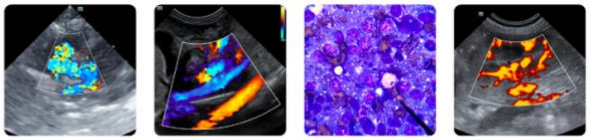

PATIENT

Chance Zuck

SPECIES

Canine

BREED

Beagle Mix

SEX

Neutered Male

AGE

7 Years

WEIGHT

32 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kevin Moon DVM

HOSPITAL NAME

Shiloh Veterinary Hospital

REFERRING VET

Dr. Lisa Wade DVM

INVOICE

12693

DATE

12/16/25

PRESENTING CLINICAL SIGNS

O's adopted p 3 months ago. Has been PU/PD since with ravenous appetite. LDDS performed 12/7, did not indicate Cushing's disease

Abnormal PE/Chem/CBC/UA Results: ALP 352 (5-131) UPC on pooled sample 2.5 w/ USG of 1.035 Blood pressure via doppler has a systolic pressure of 120

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra (to a depth of 1.0 cm) 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 residual **prostate** presented slightly enlarged measuring at 1.8 cm with a uniform parenchyma.

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 5.6 cm in length. The right kidney measured 5.8 cm in length.

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 0.55 cm width. The right adrenal gland measured 0.70 cm width at the cranial pole and 0.66 cm width at the caudal pole.

Spleen

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** 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 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

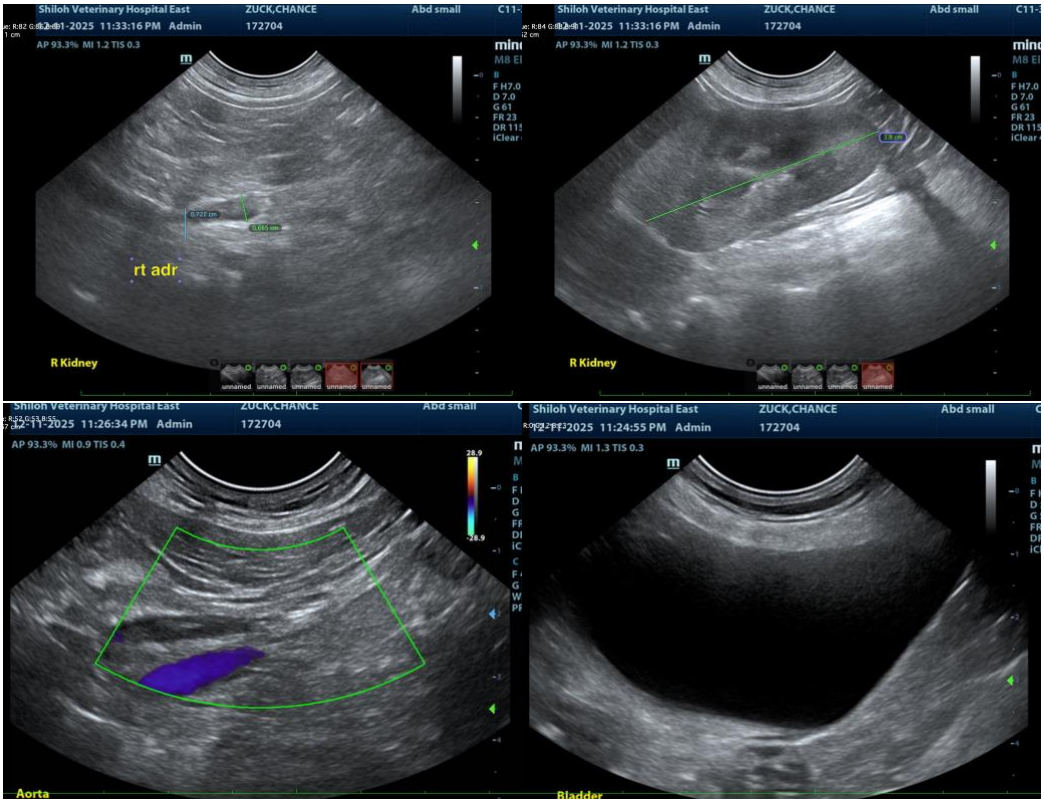
The **pancreas** presented with minor heterogenous parenchymal changes in the right base.

ULTRASONOGRAPHIC FINDINGS

- Enlarged prostate.
- Minor heterogenous pancreatic changes- remodeling from prior episodes of pancreatitis or possible low-grade inflammation.
- Benign abdomen otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Structurally unremarkable abdomen and urinary tract. Given that urine specific gravity is well concentrated and PU/PD has not been established, reassessment for potential polyuria or dysuria. Given the neutered male status, the prominent prostate could represent early carcinoma. Ultrasound guided traumatic catheterization and FNA are indicated, however, if the patient was neutered later in life, this may be a normal prostate.



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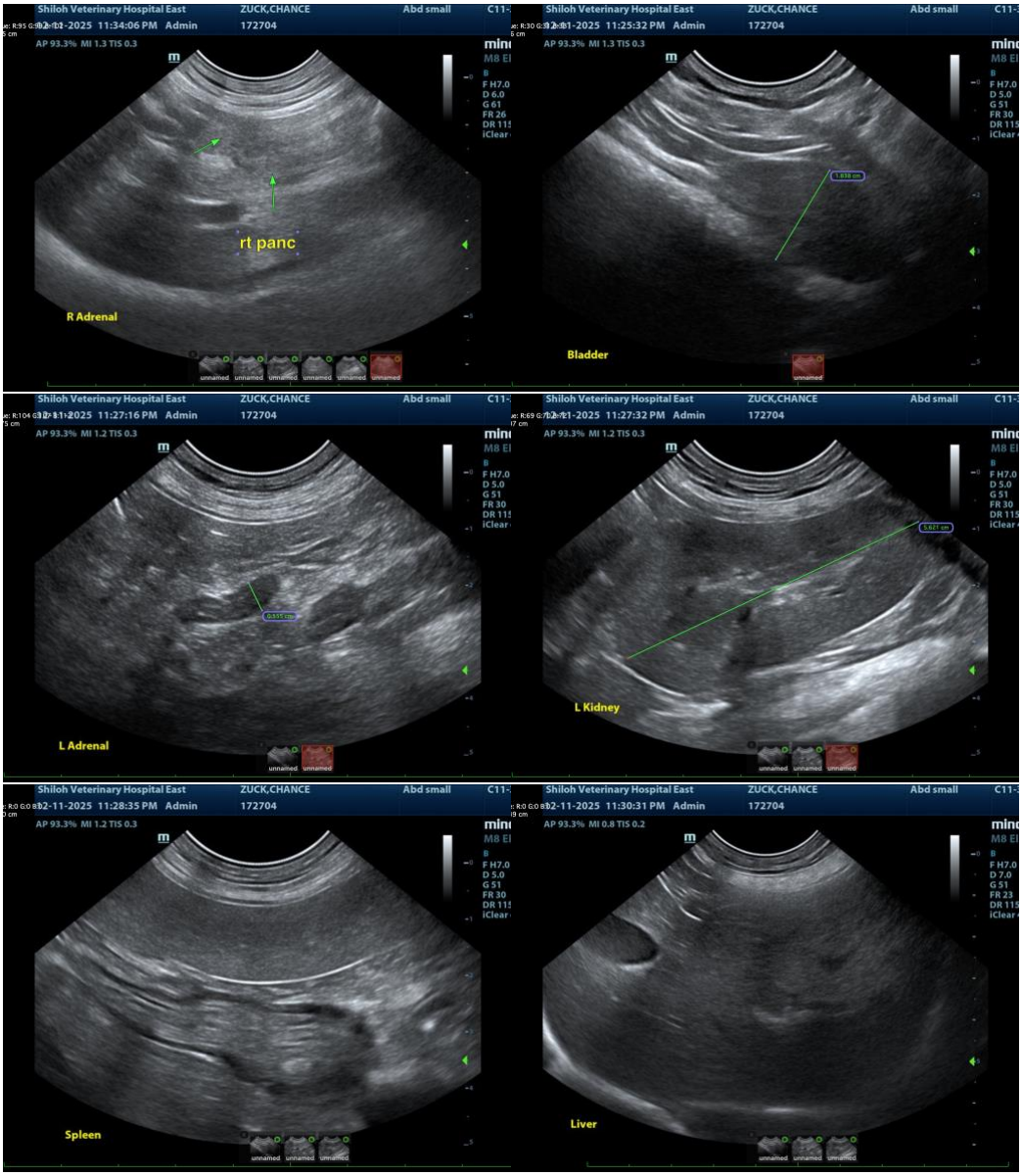


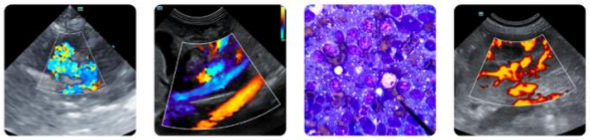
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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