



PATIENT

Tango Langella

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Neutered Male

AGE

10 Years

WEIGHT

17 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jeremiah Gabriel

HOSPITAL NAME

Central Jersey Animal
Hospital

REFERRING VET

Dr. Jeremiah Gabriel

INVOICE

71710

DATE

11/11/25

PRESENTING CLINICAL SIGNS

Losing weight vomiting anorexia

Abnormal PE/Chem/CBC/UA Results: calcium 8 WBC 44.4 Platelet Count 462 170-400 103/mL HIGH Platelet Estimate Increased Differential Absolute % Neutrophils 40848 92 2060-10600 /mL HIGH Lymphocytes 1332 3 690-4500 /mL Monocytes 2220 5 0-840 /mL HIGH Absolute Neutrophils 40848 Absolute Lymphocytes 1332 Absolute Monocytes 2220

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 were noted. Ureteral papillae were normal.

The prostate was enlarged and mildly heterogeneous, measuring 2.8 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.0 cm. The right kidney measured 5.3 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

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.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented minor coalesced bile, not pathological. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of



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obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. Spastic intestine noted throughout the GI tract. The colon was fluid filled. Reactive mesentery noted.

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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.

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ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Gastroenteritis/colitis pattern.
- Potential prostatic carcinoma.
- Age related renal and hepatic changes.

AGE

10 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that this is a reported neutered male, there is strong concern for prostatic neoplasia/carcinoma. FNA of the prostate indicated. Symptomatic therapy for gastrointestinal upset indicated.

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17 lbs

Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

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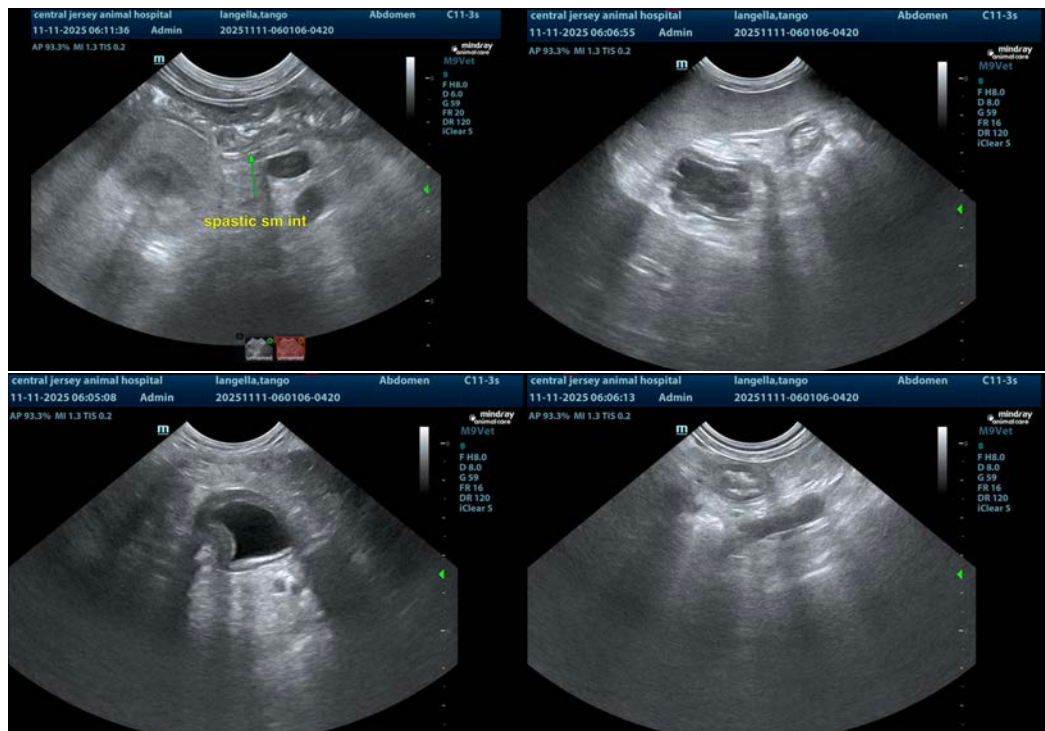
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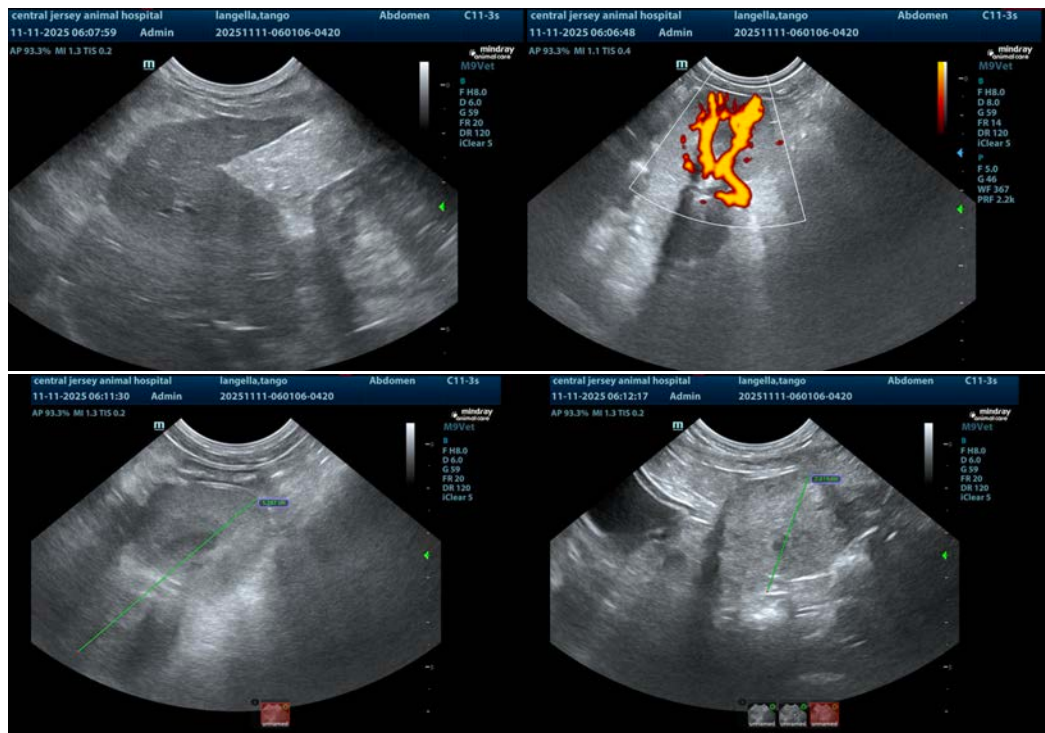
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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