



PATIENT

Loki Simonton

SPECIES

Canine

BREED

Poodle

SEX

Intact Male

AGE

7 Years

WEIGHT

29.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Victoria Orlando

INVOICE

12739

DATE

12/18/25

PRESENTING CLINICAL SIGNS

Was seen at rDVM for anemia, diagnosed with bladder stones and uti appetite decreasing for last few weeks. was hospitalized at rDVM this week for supportive care- was sent to us for cystotomy. Bradycardic 5-6% dehydration BCS 2/5 Moderate size firm bladder palpated Uncomfortable on abdominal palpation

Abnormal PE/Chem/CBC/UA Results: T4 0.9 Chem: Glu 70, SDMA 11, Crea 1.5, BUN 41 (H), Phos 3.6, Ca 9.1, Na 155 (H), K 5.1, Cl 127 (H), Anion gap 10 (L), TP 5.6, Alb 1.8 (L), Glob 3.8, ALT 44, AST 39, ALP 16, GGT 6, Tbili 0.3 (H), Chol 147, amylase 1267, lipase 138, creatine kinase 205 (H) CBC: RBC 5.49 (L), HGB 11.5 (L), HCT 34.5 (L), MCV 63, MCH 20.9 (L), MCHC 33.3, Reticulocyte 16 (L), Retic HGB 24.1, Plt 218, Neut 5330, Lymph 3989, Mono 850 (H), Eos 698, Baso 33 UA: USG 1.038, Glu neg, Bili neg, Ketones neg., blood 3+, pH 8.0, Protein 3+, urobilinogen normal, WBC 15-20, RBC >100, bacteria none seen, Epi cell 2+, mucus present, no casts, crystals 1+ ammonium Mg phosphate

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed multiple calculi measuring 1.6 cm at the grouping with the largest calculus measuring 0.64 cm.

The **prostate** was mildly enlarged 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 prostate measured 5.4 cm. Microcystic cortical changes and slight periprostatic cyst formation was evident.

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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.0 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

The **left adrenal gland** was subnormal in size and flattened measuring 0.30 cm width.

The **right adrenal gland** was subnormal in size and flattened measuring 0.40 cm width.

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. The spleen was folded upon itself.

Liver



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The **liver** revealed increased portal markings and uniform parenchyma. Slight areas of free fluid were noted between the liver lobes. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.

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

- BPH prostate with minor periprostatic cyst.
- Folded spleen.
- Flattened adrenal glands- potential Addisonian state.
- Free fluid of unknown origin.
- Gastroenteritis pattern.
- Hepatic remodeling.
- Urinary bladder calculi.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI blood loss is a potential in this patient. Given the pyuria, urine culture and sensitivity is indicated. Screening for Addison's with ACTH stimulation test is warranted. The cause of the free fluid is unclear. Ultrasound guided abdominocentesis of the free fluid is indicated. There's a possibility that the free fluid is deriving from periprostatic cyst rupture. BPH prostate given the pyuria, prostatitis, or UTI is likely. GI protectant protocol is suggested. Recommend exploratory cystotomy in this patient and examination of the prostatic region. Neutering should be considered at the time of the surgery as well. GI biopsies may be appropriate given the patient's history. Addison's should be ruled out prior to surgery.





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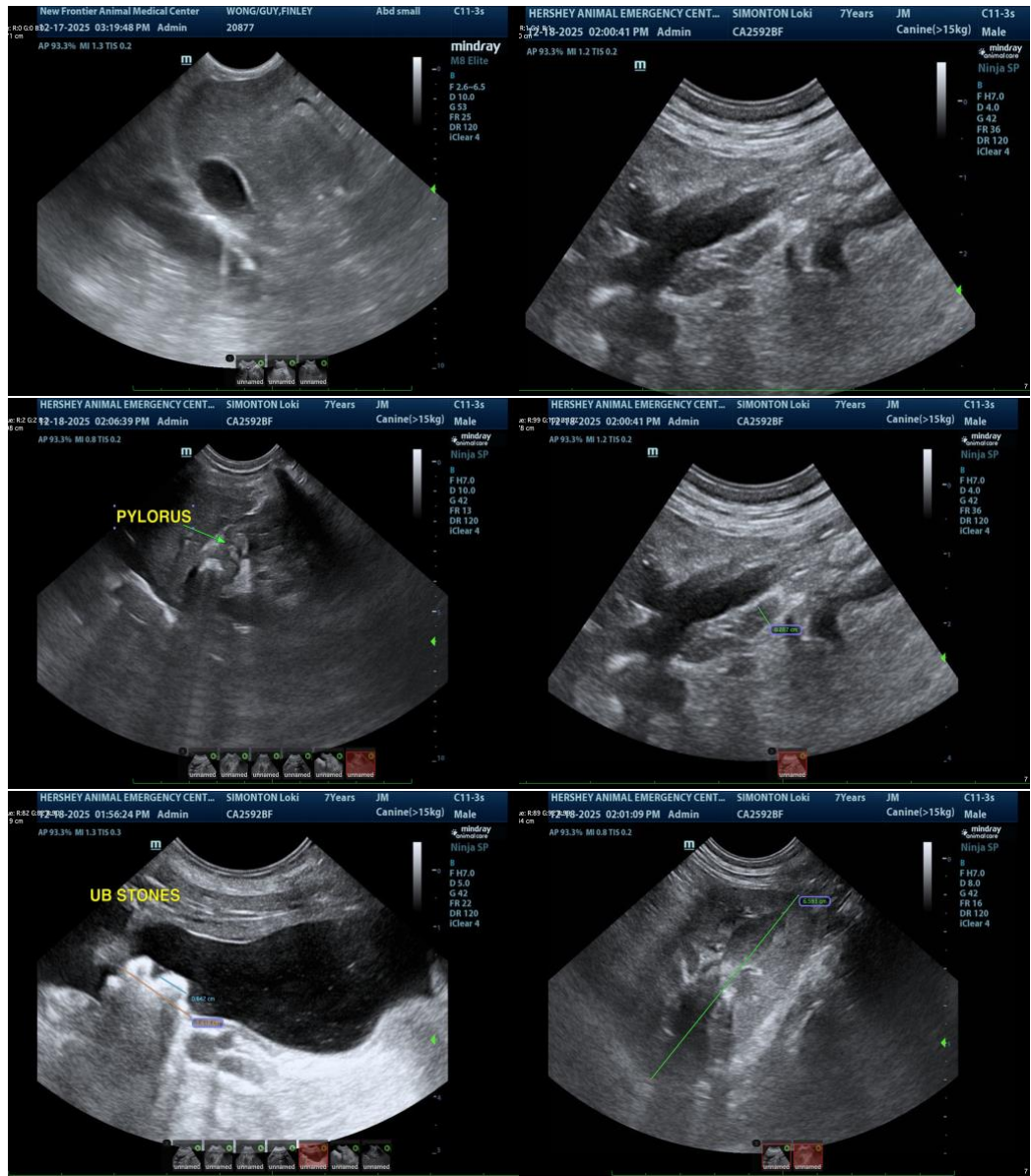
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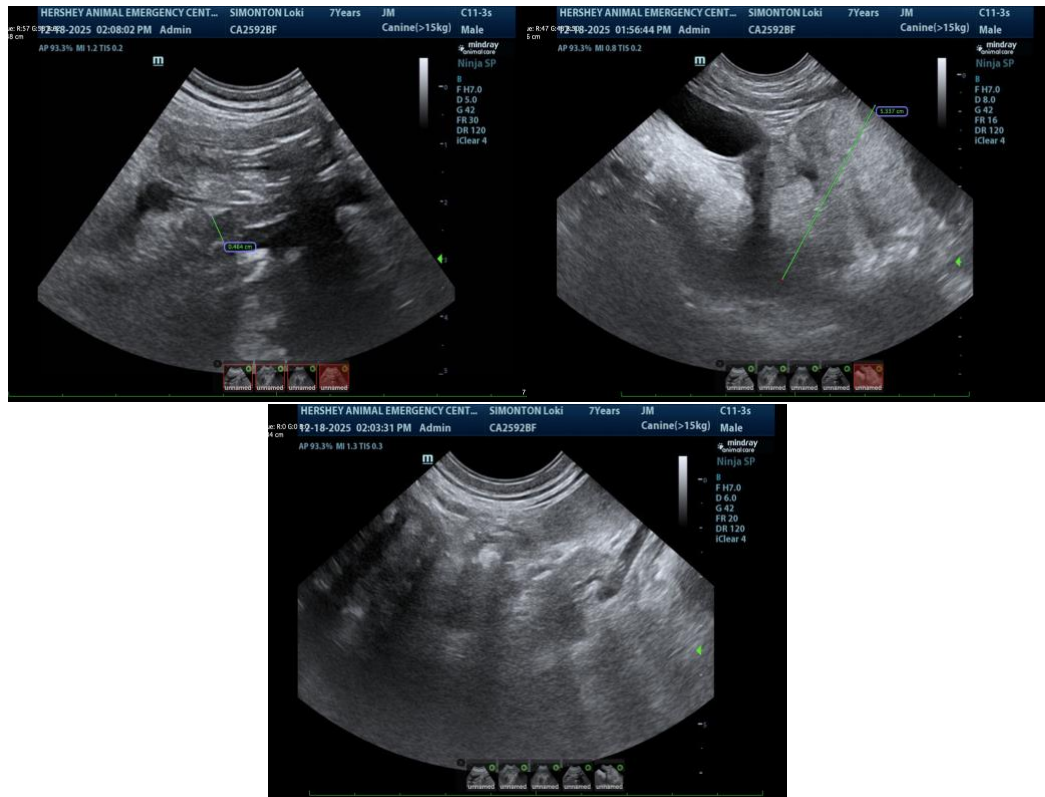
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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