



PATIENT

Ronnie Tieppo

SPECIES

Canine

BREED

Husky X

SEX

Male

AGE

2

WEIGHT

65

INTERPRETED BY

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

IMAGING PERFORMED BY

Pesola

HOSPITAL NAME

Bayshore VH

REFERRING VET

Dr. Hunt

INVOICE

35741

DATE

12/4/25

PRESENTING CLINICAL SIGNS

History of vomiting and gastric stasis and complications with surgery. Dog went o sulfa and carp oct 17, 2025 for suspected prostatitis. Became inappetent Oct 28. Went in for recheck at clinic number 1. Vomiting. Told to stay on sulf and carp, baytril added. Went into clinic number 2 for aus oct 30. AUS, concern for bloat and went to surgery. No bloat, liver bx taken. Wouldn't stop bleeding with pressure on the punch bx, 6 mm. Placed suture in the capsule, closed. Dog died hour later. Necropsy here, lots of pics if you need them of abd/chest/organs. Belly full of blood. Abnormal PE/Chem/CBC/UA Results: attached.

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** was uniformly enlarged (4.0- 4.5 cm) and mildly swollen. It 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. Slight microcystic changes were noted.

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 6.0 cm. The right kidney measured approximately 6.0 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.5 cm.

The region of the **right adrenal gland** revealed no evident pathology.

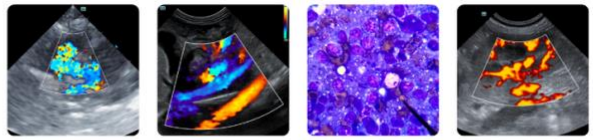
Spleen

The visible **spleen** was unremarkable.

Liver

The visible **liver** was unremarkable with subjectively normal vascularity. Slight increased portal markings were noted. The gallbladder was unremarkable.

Gastrointestinal



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The **stomach** was filled with ingesta and stasis with shadowing material consistent with a postprandial presentation or possible foreign matter. The echotexture would suggest kibble and similar, however, feeding history should be matched with the presentation. The pylorus appeared to be in proper position without evidence of torsion, yet this does represent a delayed outflow pattern. The small intestine was largely empty with minor transit of chyme. The colon was unremarkable.

Pancreas

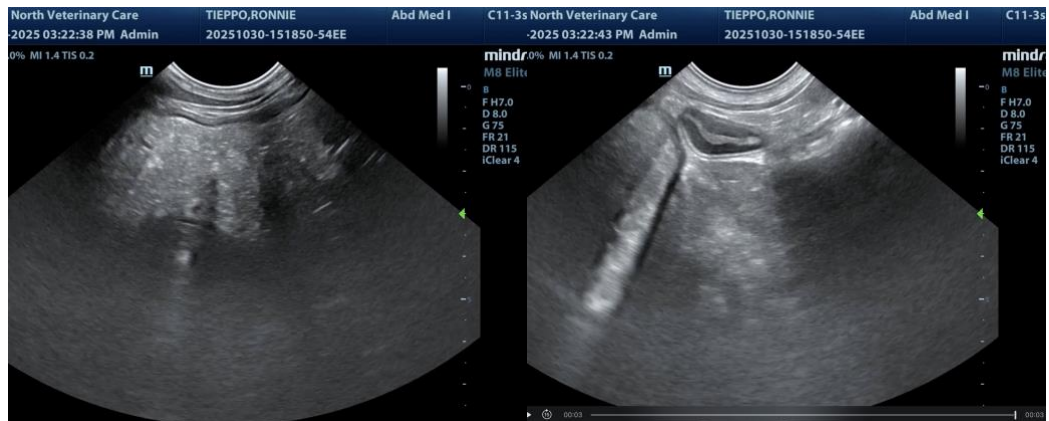
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Delayed outflow pattern in the GI tract
- Slight hepatic remodeling
- Swollen prostate with slight microcystic changes, consistent with BPH with potential prostatitis. Neoplasia is unlikely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cause of delayed outflow is unclear. Given the patient history of complications with surgery, underlying coagulopathy is suspected (either congenital or acquired). Overeating, bloating, and gastric ileus are all likely causes of potential gastric stasis, with soft foreign matter less likely. Underlying Von Willebrand's disease should be considered a strong potential in this case.





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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.

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