



PATIENT

Shadow Walker

SPECIES

Canine

BREED

Doberman

SEX

Intact male

AGE

3 years

WEIGHT

101 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Brandon Adkins

HOSPITAL NAME

Royer VS

REFERRING VET

Dr. Adkins

INVOICE

74870

DATE

4/27/26

PRESENTING CLINICAL SIGNS

History: Shadow Walker presents for vomiting and respiratory signs
Patient History:

- History of eating blankets regularly, typically vomits or passes them
 - Vomited 5 times yesterday, including all food consumed
 - Eye and nose discharge noted by client
 - Episodes of abnormal breathing described as reverse sneezing-like
 - Started new treats recently (liver and collagen supplements, 2 in morning and 2 at night)
 - Withheld food this morning due to vomiting
 - Maintaining water intake
 - Client reports discomfort and restlessness
- CBC/Chem10 WNL

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 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 left kidney measured 6.0 cm. The right kidney measured 8.3 cm.

The **prostate** was mildly enlarged and heterogenous with focal, nodular and cystic changes. The largest of which measured 1.0 cm. 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 0.5 cm. The right adrenal gland measured 1.2 cm at the cranial pole and 0.67 cm at the caudal pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.



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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

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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

BPH prostate with cysts, potential abscessation and nodular changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA, cytology and culture are indicated. There was no evidence of pathology and no evidence of GI foreign bodies. If any clinical signs of prostatic disease are present, then neutering should be considered. Otherwise, the following protocol may prove effective. Regardless, I recommend drainage and cytology of the hypoechoic nodular or cystic changes. Supportive care for GI upset should prove effective.

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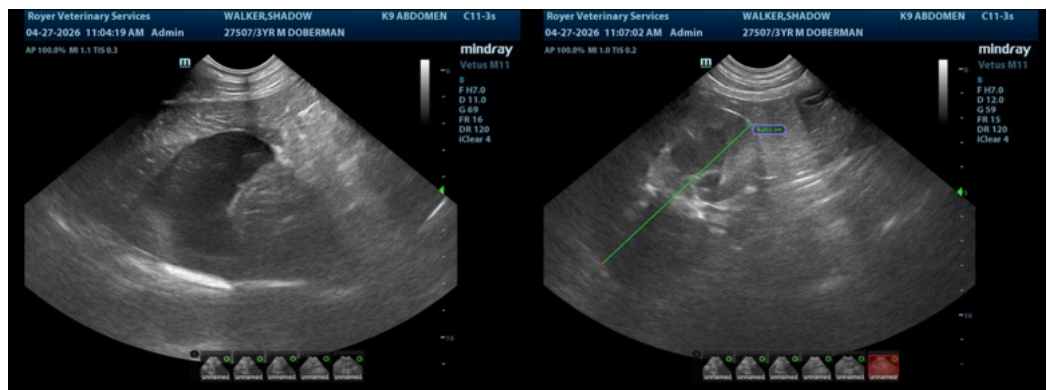
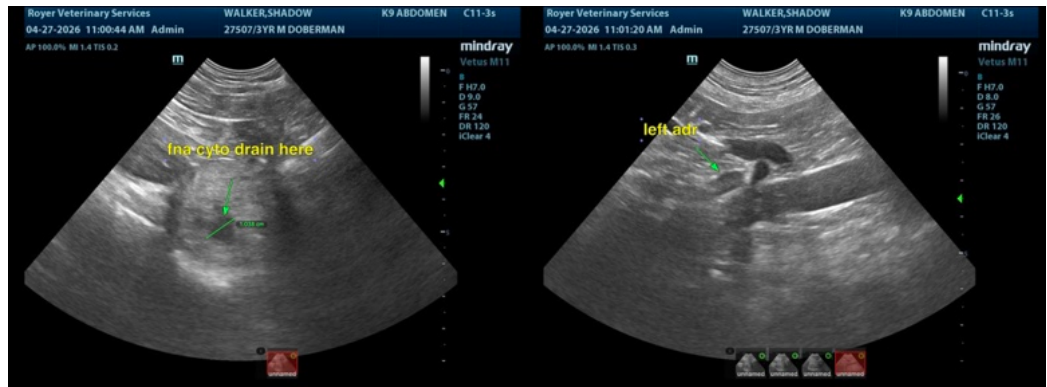
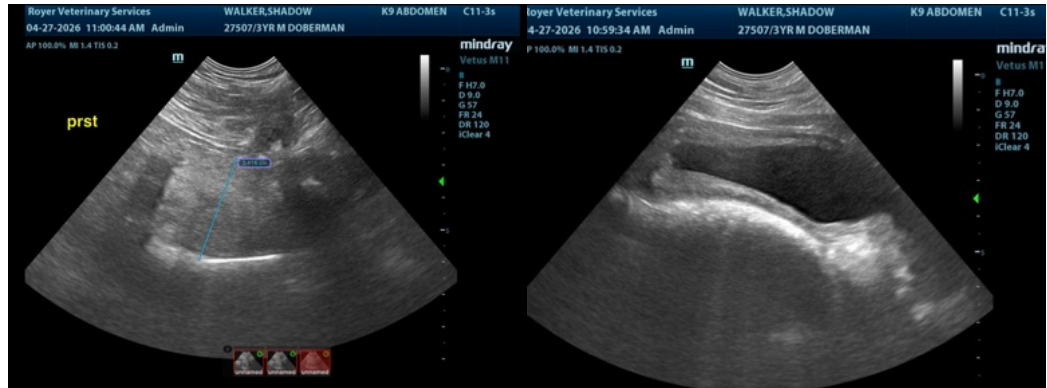
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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