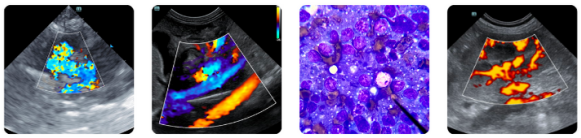


DATE

11/10/25

PATIENT

Ozone Disney

SPECIES

Canine

BREED

Yorkipoo

SEX

Intact Male

AGE

11/10/2020

WEIGHT

11.3 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Heresniak

INVOICE

35459

PRESENTING CLINICAL SIGNS

Patient History: Acute onset inability to urinate noted by client this evening - Straining; left pelvic limb held elevated for prolonged period - No previous history of urinary issues - Normal daily exercise; walks several hours daily - No pertinent past medical history. Physical Exam: Abdomen: Abdomen painful on palpation Rectal: Prostate enlarged. Urogenital: Bladder full, unable to express

Current Medications: Butorphanol.
Labwork Results: Labwork attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT requested.
Imaging Performed by: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a focally catheter placement. The bladder was essentially empty. A mild amount of sand was noted with acoustic shadowing.

The **prostate** (2.8 cm) was heterogenous with mixed echogenic changes consistent with prostatitis. This may be contributing to the delayed outflow and UTI.

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 4.2 cm. The right kidney measured 4.5 cm.

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 0.5 cm. The right adrenal gland measured 0.5 cm.

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 were noted. Caudal folding of the spleen was noted.

Liver

The **liver** 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.

Gastrointestinal

There was some residual chyme and gas noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

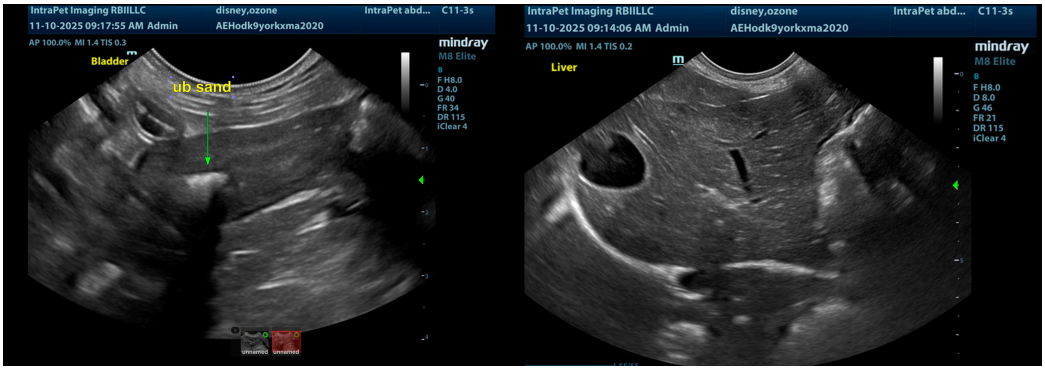
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

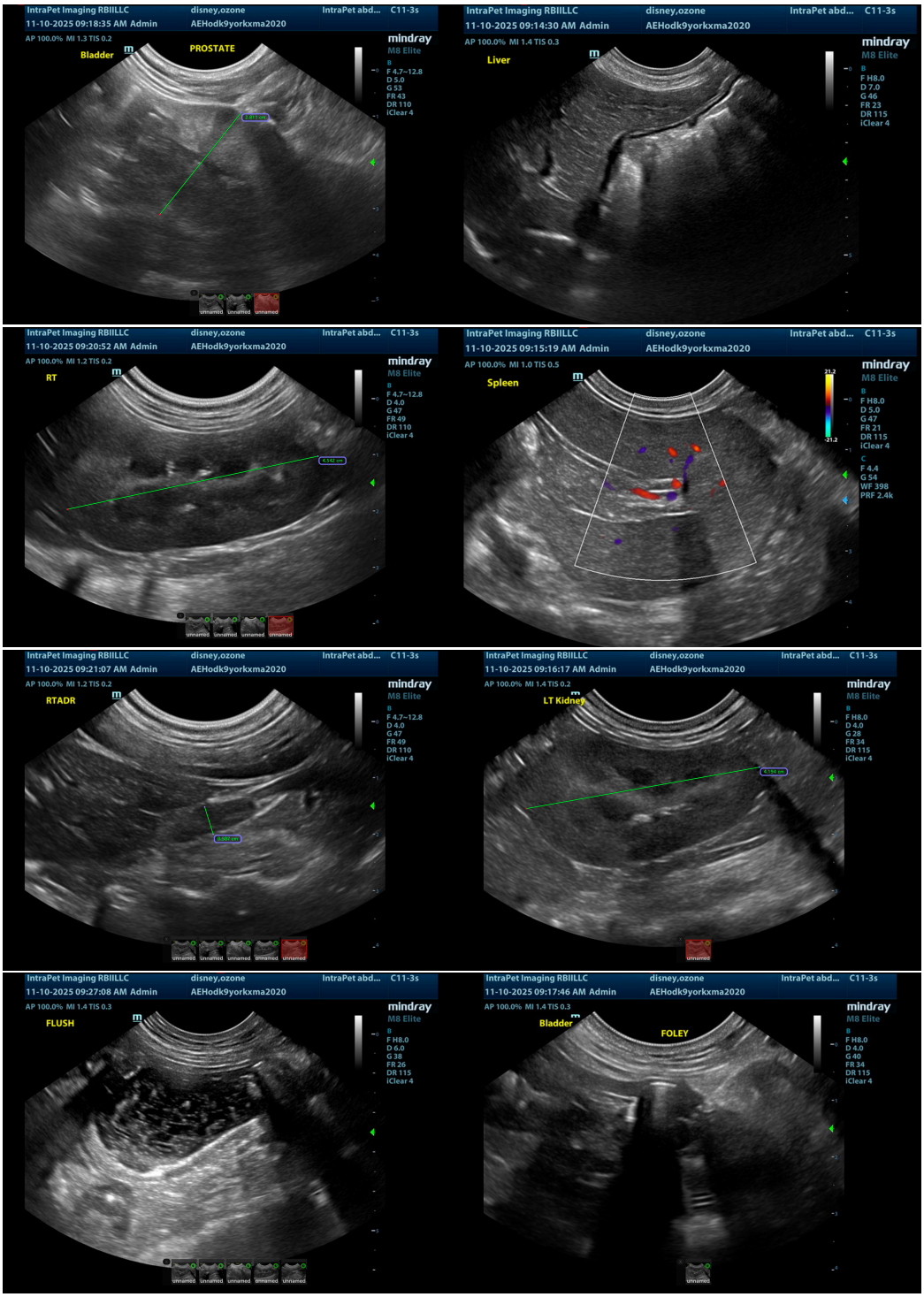
ULTRASONOGRAPHIC FINDINGS

- Prostatitis
- Bladder sand/chronic cystitis pattern
- Partially full stomach
- Caudal splenic fold

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Either direct neuter, cystotomy, and normo-and retrograde flushing of the bladder could be considered, or neutering with medical management and dissolution protocol, however, the latter may not be long term effective and secondary cystotomy may be necessary regardless. Enrofloxacin is the preferred antibiotic over a 4-week period after neutering.





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.

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