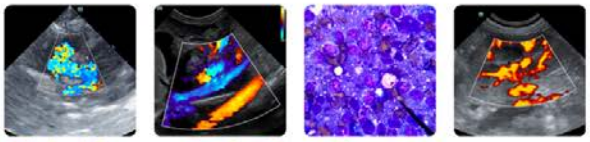


PATIENT

Yukon Gold Wiegel

SPECIES

Canine

BREED

Pembroke Welsh Corgi

SEX

Male

AGE

2 Years

WEIGHT

25.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Annette Anleu

HOSPITAL NAME

Ellwood Animal Hospital

REFERRING VET

Dr. Annette Anleu

INVOICE

73676

DATE

3/13/26

PRESENTING CLINICAL SIGNS

3/04 P possibly ingested perforated plastic from a flimsy kickball and potentially some amount of Raid ant poison. Vomiting was induced at home with peroxide. 3/08 Vomited small amounts of bile throughout the day. 3/10 vomited multiple times in the AM. Ate a bland diet. 3/11 Owner took pet to PVSEC (ER facility) d/t dark diarrhea and bloody colitis. PVSEC preformed an ultrasound and no evidence of a GI obstruction was seen. possible gastroenteritis. 3/12 pet had soft/dark stool accidents with blood present. 3/13 Pet presented to our facility d/t refusing to eat and ongoing GI symptoms (Bloody Diarrhea). Did a repeat ultrasound today and submitting for review today. Current meds that ER facility sent home with pet, Cerenia 24mg 1 PO SID, Sucralfate 1g 1/2 PO TID, Omeprazole 20mg 1/2 PO BID. We are sending home with Metronidazole 250mg 1 PO TID x 5 days, Entyce 1.1ml PO SID, Yunnan Baiyo 1 PO BID.

Abnormal PE/Chem/CBC/UA Results: CBC on 3/13: WNL Profile on 3/13: Low calcium at 8.5, Low total protein at 4.3, Low globulin at 1.7, Low cholesterol at 98. Parvo snap test on 3/13: Negative but there was little to no fecal material with sample just blood.

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.

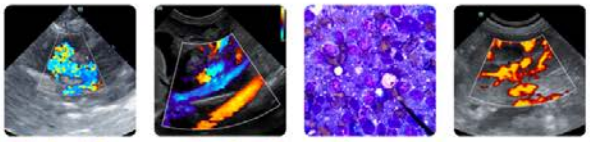
The **prostate** was uniformly enlarged (2.2 cm) with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, 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 **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 measures 5.6 cm. Left kidney measures 5.5 cm.

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 measured 1.9 cm x 0.40 cm.

The region of the **right adrenal gland** was imaged, no evident pathology.



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Spleen

The **spleen** was folded upon itself cranially. It 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.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed minor areas of luminal fluid noted. The stomach revealed a slight hyperechoic 1.0 cm structure. This does not appear obstructive. It may be irritative or may represent simple oral medication. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.

A reactive mesenteric lymph node was noted measuring 1.6 cm x 0.87 cm.

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

- Slightly prominent prostate.
- Non-specific gastroenteritis pattern with 1.0 cm structure in the stomach (possible medication?), no overt obstruction.
- Folded spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI protectant protocol indicated, given the patient history. I do not believe the structure in the stomach is a primary issue. If clinical signs persist, then endoscopy indicated. Medical management warranted otherwise. Recheck sonogram in one week to ensure adequate resolution.

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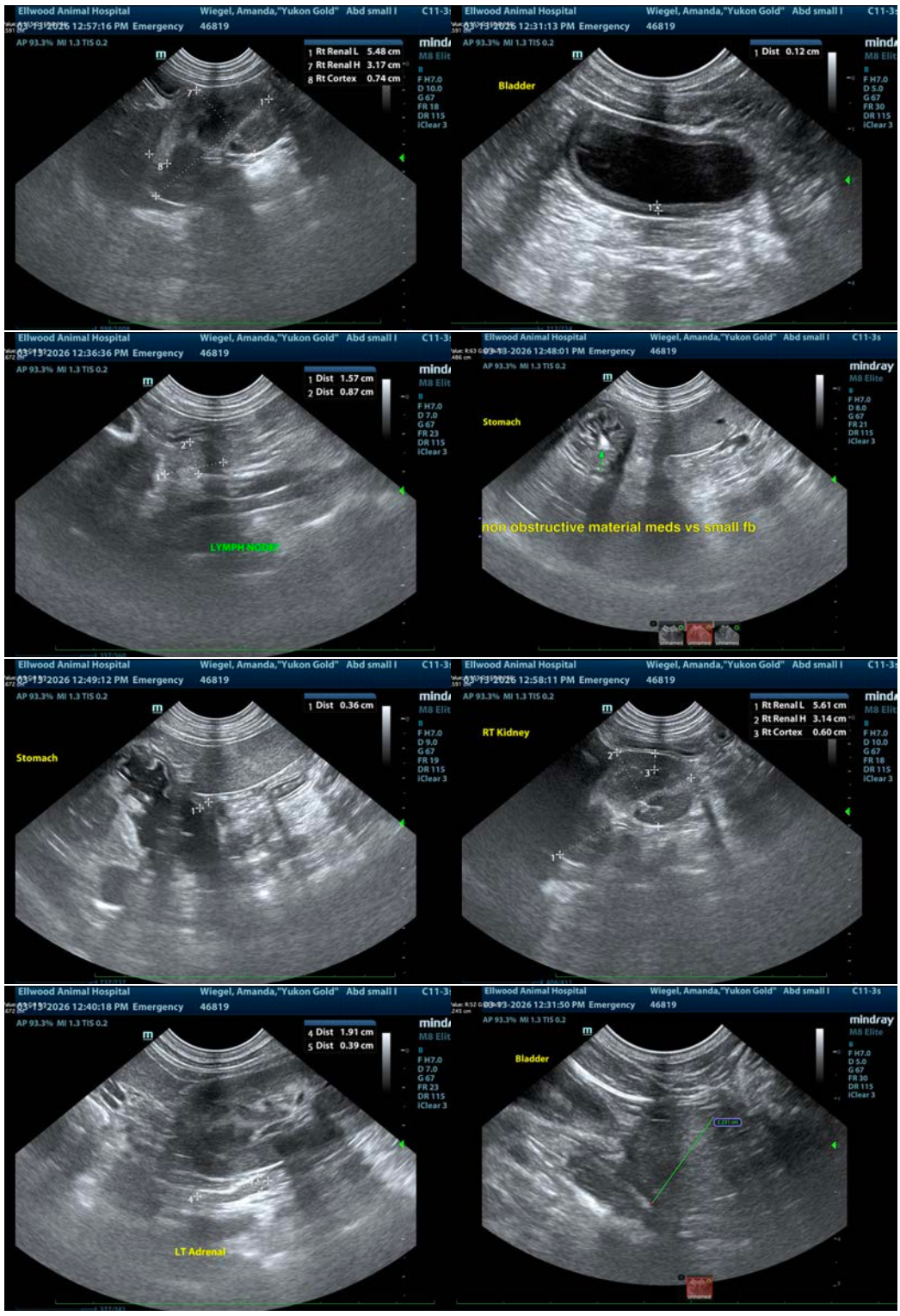

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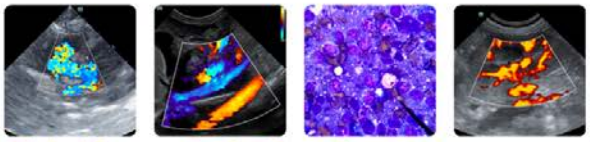

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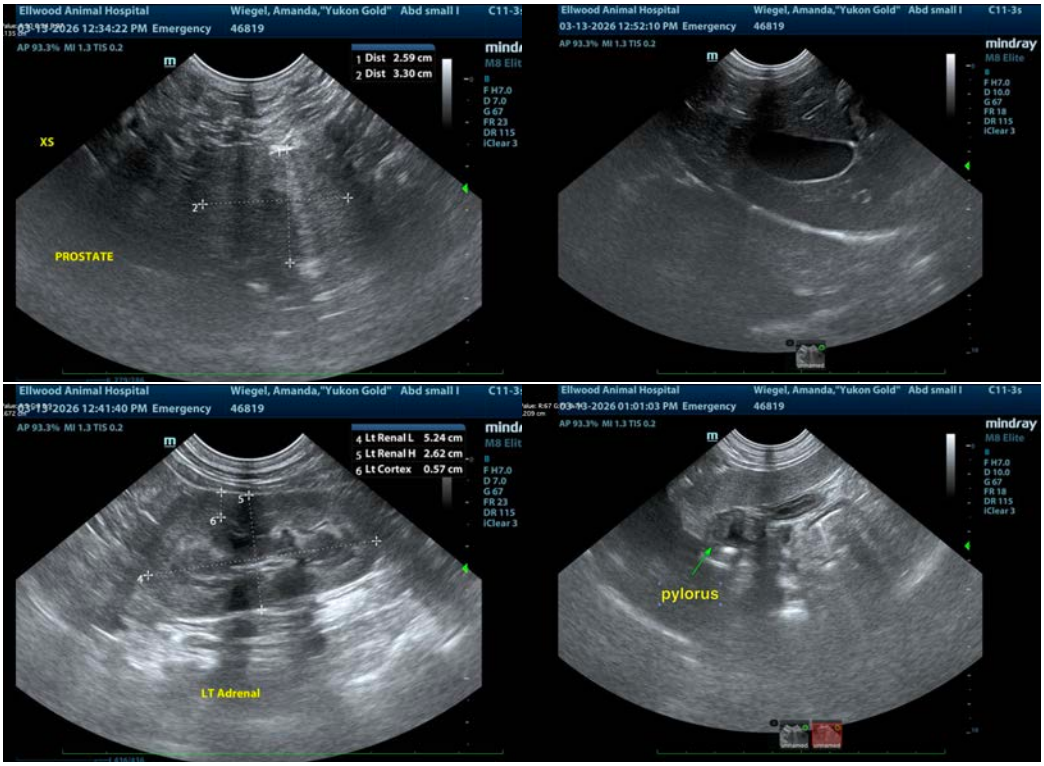

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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