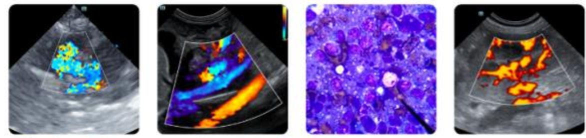


PATIENT
Toby Gilbert

SPECIES
Canine

BREED
Standard Poodle

SEX
Intact Male

AGE
9 Years

WEIGHT
57 pounds

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

IMAGING PERFORMED BY
Kevin Moon, DVM

HOSPITAL NAME
Shiloh Veterinary Hospital

REFERRING VET
Stephanie Herr, VMD

INVOICE
15309

DATE
04/21/26

PRESENTING CLINICAL SIGNS

P presented 4/8 for exam due to LH lameness. On exam, a caudal abdominal mass was palpated. P was placed on an NSAID for the lameness. After receiving 2nd dose, p had liquid diarrhea with a large amount of blood. P has a history of frequent diarrhea, often but not always accompanied by frank blood.
Fluid analysis submitted for contents of cyst found on ultrasound submitted

Abnormal PE/Chem/CBC/UA Results: 4/8 Globulins 4.0 (1.6-3.6) 2+ Bilirubin in urine Remainder of cbc/chem/t4/UA/normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The apical **bladder** wall in this patient was mildly thickened with slight echogenic mural changes measuring 0.53 cm. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

The **prostate** was mild to moderately enlarged 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 prostate measured 4.7 cm. Microcystic changes were present.

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 6.0 cm in length. The right kidney measured 6.0 cm in length.

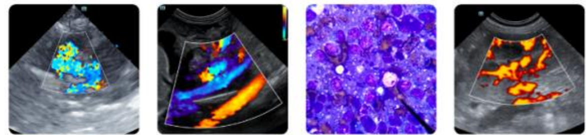
Adrenal Glands

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. The left adrenal gland measured 0.70 cm width.

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

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 were noted.



SonoPath.com info@sonopath.com 1.800.838.4268

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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

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.

Free Abdomen

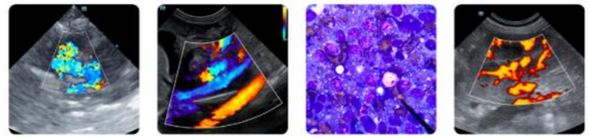
The mid abdomen revealed a fluid-filled structure with echogenic debris measuring 4.8 cm. The structure appears to be encapsulated, most consistent with mesenteric abscess and appears resectable.

ULTRASONOGRAPHIC FINDINGS

- Mesenteric abscess- cannot connect to any direct organ. Not likely neoplastic.
- Benign prostatic hyperplasia with microcystic changes.
- Apical bladder wall thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical exploratory is indicated with resection. If any evidence of UTI is present in the urine, then management for UTI/cystitis is indicated. If any prostatic signs are present, then neutering is indicated, or this alternative protocol could be considered. Finasteride at 1 mg/kg/day can be utilized as an off-label approach to reducing prostatic size in BPH cases. Coverage for prostatitis would also likely be appropriate with Fluoroquinolone/Baytril or similar. A recheck sonogram is recommended in 3-4 weeks with reassessment of the urinalysis and evaluation of any inflammatory sediment.



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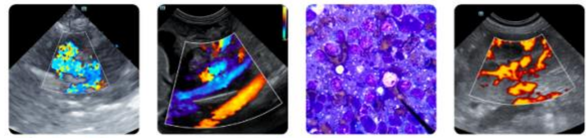

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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