS A BREEDER AND USES THIS MALE AS A STUD. HE HAS NEVER HAD ANY TROUBLE GETTING FEMALE DOGS PREGNANT. HE HAS BEEN UNSUCCESSFUL WITH 3 SEPARATE FEMALS OF LATE. O ALSO THINKS HE MAY BE "OFF" AND A BIT MORE CLINGY LATELY. NO KNOWN VOMIT/DIARRHEA/ETC. POSSBILY AN ENLARGED PROSTATE ON PHYSICAL EXAM.
Abnormal PE/Chem/CBC/UA Results: CHEM WNL EXCEPT ONE POINT ELEVATION ON BUN, CBC NORMAL, T4 NORMAL. HWO NEG. ON PREVS. NO URINE OBTAINED YET.

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 **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 4.36 cm. The right kidney measured 5.4 cm.

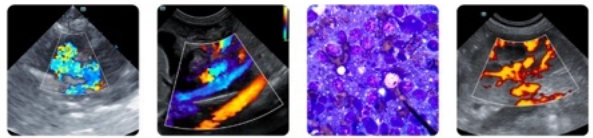
The prostate was uniform and measured 3.5 cm. Slight edema lines were noted. There were no masses or abscessation.

Adrenal Glands

Both **adrenal glands** 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 0.6 cm. The right adrenal gland measured 0.8 cm at the cranial pole and 0.5 cm at the caudal pole.

Spleen

The **spleen** 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 was noted.



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Liver

The **liver** revealed minor increased portal markings. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder and common bile duct were unremarkable.

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 demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The right **pancreatic** base in this patient revealed hyperechoic parenchymal changes. This is consistent with remodeling. However, I cannot rule out low-grade inflammation.

ULTRASONOGRAPHIC FINDINGS

Minor BPH, possible low-grade prostatitis pattern.

Pancreatic remodeling. Potential low-grade pancreatic inflammation, yet the changes were minor.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no overt pathology related to the clinical history. Ultrasound-guided FNA, cytology and culture of the prostate can be considered. Baseline cortisol or ACTH stimulation can be considered to assess for occult Addison's; however, this is not overtly suspected as the adrenal glands appear normal.



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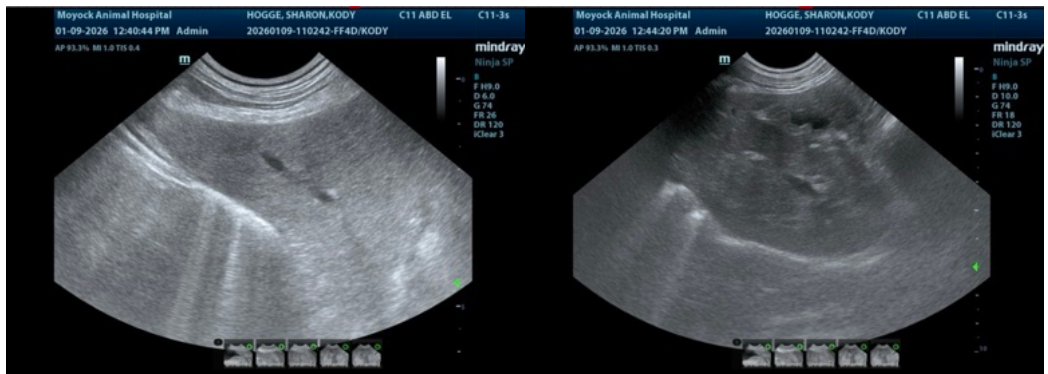
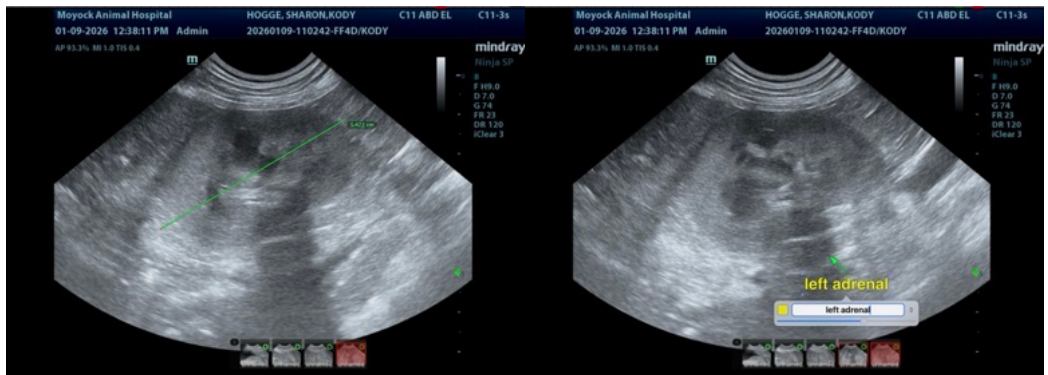
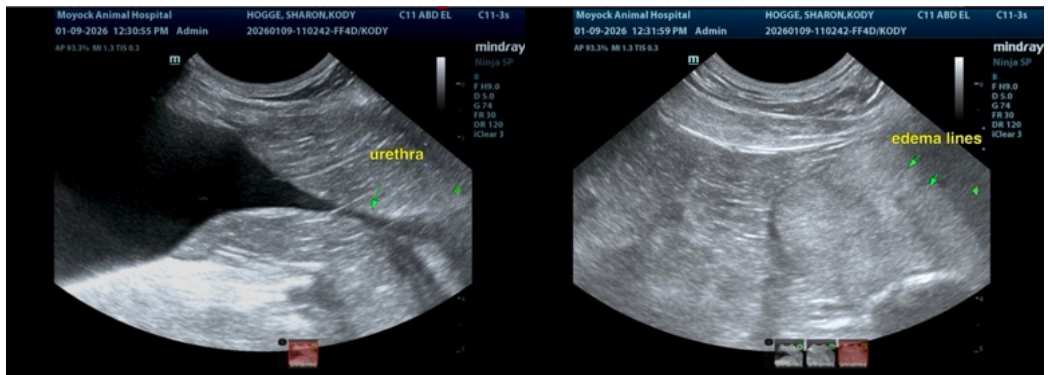
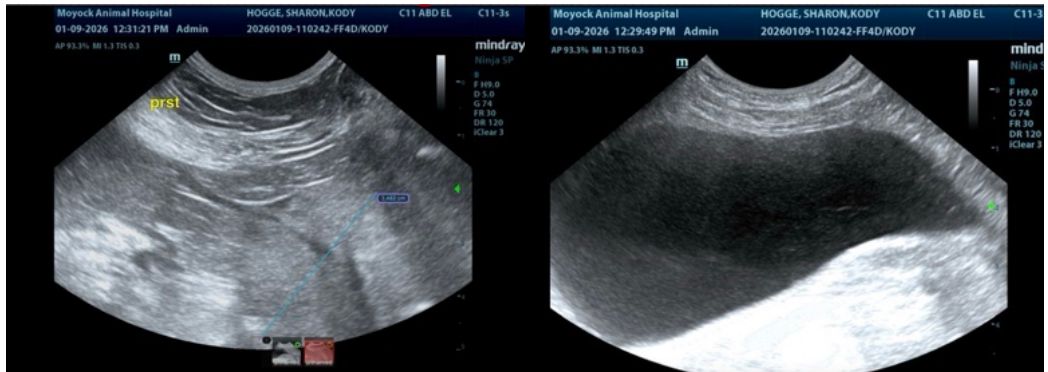
Dr. Eure

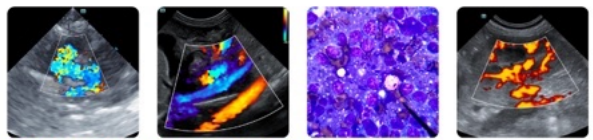
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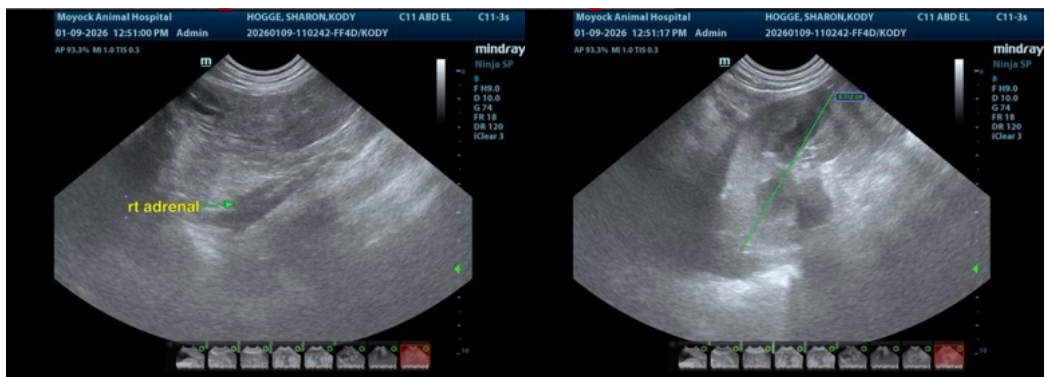
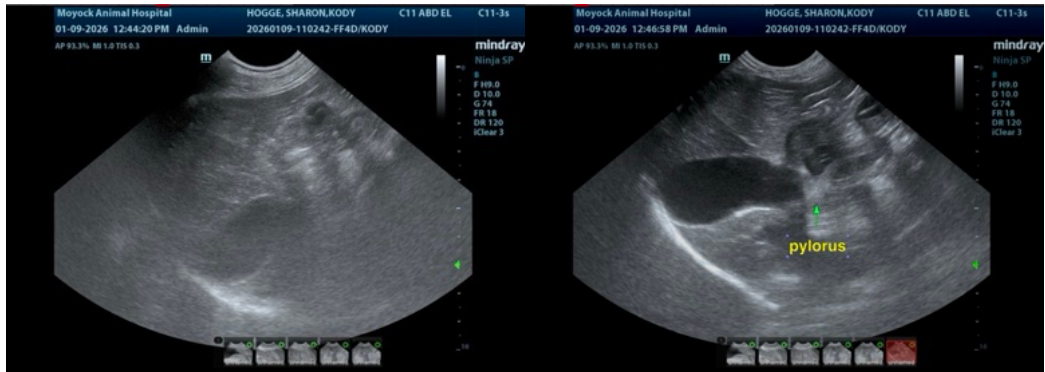
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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