



## PATIENT

Archer Chaowsky

## SPECIES

Canine

## BREED

St Bernard

## SEX

Male

## AGE

18 months

## WEIGHT

99 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Julia Bakker, DVM

## HOSPITAL NAME

Orange Blossom  
Veterinary Imaging

## REFERRING VET

Dr. Hillard

## INVOICE

71313

## DATE

2/5/26

## PRESENTING CLINICAL SIGNS

- Patient presented two weeks ago to ER for seizures and was started on Keppra. No seizures since, but owner reports PU/PD. On 02/02/2026 patient presented to VEG for iCa (0.26) and lepto test (neg). Patient has severe azotemia. Specialist is concerned about renal dysplasia with secondary renal hyperparathyroidism.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** presented a mild concentric wall thickening with anechoic urine. There was no evidence of masses.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices were thickened. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 7.07 cm. The left kidney measured 6.07 cm. Blood flow to the kidneys appeared to be slightly subnormal on color flow and Power Doppler assessment.

The **prostate** was uniformly enlarged with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. Edema lines were noted in the prostate. 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.

### 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. The right adrenal gland measured 1.73 x 1.26 cm at the cranial pole and 0.5 cm at the caudal pole. The left adrenal gland measured 2.84 x 0.76 cm at the caudal pole and 0.85 cm at the cranial pole.

### Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

### 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***

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. 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**

Low-grade prostatitis.

Acute on chronic interstitial nephrosis renal pattern.

Structurally the adrenal glands appear unremarkable.

Gastroenteritis likely secondary to the azotemia.

The spleen appeared volume contracted.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

This is not a typical pattern for renal dysplasia. However, it cannot be completely ruled out without renal biopsy. This type of renal presentation in light of the azotemia would suggest an acute on chronic insult of toxin or infectious exposure. Screening for underlying Addison's disease is recommended. ACTH stimulation, Leptospirosis titers and IV fluid support, IV Ampicillin and empirical treatment is indicated as well as GI protectants. Blood pressure measurements, urine culture +/- renal biopsy would all be valid interventions.



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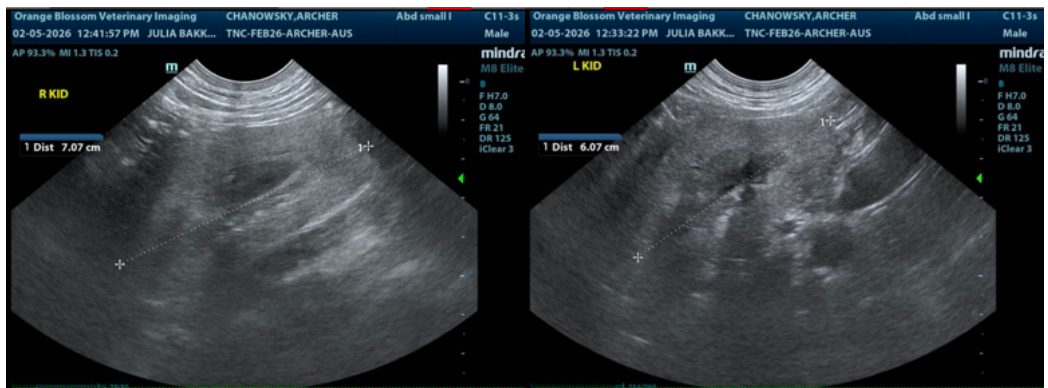
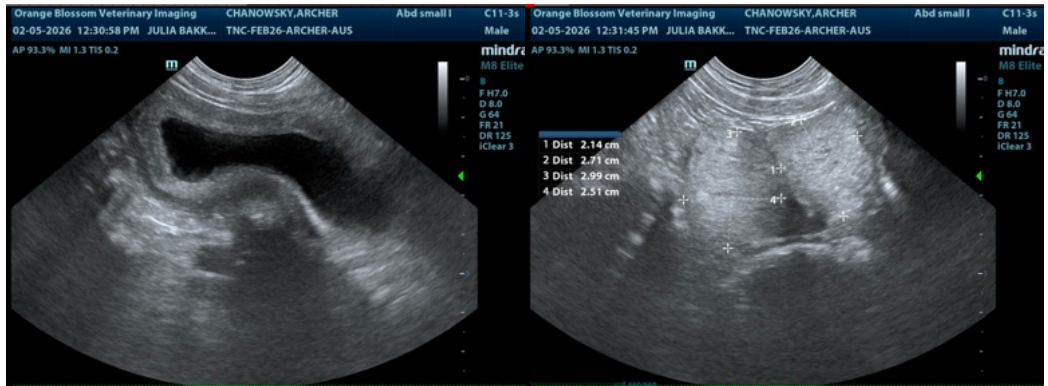
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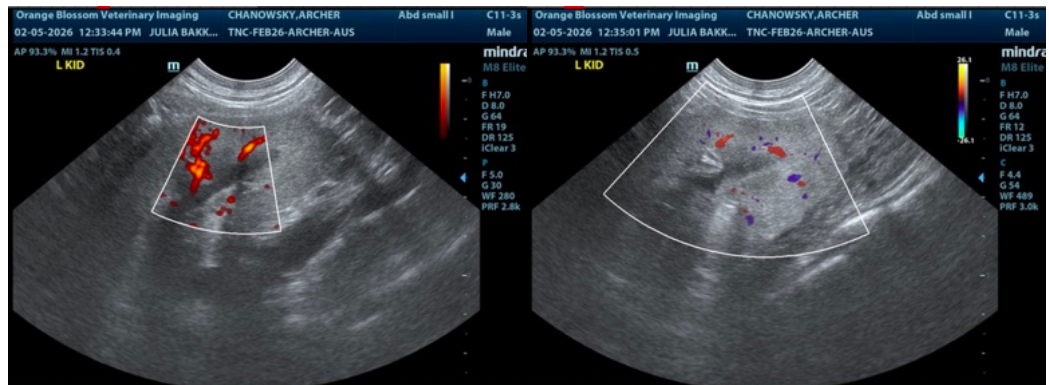
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)