



PATIENT

Puppy Shoults

SPECIES

Canine

BREED

Pitbull

SEX

Intact male

AGE

8 ½ years

WEIGHT

68.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Brittney Beigel, DVM

HOSPITAL NAME

Bayside Animal
Medical Center

REFERRING VET

Dr. Beigel

INVOICE

71413

DATE

2/9/26

PRESENTING CLINICAL SIGNS

- Acute rectal prolapse yesterday, stabilized and reduced w/ purse string at ER
- P fasted for US scan
- No sedation needed
- BW/fecal/UA pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall was thickened. No uroliths or sediment were visualized and anechoic urine was present. Ureteral papillae were normal.

The **kidneys** presented moderate degenerative changes with irregular contour and corticomedullary calculi. Both kidneys revealed pyelectasia and may be owing to underlying chronic pyelonephritis. The right kidney measured 8.8 cm. The left kidney measured 7.5 cm.

The **prostate** was enlarged, irregular and cystic measuring up to 4.0 cm in width. There were slight areas of mineralization noted. Areas of microcystic changes were noted. The testicles were imaged. The right testicle was isoechoic with a 1.0 cm nodule. The left testicle was unremarkable.

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 0.5 cm. The right adrenal gland measured 0.8 cm.

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 was 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

A mild amount of fluid was noted in the **stomach** without evidence of peristalsis. Normal curvilinear patterns were maintained throughout the GI tract. No evidence of foreign body. A minor amount of stasis was noted in the stomach. The small intestine and colon presented with normal curvilinear patterns and no evident pathology. This presentation is most consistent with gastric ileus or idiopathic stasis.

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

Bilateral renal pyelectasia and moderate remodeling.

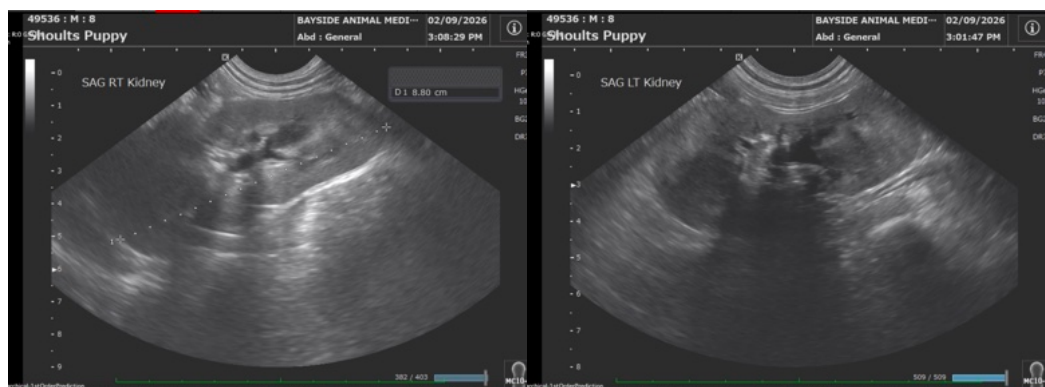
BPH prostate with mineralization.

Right testicular nodule.

Gastric ileus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the prostate is indicated to ensure that underlying carcinoma is not an issue. Neutering, urine culture and prostatic culture are all indicated. Enrofloxacin and Clindamycin combination or similar antibiotic therapy is indicated for probability of UTI and prostatitis along with BPH. Rectal prolapse is likely related to prostatomegaly. IV fluid support may be necessary in this patient given the GI stasis.





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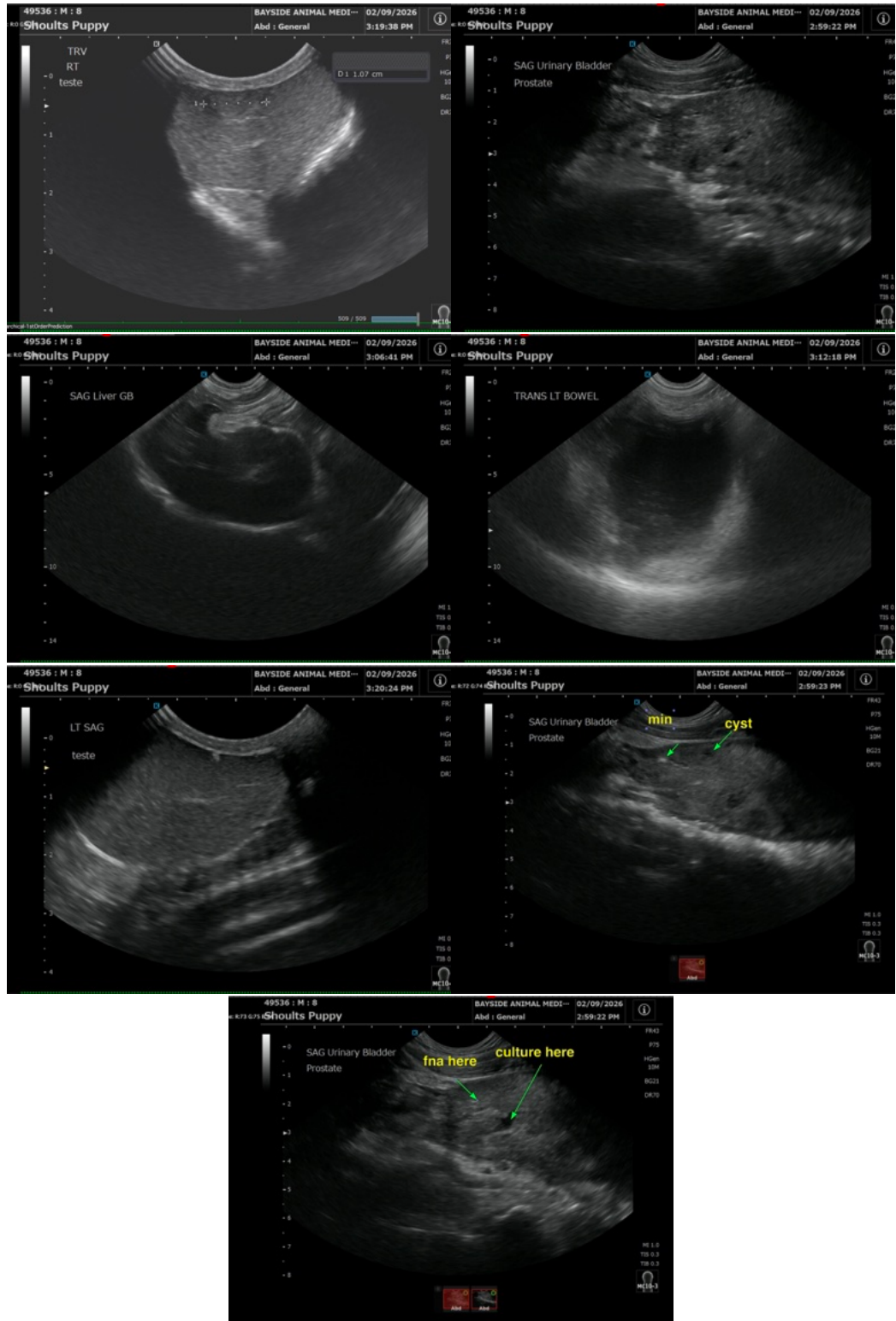
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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