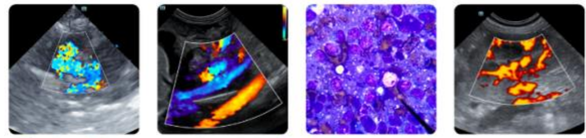


PATIENT

Gunner Quickel

SPECIES

Canine

BREED

Mastiff

SEX

Intact Male

AGE

10 Months

WEIGHT

86 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jocelyn Hollway

HOSPITAL NAME

Valley Green Veterinary Hospital

REFERRING VET

Dr. Oberer-Gerber

INVOICE

14666

DATE

03/27/26

PRESENTING CLINICAL SIGNS

- urinary concerns
- looks like there is a bubble on the tip of his penis
- blood coming from penis
- unknown if the urine itself is bloody
- Owner feels pt is incontinent and is leaking urine (unable to catch a us)
- pooping okay: no blood
- pt is not neutered
- per Owner no enlarged prostate issues as far as he knows
- started yesterday
- Abdomen palpates normally; no pain, tenderness or masses on palpation. Heart/Lungs = NSF. 2 descended and symmetrical testicles. Penis is located w/in the sheath and is not entrapped. When penile tissue is extruded from the sheath, ~1/4 inch defect at the distal tip is present and dark purple to necrotic -- concern for severe urethral prolapse. Frank blood with urine dribbling while exam room. Caution. Rectal not performed today.

Abnormal PE/Chem/CBC/UA Results: HCT = 30% non-regenerative anemia present Creat = 1.5 --> potential for early IRIS staging (need UA to confirm/deny) Lytes: NSF T4 = 2.0 normal PL = 64 normal UA/UC = ideal but unable to collect sample at this time 4DX = NEW LYME (+) --> NEW Concern for lepto. In-house LEPTO SNAP = NEG Lepto PCR = pending C6 Quant = pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 uniform and measured 3.2 cm.

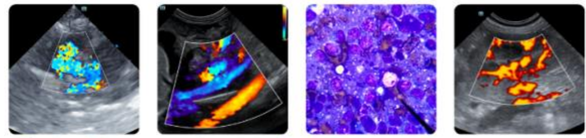
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.6 cm in length. The right kidney measured 7.5 cm in length.

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 0.45 cm width. The right adrenal gland measured 0.60 cm width at the cranial pole and 0.49 cm width 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



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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

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

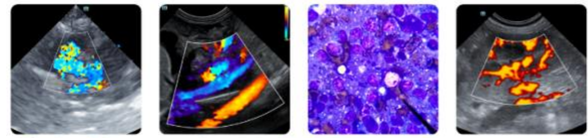
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral pathology. Screening for occult Addison's would be warranted even though the adrenals appear subjectively normal to slightly subnormal in this patient. Leptospirosis titers or other causes of renal insult should be considered given the patient's history. Neurogenic disease should also be considered. Underlying prostatitis is possible yet structurally, the prostate appears unremarkable.



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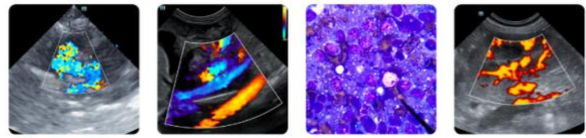

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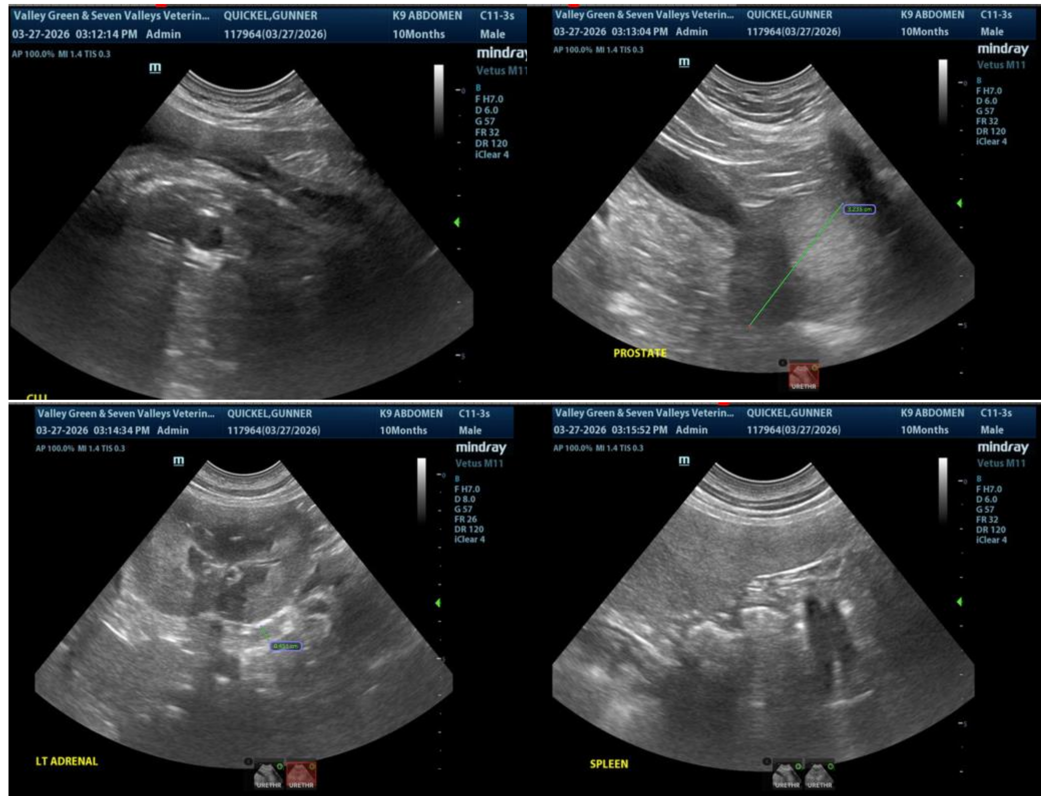

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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