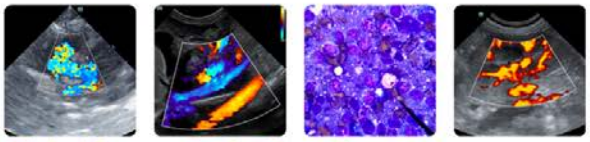

PATIENT

Moose Garcia

SPECIES

Canine

BREED

Australian Labradoodle

SEX

Male

AGE

9 Months

WEIGHT

22 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Wyckoff Veterinary Hospital

REFERRING VET

Dr. Scott

INVOICE

73161

DATE

2/21/26

PRESENTING CLINICAL SIGNS

Odd behavior this week- didn't want to go on walks, random crying, waking up in the middle of the night whining. No limping, some stomach noises. Vomited once, no diarrhea, no urinary issues, normal energy at home.

Abnormal PE/Chem/CBC/UA Results: PE-prostate palpable on rectal, two testicles, no musculoskeletal or abdominal pain rad- looked a bit abnormal in the area of the prostate like brighter urinalysis and culture via catheter obtained

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 were noted. Ureteral papillae were normal.

The prostate was enlarged and mildly heterogeneous with minor edema lines noted, consistent with hyperplasia and/or low-grade prostatitis. Deviation of the descending colon noted. The prostate measured 3.6 cm.

The **left kidney** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortex 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. Left kidney measured 4.6 cm.

The **right kidney** was not visualized.

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. Left adrenal gland measured 0.50 cm.

The **right adrenal gland** was not visualized.

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

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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The upper gastrointestinal tract presented a large amount of progressively shadowing ingesta and fluid. Some shadowing material noted in the pylorus, which may be ingesta, medications, or possible foreign matter. The upper duodenum was not visualized. The mid do distal small intestine was empty. The colon presented a minor amount of stool.

Pancreas

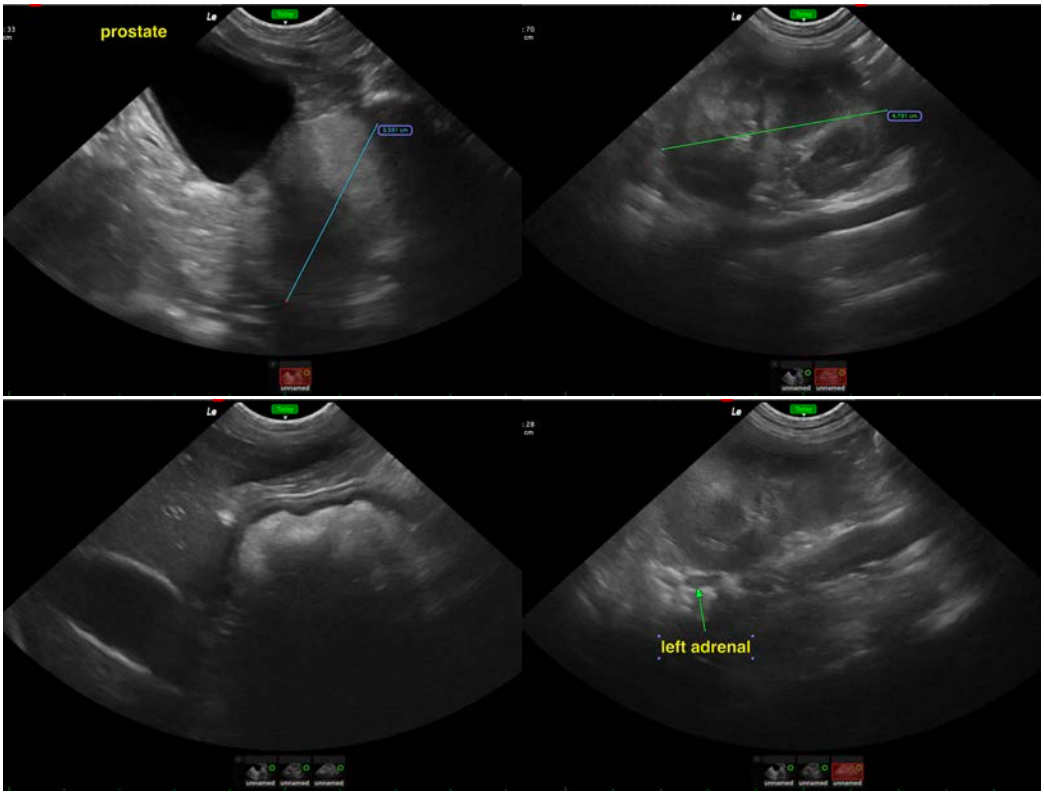
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Delayed outflow gastric pattern.
- Enlarged, heterogeneous prostate.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend 24-hour NPO and further imaging, primarily of the upper duodenum at the level of the pylorus (SDEP 13 &14) as well as the right kidney and right adrenal.



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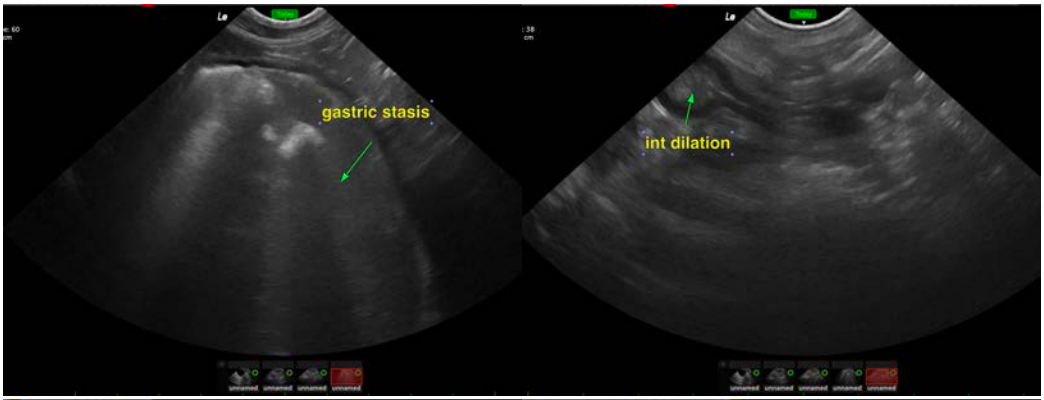

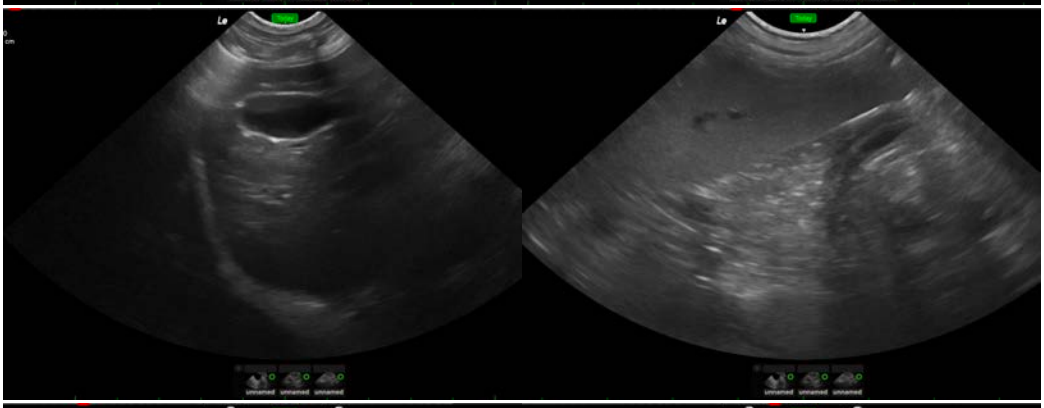

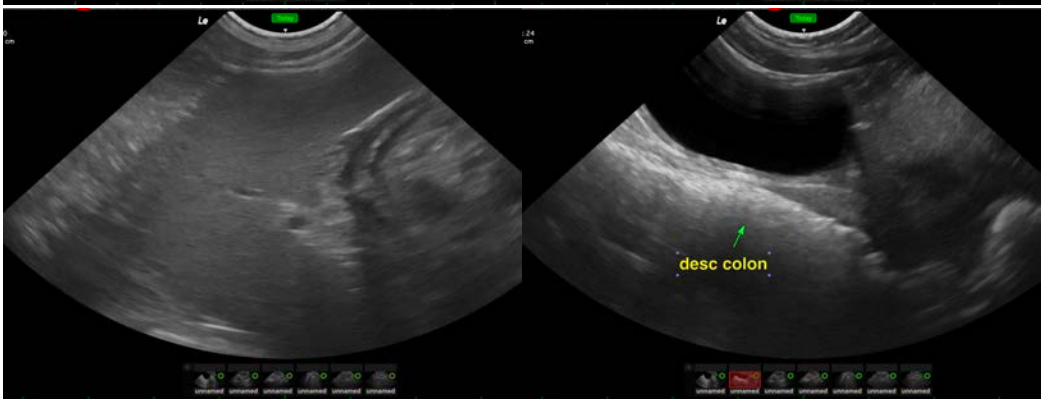

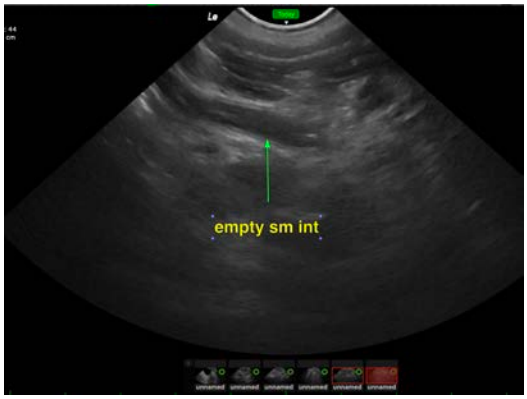

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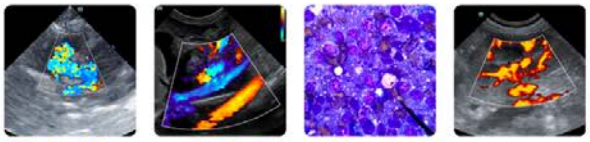

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com