



DATE PRESENTING CLINICAL SIGNS

11/23/25 Patient History: Storm presented to MDAEH on 11/21 as a transfer from Wakefield Animal Hospital for evaluation of a fever, bladder stones and an elevated calcium level. On physical examination, he was found to be slightly tense in his abdomen and quiet.

PATIENT

Storm Dotts
Current Medications: IVF, Unasyn, Methadone

SPECIES

Lab Results: Not Attached. Reported as: MDAEH: EPOC - Na 152, iCa 1.69; PCV/TS - 45/8

Canine

BP - 160; Urinalysis - rods TNTC, RBC 6-20/hpf, WBC 1-5/hpf, occ struvite crystal, occ sperm

BREED

11/21 rDVM Blood work - Lymph 0.59, Plt 89, ALP 153, Ca 13.3; 4DX - neg x 4

Australian Shepherd

SEX

Radiographs - numerous small calculi in bladder and single stone in the urethra at the level of the proximal os penis

Intact Male

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT requested.
Imaging Performed by: Rachel Brillhart, RDMS.

AGE

2014

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

WEIGHT

24.6 kg

Urinary System

The **urinary bladder** revealed multiple calculi groupings which measured approximately 4.0 cm. The largest calculus measured approximately 5.0 mm. This patient is likely passing calculi from the kidneys to the urinary bladder periodically yet, no obstructive disease was noted at the time of the sonogram. Bladder wall was mildly hypertrophied.

The bilateral testicles revealed a minor amount of heterogeneous remodeling. The prostate was enlarged and heterogeneous. The prostate revealed multiple areas of mineralization in the parenchyma, not just in the pelvic urethra.

The **kidneys** in this patient presented increased cortical echogenicity and thickening with mild, irregular contour. Microcystic cortical changes were noted. This is secondary cystic formation consistent with degenerative changes and remodeling. There was no suspicion or evidence of abscessation. There was no suspicion of neoplasia. The renal pelvises were acceptably closed. No obstructive disease was noted. Dystrophic mineralization was noted and non-obstructive at this time. The left kidney measured 7.43 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

Both **adrenal glands** were slightly enlarged in size and uniform. The left adrenal gland measured 3.09 cm x 0.97 cm width at the caudal pole and 0.79 cm width at the cranial pole. The right adrenal gland measured 2.74 cm x 1.37 cm width at the cranial pole and 1.02 cm width at the caudal pole.

Spleen

INTERPRETED BY

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

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

Dr. Longbottom

INVOICE

12438

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** revealed slight increased portal markings with a minor amount of dependent bile in the gallbladder. The history of cholangitis is likely yet appears to be fairly stable from a sonographic standpoint.

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

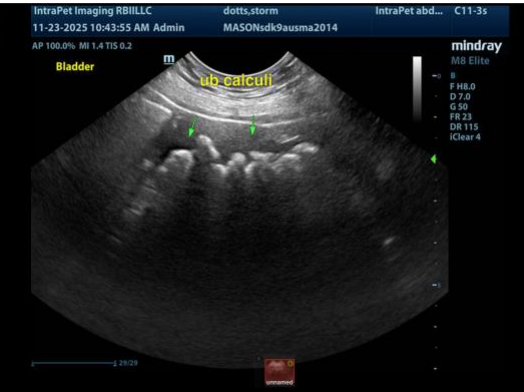
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

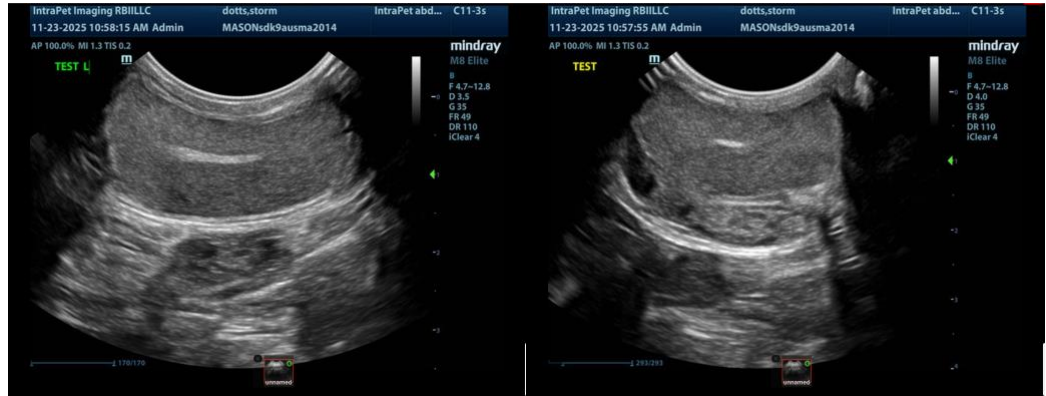
ULTRASONOGRAPHIC FINDINGS

- Urinary bladder calculi.
- Enlarged prostate.
- Age-related renal changes with mineralization.
- Enlarged adrenal glands.
- Increased portal markings in liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend screening FNA to ensure prostatic carcinoma is not an issue followed by neutering and cystotomy. If the patient appears Cushingoid, cannot rule out an emerging PDH.





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, Owner, Founder -- SonoPath.com

info@SonoPath.com