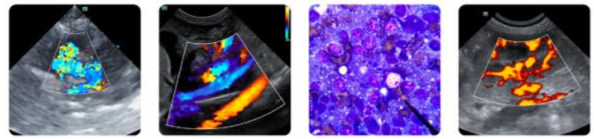


PATIENT
Rook Gembe

SPECIES
Canine

BREED
German Shorthair Pointer

SEX
Male

AGE
8 Years

WEIGHT
27 kg

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

IMAGING PERFORMED BY
Melissa Randolph

HOSPITAL NAME
Shores Veterinary Emergency Center

REFERRING VET
Dr. Logan Law

INVOICE
12514

DATE
11/28/25

PRESENTING CLINICAL SIGNS

*P was seen at Rossmoyne ER on 11/27 for straining to defecate, dx with colitis. P asking to go outside every 5 minutes. P only defecates small amount of mucous stool no blood noted. O's wife fed pet's this a.m. unsure if P ate all of his food as both pets in the house eat each others food. No interest in food this pm. Since being seen at Rossmoyne ER was given cerenia sq and sq fluids. This afternoon (11/27) P has continued to strain to defecate, very lethargic, ADR, anorexia. Had been camping last week with owners. No prior health concerns. Presented 11/27 at 11 pm to Shores. admitted overnight for supportive care; ivf's, buprenorphine, cerenia, enrofloxacin, unasyn, dex sp. *concern for Severe inflammation of prostate - prostatitis, BPH, neoplasia, other; Severe inflammation of colon - colitis, secondary to straining to defecate; Overwhelming inflammation; leukopenia; gastritis; ileus

Abnormal PE/Chem/CBC/UA Results: *PE: dull/depressed; pain 4/4; tachycardic; abd: Reactive to abdominal palpation, very hard and unable to evaluate; rectal exam: entire rectal mucosa is severely thickened including the pelvic colon *wbc: low 3000 *epoc: normal *chem: alp 150 *rads: 8 inches of distal colon very thickened; cannot visualize the difference between colon, prostate, and bladder *AFAST: large, hyperechoic prostate with hypoechoic areas. Scant free fluid in caudal abd *U/A: Protein ++/100, pH 5.0, USG >1.050, Ascorbic acid 40, RBC >100/HPF, WBC >50/HPF, Non-hyaline cast >2/LPF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was unremarkable.

The **prostate** was significantly enlarged measuring approximately 6.1 cm.

The enlarged **iliac lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The lymph nodes measured up to 2.0 cm x 1.0 cm.

The **kidneys** were bilaterally swollen with mild loss of corticomedullary definition. The left kidney measured 8.3 cm in length. The right kidney measured approximately 6.0 cm in length.

Adrenal Glands

Both **adrenal glands** were unable to be visualized.

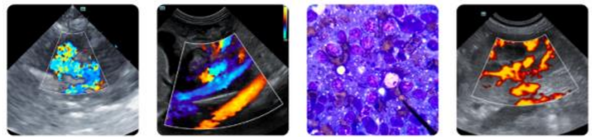
Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

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.

Gastrointestinal



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Examination of the **gastrointestinal tract** revealed gastric stasis. The small intestine and colon were unremarkable, yet the colon was deviated by the prostate. Regional inflammation was noted.

Pancreas

Mild heterogenous **pancreatic** changes were noted yet not a primary issue.

Free Abdomen

A moderate amount of free fluid was noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

- Bilateral swollen kidneys.
- Enlarged prostate.
- Iliac lymphadenopathy.
- Volume contracted spleen.
- Gastric stasis consistent with ileus.
- Undefined free fluid in the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostatic enlargement could justify the straining to defecate, however, the free fluid cannot be justified by any direct correlation to an organ system. Recommend abdominocentesis and cytospin to assess for any evidence of neoplasia. The cause of the gastric stasis is likely ileus, however, there is a large amount of GI artifact that did not allow complete evaluation of the GI tract. Recommend IV fluid support, 24-hour NPO, ultrasound guided abdominocentesis and ideally, FNA of the prostate to assess for any neoplasia versus BPH/prostatitis. Prognosis is guarded. If the abdominal fluid suggests septic abdomen, then exploratory surgery is indicated. It is a possibility that the patient has ruptured a periprostatic cyst, however, this is only conjecture, and direct correlation is not evident with no overt cysts noted at this time but at times after periprostatic cyst rupture, free fluid can form, and the residual cyst would not necessarily be visible. Recheck sonogram in 24 hours unless exploratory surgery is performed.

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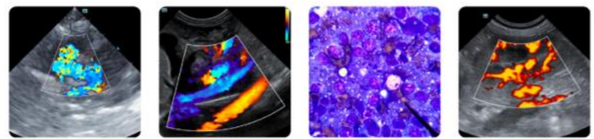

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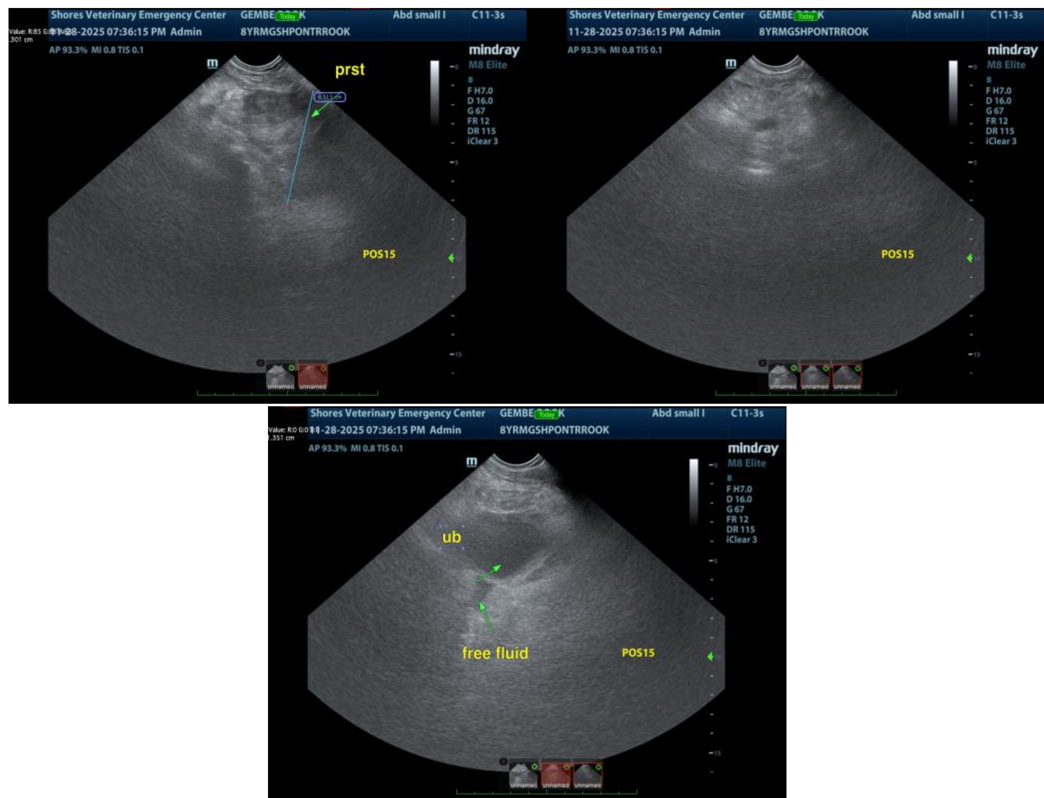

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

info@SonoPath.com