



## PATIENT

KJ Hassett

## SPECIES

Canine

## BREED

Chow

## SEX

Intact male

## AGE

5 years

## WEIGHT

51.2 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Danielle Shemanski,  
DVM, MA

## HOSPITAL NAME

Western New York VS

## REFERRING VET

Dr. Demers

## INVOICE

68925

## DATE

11/20/25

## PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL: ADR, painful, not eating, 104 temp resolved w/ fluids, prostatomegaly noted on radiology consult, bacteria in urine. Is now on day 3 of not eating, concerns for prostatitis. CLINICAL SIGNS: walking very slow, drooling, panting, not eating or defecating Intermittent short-lived fever of 103 - 104F Owner and RDVM report he is significantly painful in his abdomen, notably during these times. (walking slowly, drooling, panting, not eating) Not defecating (albeit anorexic) Thirst and urination = apparently normal Diet: Fromm MEDICATIONS: Sucralfate 1gm tab 1 tab po q 12 hrs Gabapentin 300mg 1cap po q12 hrs TMZ 400mg/80mg 1 tab po q 12hrs Cerenia 60mg 1 tab SID  
Abnormal PE/Chem/CBC/UA Results: No stress leukogram Lymphocytes 0.15, monocytes 0.12 X10<sup>3</sup>/uL Glu = 69mg/dL K+ = 3.1mmol/L Cl 108mmol/d Negative 4DX Urine positive for WBC, RBC, bacteria Radiograph interpretation from Antech = abnormal finding = severe prostatomegaly

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** revealed minor uniform thickening with mild repletion. The bladder wall thickness measured 0.39 cm.

The **kidneys** were normal in size and contour with slightly increased cortical echogenicity. This is a non-specific finding. The right kidney measured 7.67 cm. The left kidney measured 8.0 cm.

The **prostate** was uniform with bi-lobar swelling with edema lines. This is suggestive for prostatitis. There was no evidence of masses or abscessation. The prostate measured 2.7 cm. The edema lines in the prostate would suggest some level of prostatitis.

The testicles were imaged and found to be uniform.

The iliac lymph node was reactive and measured up to 2.0 cm. The sublumbar lymph nodes were also enlarged and reactive.

### 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 right adrenal gland measured 0.54 cm. The left adrenal gland measure 0.43 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 was noted.



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## 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 revealed minor excessive amount of coalesced bile.

## 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 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 pattern, suspect that the prostate is the source of potential fever in this patient. Brucella should be a consideration in this patient.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA cytology and culture of the prostate is indicated or management for prostatitis. A clinical trial of Enrofloxacin and Clindamycin could be considered. Eventual neutering would be ideal. However, if neutering is not an option then the following protocol may prove effective.

Finasteride at 1 mg/kg/day can be utilized as an off-label approach to reducing prostatic size in BPH cases. Coverage for prostatitis would also likely be appropriate with Fluoroquinolone/Baytril or similar. A recheck sonogram is recommended in 3-4 weeks with reassessment of the urinalysis and evaluation of any inflammatory sediment.



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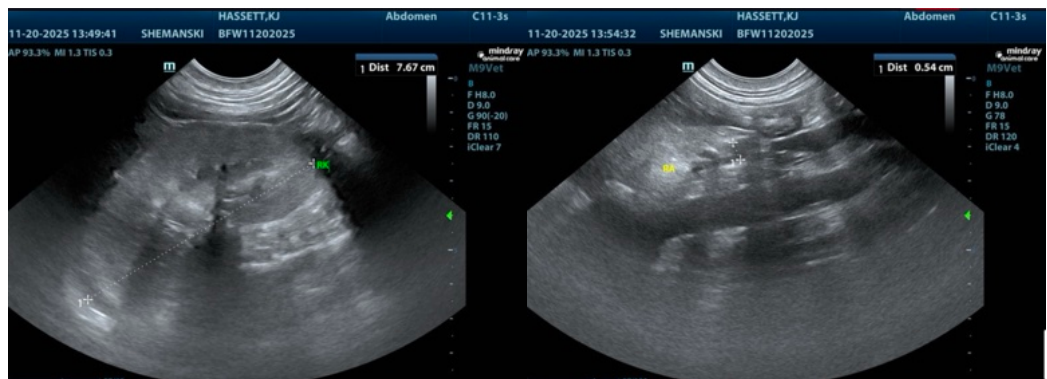
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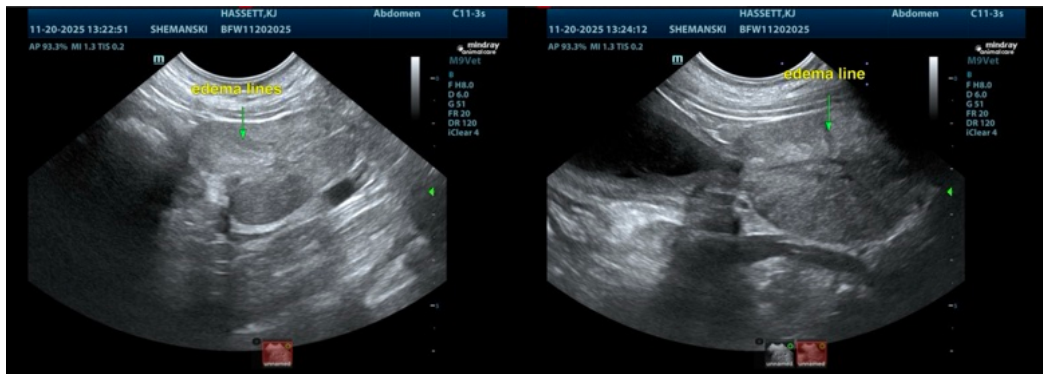
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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