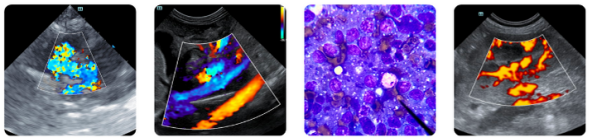

PATIENT

Moose Pleskonko

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Male

AGE

5 years 7 months

WEIGHT

59.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershire Animal Hospital

REFERRING VET

Dr. Susan Zhang

INVOICE

10748

DATE

11/14/2025

PRESENTING CLINICAL SIGNS

Vomiting and decreased appetite with lethargy three days ago. seen two days ago PE no significant findings. bloodwork cbc chem including cpl withing normal limits. radiographs unremarkable with empty stomach and formed stool and colon. No response to cerenia or entyce in terms of improvement and appetite but no vomiting since office visit. recheck cpl yesterday and still normal. aferbile.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The iliac trifurcation was unremarkable.

The **prostate** was uniformly enlarged (3.7 cm) 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 **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. Left kidney measures 6.5 cm and the right kidney measures 6.6 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. Left adrenal measures 0.5 cm at the cranial pole and 0.74 cm at the caudal pole. Right adrenal measures 0.93 cm at the cranial pole and 0.53 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 were noted. The spleen was folded upon itself cranially.

Liver

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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

The **stomach** was overdistended with mildly echogenic fluid. Anechoic structure noted in the gastric fundus, measuring 3.1 cm. Likely foreign body or vegetables, or similar material. Other shadowing material noted such as bones or similar. Some transit of chyme near the duodenum noted. Distal small intestine revealed dilated bowel followed by empty small intestine. Shadowing foreign body noted in the distal small intestine measuring 2.3 cm in the midst of thickened intestinal wall of 0.53 cm.

Pancreas

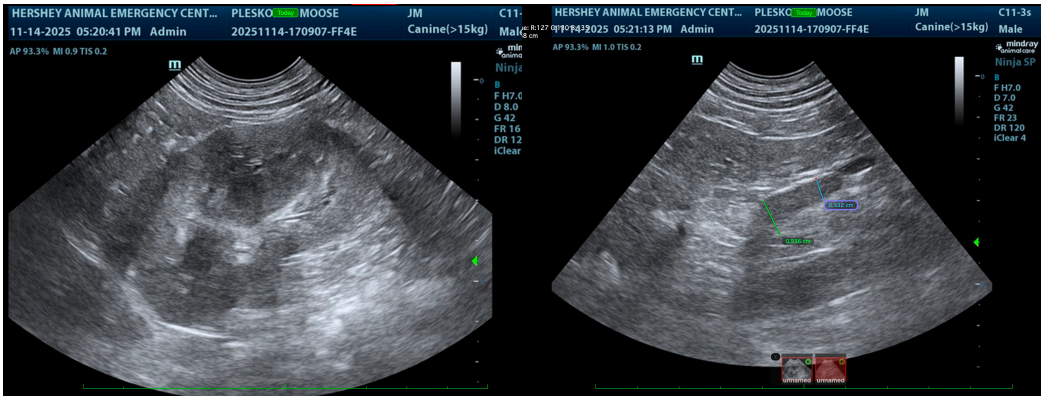
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Distal small intestinal obstruction with regional intestinal thickening. Underlying chronic inflammatory bowel disease with lodged foreign body and obstructive pattern noted.
- Minor benign prostatic hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Enterotomy +/- intestinal resection anastomosis + gastrotomy to evacuate the stomach all indicated. GI biopsies strongly recommended to rule out underlying disease.



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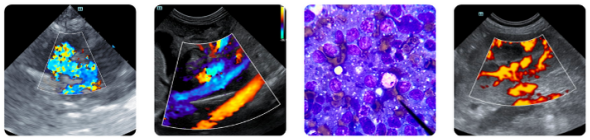

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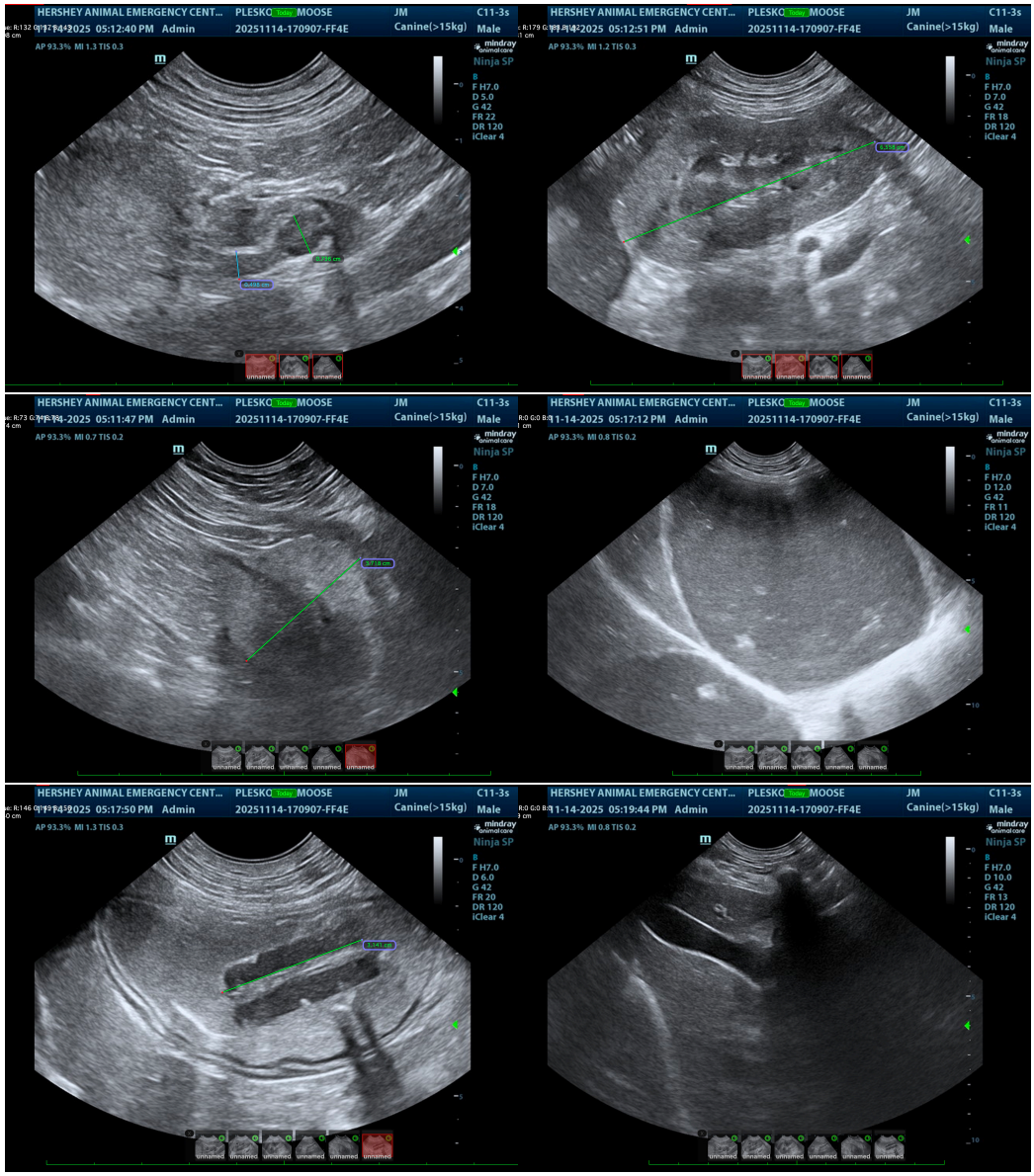

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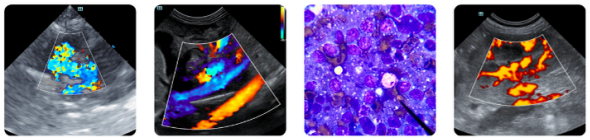

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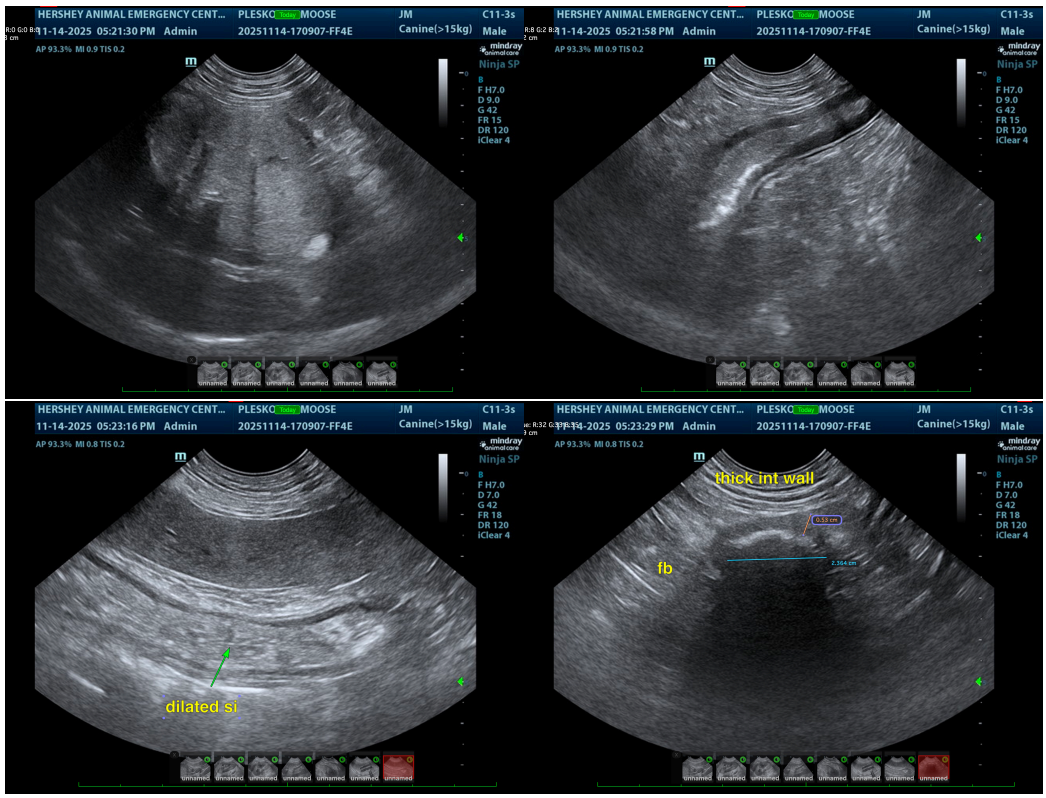

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com