



## PATIENT

Bandit Miller

## SPECIES

Canine

## BREED

Husky

## SEX

Male

## AGE

2 years

## WEIGHT

47.8 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Laux

## HOSPITAL NAME

Rondout Valley VA

## REFERRING VET

Dr. Laux

## INVOICE

71414

## DATE

2/9/26

## PRESENTING CLINICAL SIGNS

- Dog has been not eating well and vomiting on and off since Thanksgiving. There was no known ingestion of a foreign body and o says he does not eat inappropriate things. This dog is down another 11 pounds since 1/17 and had already lost 15 pounds at that time.
- From 1/17/26 Alk P 176, ALT 208, alb 1.9, WBC 16.9

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The apex of the **urinary bladder** appeared slightly 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 **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 right kidney measured 6.07 cm. The left kidney measured 6.74 cm.

The **prostate** was uniformly enlarged with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic urethra was also thickened. 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. The prostate measured 3.6 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. The left adrenal gland measured 2.43 x 0.39 cm at the cranial pole and 0.45 cm at the caudal pole. The right adrenal gland measured 3.03 x 0.6 cm at the cranial pole and 0.56 cm at the caudal pole.

### Spleen

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



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## *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.

## *Gastrointestinal*

The **gastrointestinal tract** revealed a minor amount of chyme stasis in the pyloric outflow and gastric fundus. The pylorus appeared to be structurally patent. There was chyme transit into the upper duodenum. A small intestinal foreign body was noted with surrounding free fluid. This is fabric type foreign body in the jejunum. Variable small intestinal thickening was noted as well. The distal small intestine was empty. The colon was also empty.

## *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.

## *Free Abdomen*

Slight amount of free fluid was noted in the abdomen.

## ULTRASONOGRAPHIC FINDINGS

Intestinal foreign body obstruction was noted.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend exploratory surgery in this patient with GI biopsies as well as removal of the foreign matter. Underlying intrinsic intestinal disease is likely as well. There was no overt evidence of neoplasia.



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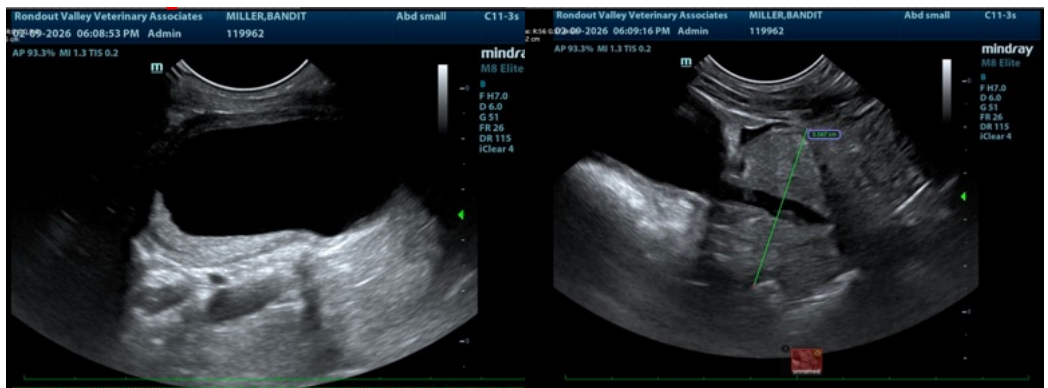
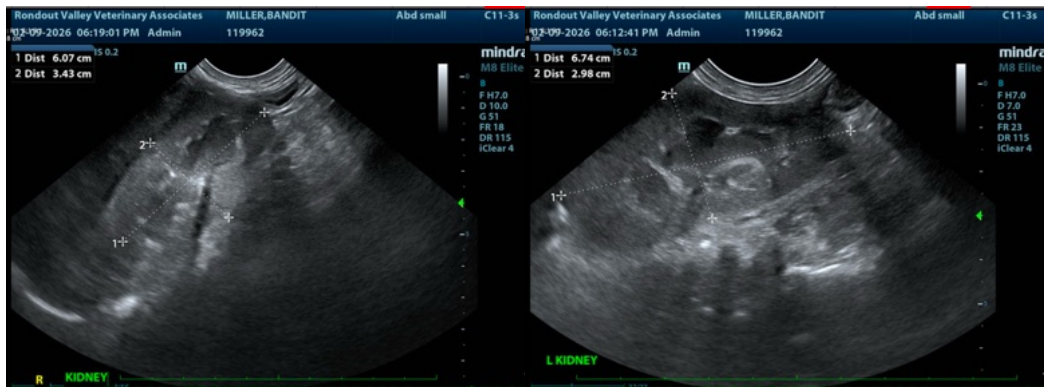
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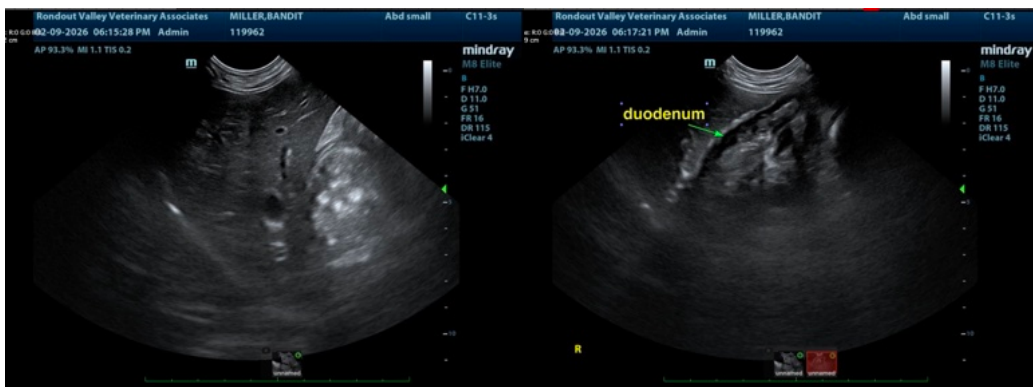
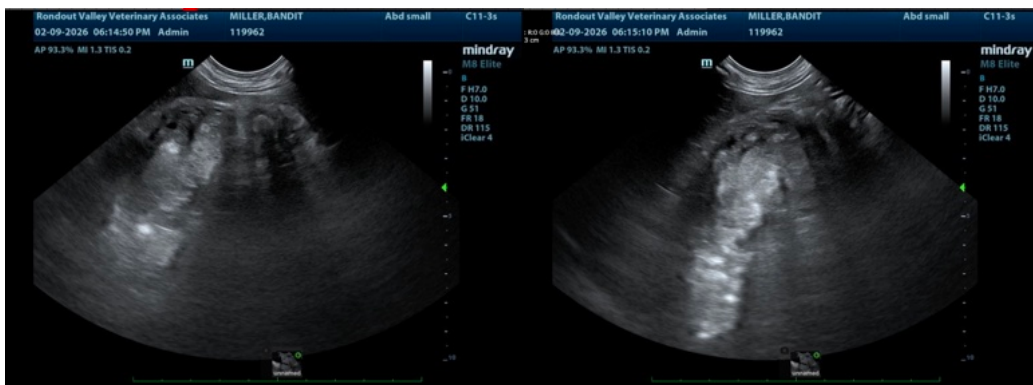
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)