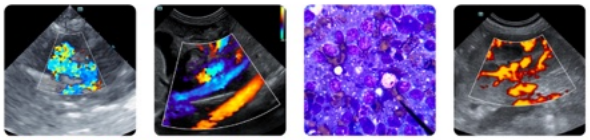

PATIENT

Beans Hladky

SPECIES

Canine

BREED

Lab

SEX

Neutered male

AGE

6 ½ years

WEIGHT

39 kgs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Cassidy Smith DVM

HOSPITAL NAME

Viking VH

REFERRING VET

Woodington VS

INVOICE

69092

DATE

11/27/25

PRESENTING CLINICAL SIGNS

History: Transfer for abdominal ultrasound. Lethargic for 1 week and inappropriate urination in home. Neutered in September due to history of prostatitis.
Abnormal PE/Chem/CBC/UA Results: CBC on 11/25: mild leukocytosis (4.6) characterized by mature neutropenia (2.5) Chem on 11/25 showed azotemia (Creat 2, BUN 33) 4DX on 11/25: negative T4 on 11/25 WNL at 2.8 UA on 11/25: USG 1.024, otherwise unremarkable

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. The bladder revealed calculi that were non-obstructive at the time of the sonogram. The calculi measured 2.2 cm and 1.1 cm. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

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 5.5 cm. The right kidney measured 6.6 cm.

The prostate was slightly heterogenous and measured 2.6 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. The left adrenal gland measured 0.6 cm at the cranial pole and 0.75 cm at the caudal pole. The right adrenal gland measured 1.6 cm at the cranial pole and 1.0 cm at the caudal pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

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.

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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

Bladder calculi.

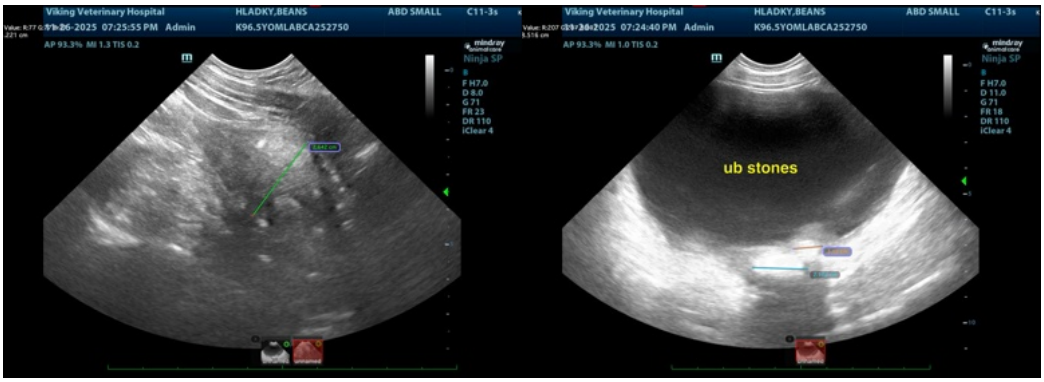
Slightly heterogenous prostate.

Structurally unremarkable kidneys and abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of azotemia is unclear. The patient may have passed a calculus that is now in the bladder. If BUN and creatinine are still elevated then other type of acute insult should be considered such as Leptospirosis or toxin exposure. Cystotomy is indicated. Sonogram is recommended just prior to surgery to ensure that the calculi are in the same position as they are at the time of the sonogram.

The prostate is slightly enlarged for a neutered male. However, if the patient was neutered at the time of the prostatic pathology this would be fairly normal.



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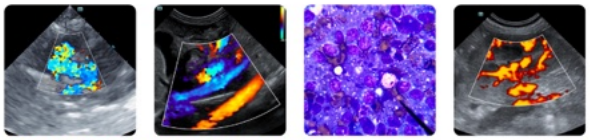

Clinical Sonography & Telecytology
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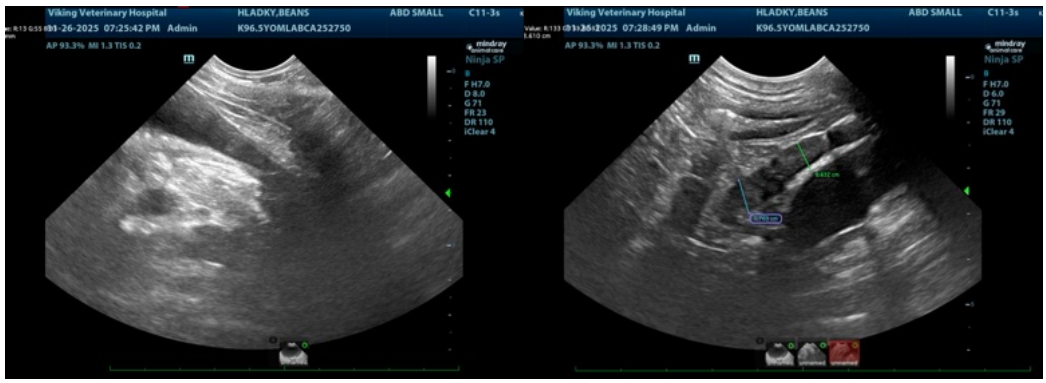

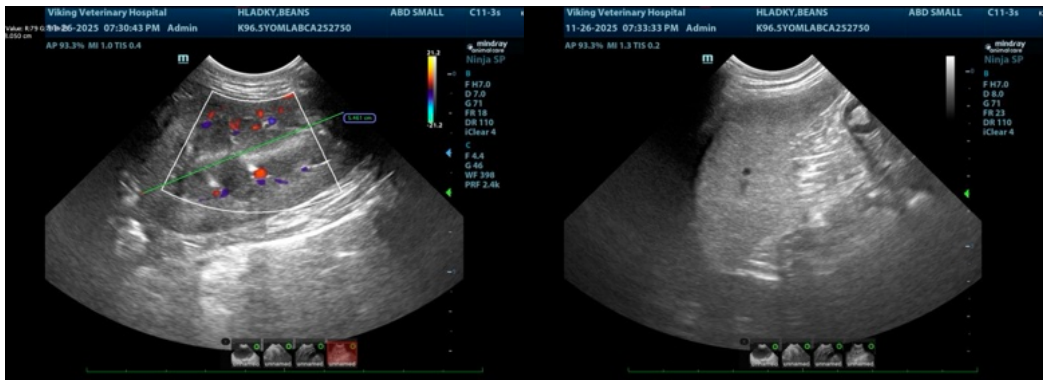

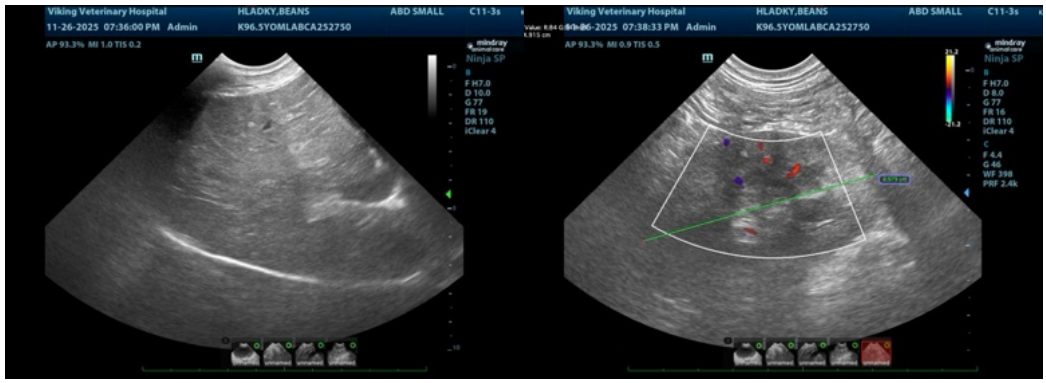

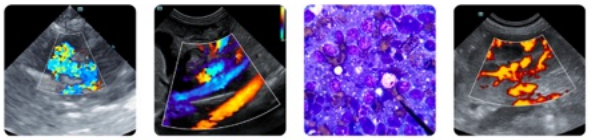

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com