



PATIENT

Diesel Ramer

SPECIES

Canine

BREED

Australian Shepherd

SEX

Intact Male

AGE

4 Years

WEIGHT

23.6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Slenbaker

INVOICE

33271

DATE

12/5/21

PRESENTING CLINICAL SIGNS

Presented at our hospital for was hospitalized from Monday- wed for vomiting, shaking and fever. Was sent home with cerenia, after finished that he started to vomit again. Friday went back to the hospital and left Friday normal, now today he is vomiting again, not acting himself, having some diarrhea, and cowering down. Current Medications: omeprazole, metoclopramide, and sucralfate
Abnormal PE/Chem/CBC/UA Results: Rdvm Rads: Stomach empty, slight bunching of SI in R cranial abdomen, no obvious FB. Repeat rads: no obvious FB or abnormal gas pattern. Rdvm Bloodwork: MCV 64.1; MCH 24.9; MCHC 38.8; MPV 9.1; GLU 135; Chol 337; ALT 121; CPL normal; 4Dx neg.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. A minimal amount of urine was present at the time of sonogram. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

The **prostate** was uniformly 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. Edema lines noted, suggestive for 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 3.5 cm.

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 7.24 cm. The right kidney measured 7.35 cm.

Adrenal Glands

The **left adrenal gland** was normal and measured 2.79 cm x 0.5 cm at the cranial pole and 0.54 cm at the caudal pole. The region of the **right adrenal gland** was imaged, no evident pathology.

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.



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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.

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Pancreas

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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

SEX

- Mild cystitis/prostatitis pattern

Intact Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

Urinalysis warranted. Rectal palpation of the prostate recommended to assess for discomfort. Otherwise, unremarkable abdomen. Supportive care should prove effective.

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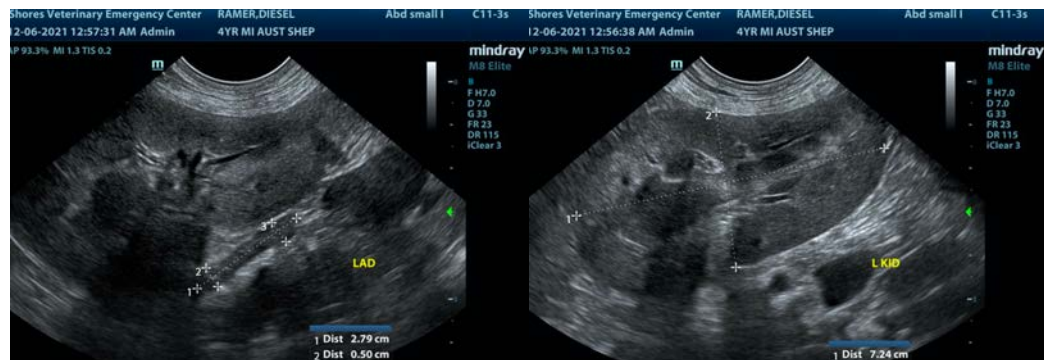
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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