



**PATIENT**

Jaxon Sheulin

**SPECIES**

Canine

**BREED**

American Pit Bull

**SEX**

Male

**AGE**

7 Years

**WEIGHT**

63.4 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe

**HOSPITAL NAME**

Animal General on the  
Hudson

**REFERRING VET**

Dr. Hodges

**INVOICE**

73259

**DATE**

2/25/26

**PRESENTING CLINICAL SIGNS**

Prostate enlargement. Hematuria. No medication- previously on baytril and carprofen

Abnormal PE/Chem/CBC/UA Results: BUN 28, Creat 1.5, AST 59. UA Hematuria

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** presented a mild amount of debris, otherwise the bladder was unremarkable.

The prostate was heterogeneous and microcystic with expansive nodular changes, consistent with BPH and prostatitis, measuring approximately 5.0 cm. An echogenic paraprostatic cyst/abscess was noted measuring 5.6 cm.

The testicles were imaged and found to be uniform, no evident pathology.

The iliac trifurcation was unremarkable.

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. Right kidney measured 7.3 cm. Left kidney measured 7.01 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. Left measured 1.93 cm x 0.46 cm at the cranial pole and 0.52 cm at the caudal pole. Right measures 3.36 cm x 1.13 cm at the cranial pole and 0.67 cm at the caudal pole.

**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**

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.

**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 prostatitis and paraprostatic cysts or abscesses.
- Mild urinary bladder debris.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound guided drainage of the paraprostatic cyst and microcystic changes recommended with culture and sensitivity. If the material obtained is flocculent and potentially infected, then injection of Enrofloxacin into the drained cyst or abscess would be indicated. Neutering warranted at the time of the procedure/ADAIN procedure. No suspicion of neoplasia.

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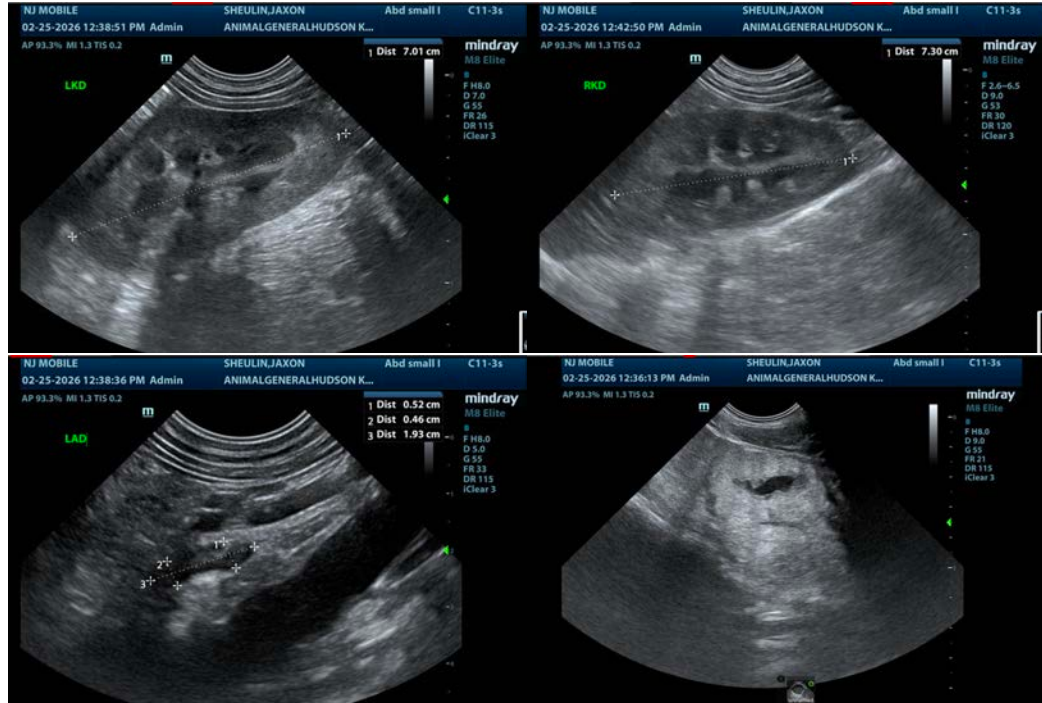
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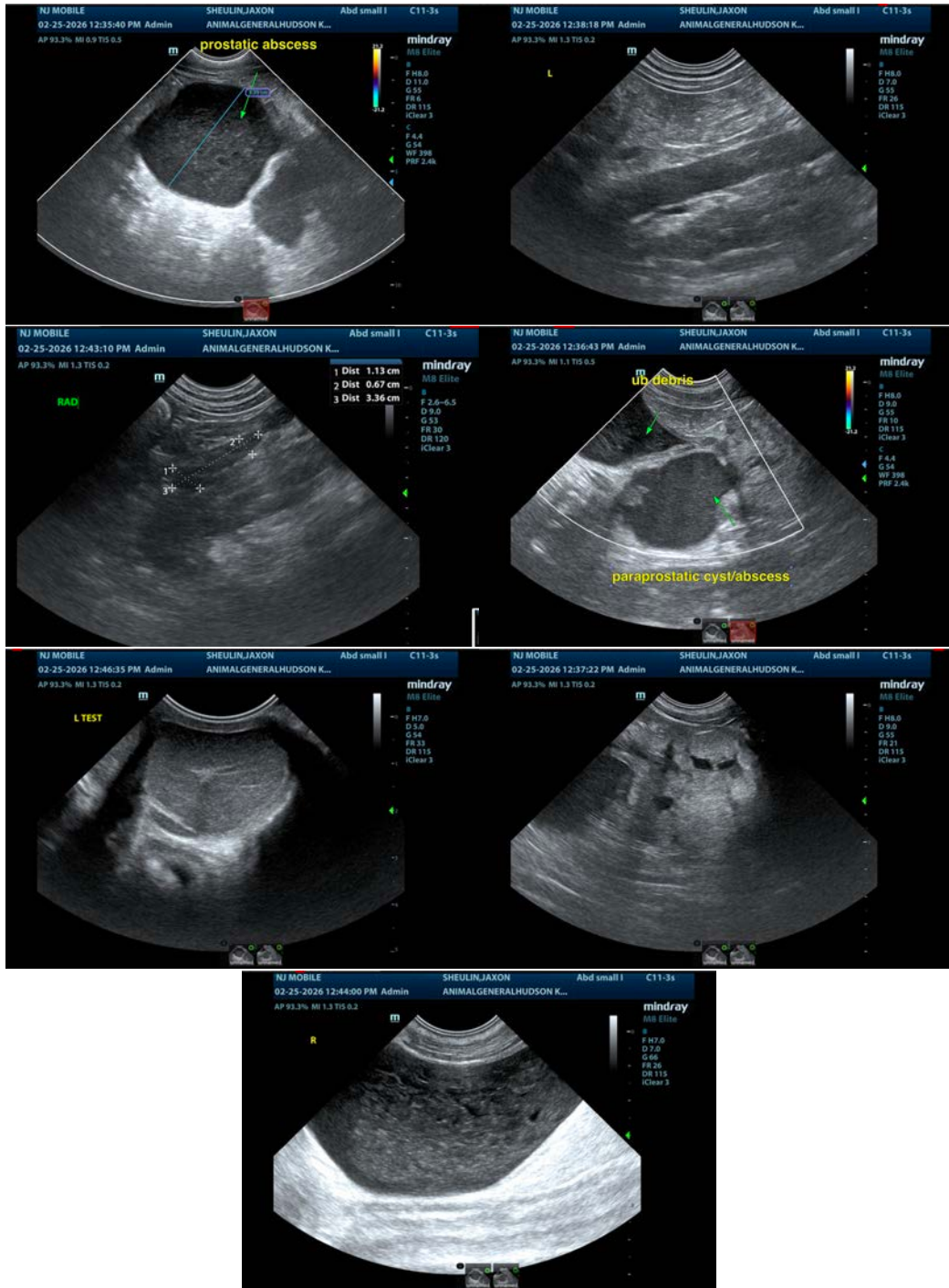
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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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**Eric Lindquist**, DMV, DABVP(CFM), Cert. IVUSS,  
CEO, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)

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