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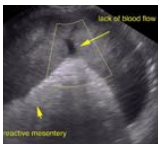
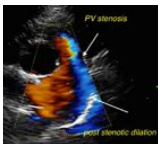
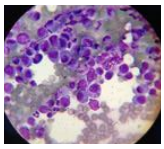
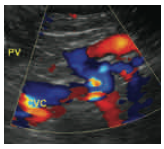

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Ramsey Harris

SPECIES
Canine

BREED
Mastiff

SEX
Intact male

AGE
5 years

WEIGHT
71 kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores VEC

REFERRING VET
Dr. Lupole

INVOICE
94763

DATE
12/20/21

PRESENTING CLINICAL SIGNS

Presented at our hospital for a possible GDV. O stated about 4pm the previous day, P began pacing and did not want to get up. When P did go outside, he would eat grass and just lay around. P vomited once yesterday, and O thought there was an abdominal component to what seemed like labored breathing. P has not shown interest in eating for two days. Previous Health Concerns: skin allergies; UTI 9/2021 Abnormal PE/Chem/CBC/UA Results: Abdominal: tender (patient not happy- growls) Genitourinary: 2 testicles palpated; no rectal exam (previous rectal 9/21- NSF) R testicle larger than the L Radiograph did not show any signs of bloat or torsion; blood work showed an elevated white blood cell count

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 was noted. Ureteral papillae were normal.

The **prostate** revealed edema lines and irregular contour. This is consistent with prostatitis. The prostate measured 5.0 cm. The left testicle revealed thickened, irregular epididymis. The right testicle is uniform. Significant edema and inflammation was noted around the right epididymis.

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. Both kidneys measured 10.0 cm.

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.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease.

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.

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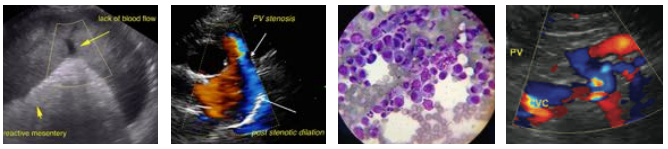

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Gastrointestinal

The **stomach** revealed minor shadowing material that measured 2.0 cm and was non-obstructive. The pylorus appeared to be in proper position. The small intestine and colon were 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.

Free Abdomen

The iliac lymph nodes were reactive and measured 2.0 x 0.5 cm.

ULTRASONOGRAPHIC FINDINGS

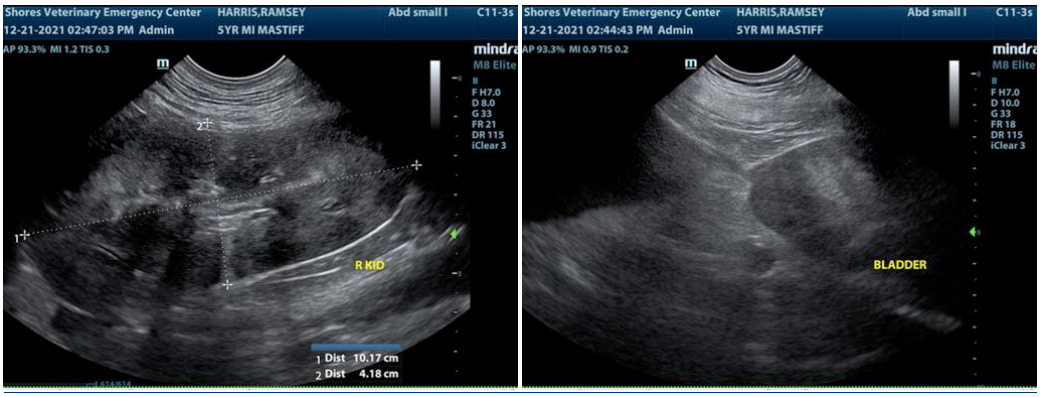
Mild hypersplenism.

Prostatitis. Left epididymitis pattern.

Slight, non-shadowing gastric material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of bloating. However, mild hypersplenism is present. Imaging was difficult owing to excessive GI gas. The only significant pathology visible on the sonogram is prostatitis/epididymitis pattern. Brucellosis should be considered in this patient.



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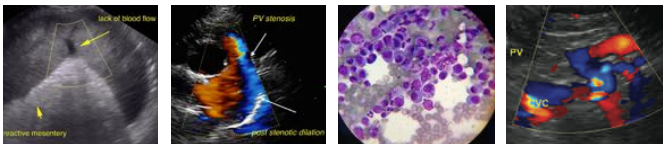

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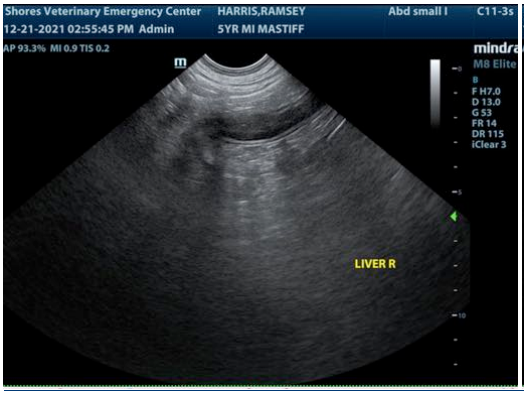

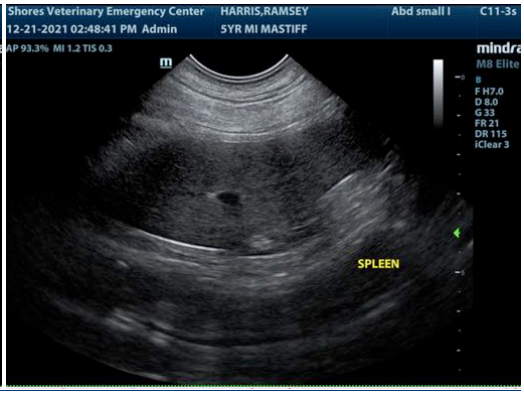

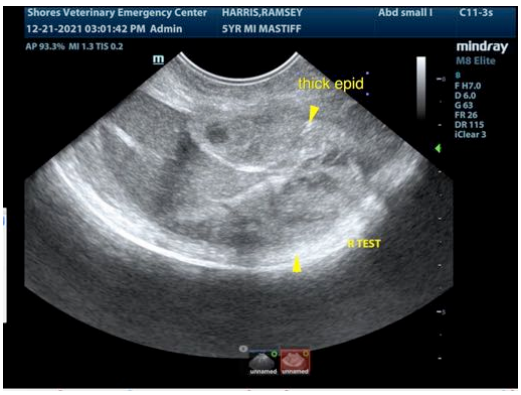

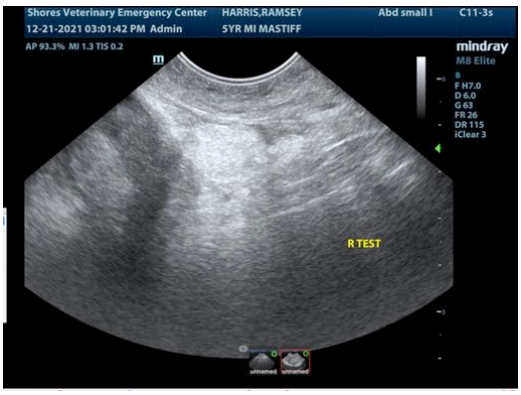

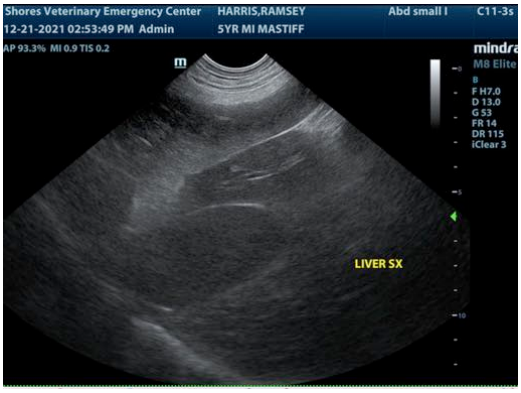

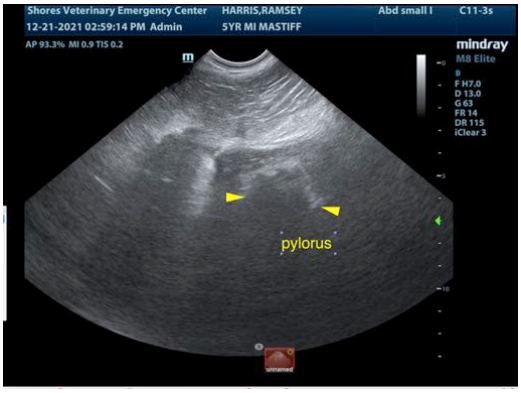

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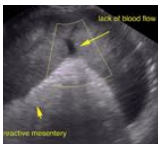

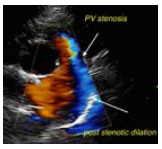

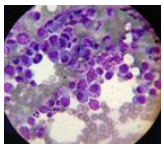
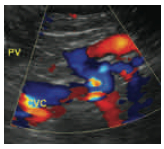

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com