



## PATIENT

Buddy Rhyme

## SPECIES

Canine

## BREED

Doberman Pinscher

## SEX

Male

## AGE

7 Years 6 Months

## WEIGHT

90 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Cathleen Whitcraft,  
DVM

## HOSPITAL NAME

Craig Road Animal  
Hospital

## REFERRING VET

Dr. Whitcraft

## INVOICE

72194

## DATE

11/30/25

## PRESENTING CLINICAL SIGNS

Unregulated copper-storage disease patient. Presented for full body tremors. Tremors went on for about 30 minutes before P went back to normal. 2-3 days without eating; O is unsure if P is getting medicated appropriately for this reason.

Abnormal PE/Chem/CBC/UA Results: PLI normal

## 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 **prostate** was uniformly enlarged (3.9 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 8.45 cm. The left kidney measured 7.9 cm.

### Adrenal Glands

The **adrenal glands** were not visualized.

### Spleen

The **spleen** was uniformly enlarged with minor congestion. Parenchyma was unremarkable.

### Liver

The **liver** presented increased portal markings with coarse architecture, remodeling, and nodular changes. The gallbladder was unremarkable.

### 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.



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## Pancreas

Extensive mixed hypoechoic **pancreatic** presentation noted, consistent with pancreatitis of both the right and left limbs. Some edema may be owing to portal hypertension, as visibility in the cranial abdomen was poor.

## Free Abdomen

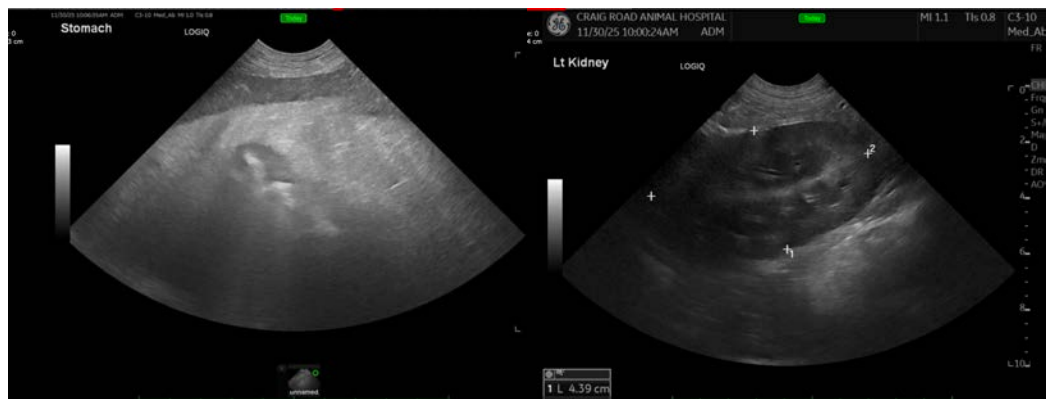
Mild to moderate amount of effusion noted.

## ULTRASONOGRAPHIC FINDINGS

- Extensive pancreatitis.
- Hepatic remodeling and nodular changes – acute on chronic inflammatory hepatopathy.
- Enlarged spleen with minor congestion.
- BPH prostate.
- Age related renal changes.
- Moderate effusion.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both pancreatic and hepatic changes in this patient are playing a role. Abdominocentesis and FNA of the liver and pancreas warranted to ensure underlying carcinomatosis is not an issue. The ascites may be owing to inflammatory disease related to the pancreas, or portal hypertension. However, clean visibility of the portal vein was not present owing to enhanced mesentery. for pancreatitis and cholangiohepatitis warranted in the meantime. Leptospirosis titers warranted, given the patient history of copper storage. Prognosis is extremely guarded.





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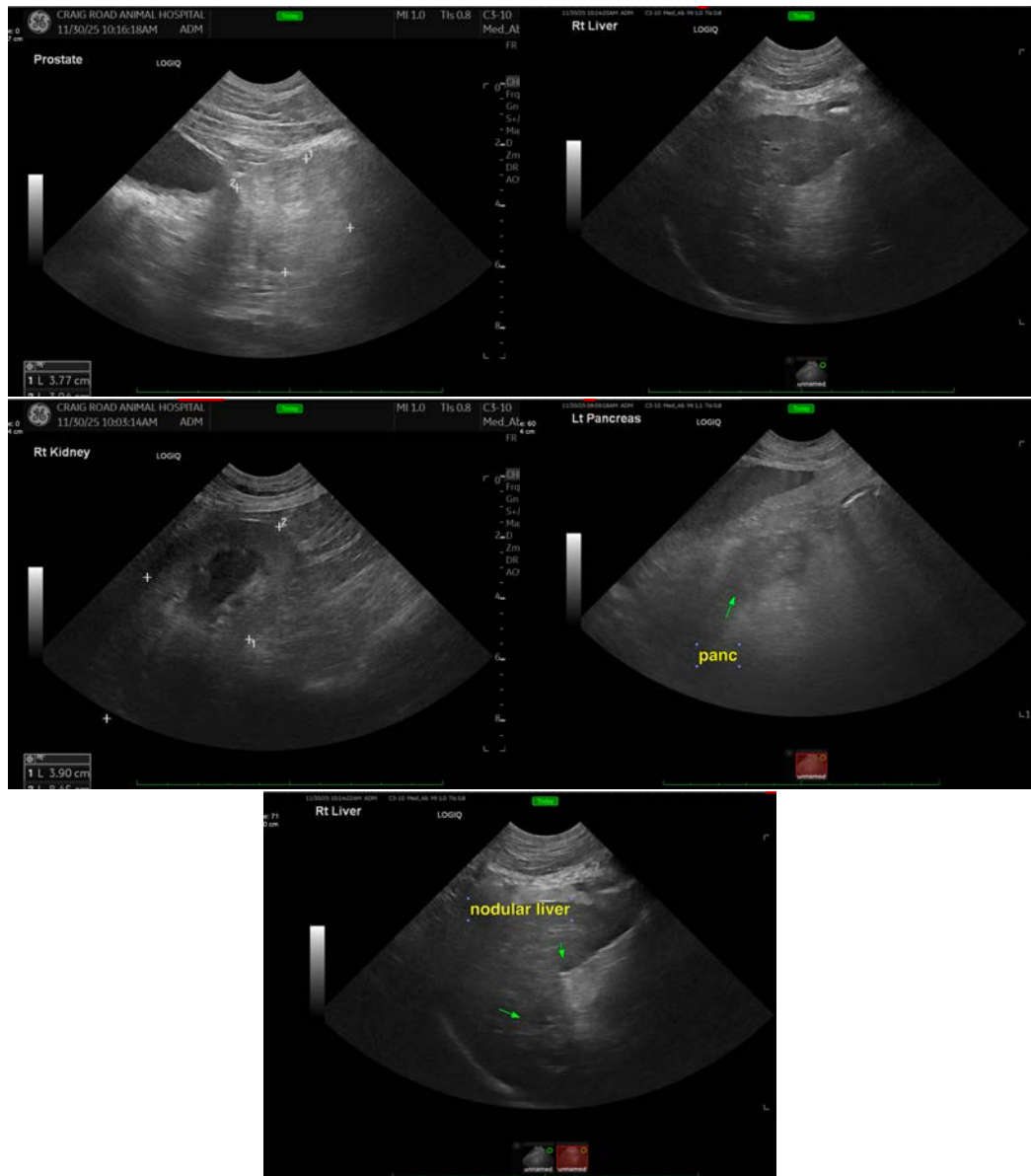
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)