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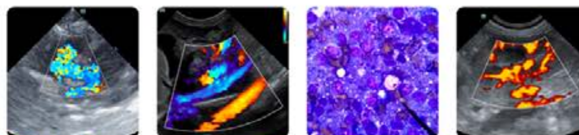


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Tex Prichard

SPECIES

Canine

BREED

Jack Russell Terrier x

SEX

Neutered Male

AGE

15 Years 1 Month

WEIGHT

6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Mariusz Chmielinski, DVM

HOSPITAL NAME

Apex Veterinary Services, Ltd.

REFERRING VET

Alpine 24/7 ER

INVOICE

72207

DATE

11/30/25

PRESENTING CLINICAL SIGNS

Tex re-presented after being seen the previous day for vomiting, anorexia, and lethargy.

Abnormal PE/Chem/CBC/UA Results: Vitals: T 38.7°C, HR 160 bpm, RR 24/min MM pink/tacky, CRT <2 sec Weight 6.0 kg Hydration ~6% dehydrated BCS 4/9 CBC: Leukocytosis (26.26) Marked neutrophilia with suspected bands (22.62) Eosinopenia Reticulocyte Hgb Chemistry: Hypokalemia (K 3.2) Markedly elevated Amylase (2447)

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 mildly thickened.

The **prostate** was uniformly enlarged (2.7 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** presented increased cortical echogenicity and remodeling. Loss of corticomedullary definition noted. The right kidney measured 5.1 cm. The left kidney measured 4.82 cm.

Adrenal Glands

The **left adrenal gland** presented normal size and contour at 0.60 cm.

The region of the **right adrenal gland** was unremarkable.

Spleen

The **spleen** revealed an expansive mixed hypoechoic 3.5 cm mass.

Liver

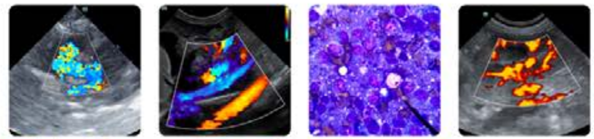
The **liver** presented multifocal hyperechoic nodules, measuring up to 0.48 cm. The gallbladder was overdistended with coalesced bile. Some striations noted consistent with gallbladder mucocele.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed thickened upper intestine with hypertrophied muscularis and thickened, irregular submucosal layer.

Pancreas

The **pancreas** revealed mixed hypoechoic parenchymal changes. Extensive right limb pancreatitis presentation enveloping the upper duodenum with regional adhesions noted.



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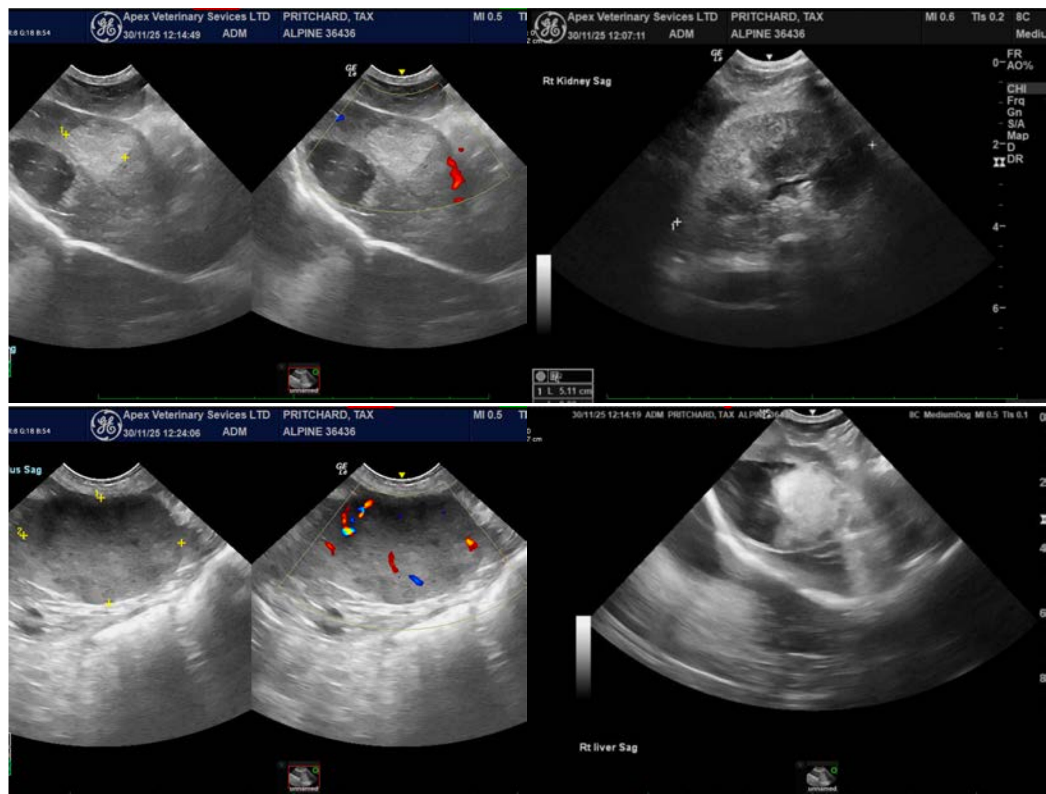
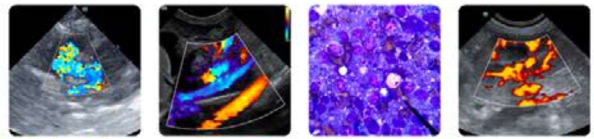
ULTRASONOGRAPHIC FINDINGS

- Chronic active pancreatitis.
- Gastroduodenitis.
- Splenic mass.
- Nodular hepatic changes.
- BPH prostate.
- Remodeled kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Management for pancreatitis, FNA of the spleen and liver indicated. Eventual splenectomy and cholecystectomy could be considered. However, the pancreatitis presentation and duodenitis is extensive. At eventual surgery, liberation of the upper duodenum may be appropriate.





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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