

PATIENT

Dragoon Spellberg II

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

MI

AGE

4yr

WEIGHT

77.7lb

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Gudrun Gunther

HOSPITAL NAME

New Frontier AMC

REFERRING VET

Gudrun Gunther

INVOICE

24659

DATE

04/28/2026

PRESENTING CLINICAL SIGNS

Recent history of acute onset lameness RF - initially started Gabapentin but O was concerned that patient was acting on the Gabapentin.

Shortly thereafter patient developed PU/PD

He is moderately lame RF (elbow pain), PU/PD, hyporexic

Abnormal PE/Chem/CBC/UA Results: Rectal exam - prostate is comfortable Rads RF - DJD R elbow UA - isosthenuria (USG 1.010) inactive sediment CBC - WNL CHEM - mild azotemia (Creatinine 2.2, BUN 37) Significant hypercalcemia 15.3 (7.9 - 12.0) Pending Diagnostics: 1. Cancer Dx - Idexx 2. PTH and ionized calcium 3. Urine culture

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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 8.7 cm.

The right kidney measured 8.93 cm.

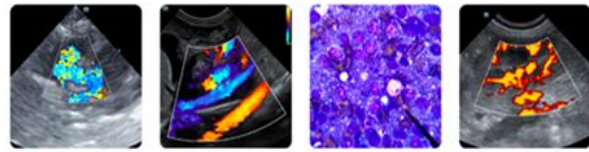
The bilateral testicles were uniform, no evident pathology in the parenchyma or in the epididymis.

The prostate was uniformly 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 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 right adrenal gland measured 3.27 cm x 1.1 cm cranial x 0.49 cm caudal.



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The left adrenal gland measured 3.48 cm x 0.45 cm cranial x 0.59 caudal.

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Spleen

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The spleen was folded upon itself caudally and 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.

BREED

Liver

Rhodesian Ridgeback

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

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.

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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.

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ULTRASONOGRAPHIC FINDINGS

- Bilaterally swollen kidneys
- Folded spleen
- Urinary bladder debris
- Benign prostatic hyperplasia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys were bilaterally swollen, although structurally unremarkable. Acute renal insult suspected. Screening for Addison's warranted even though the adrenals appear normal. Leptospirosis titers are indicated.

REFERRING VET

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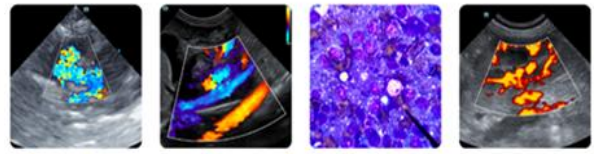
For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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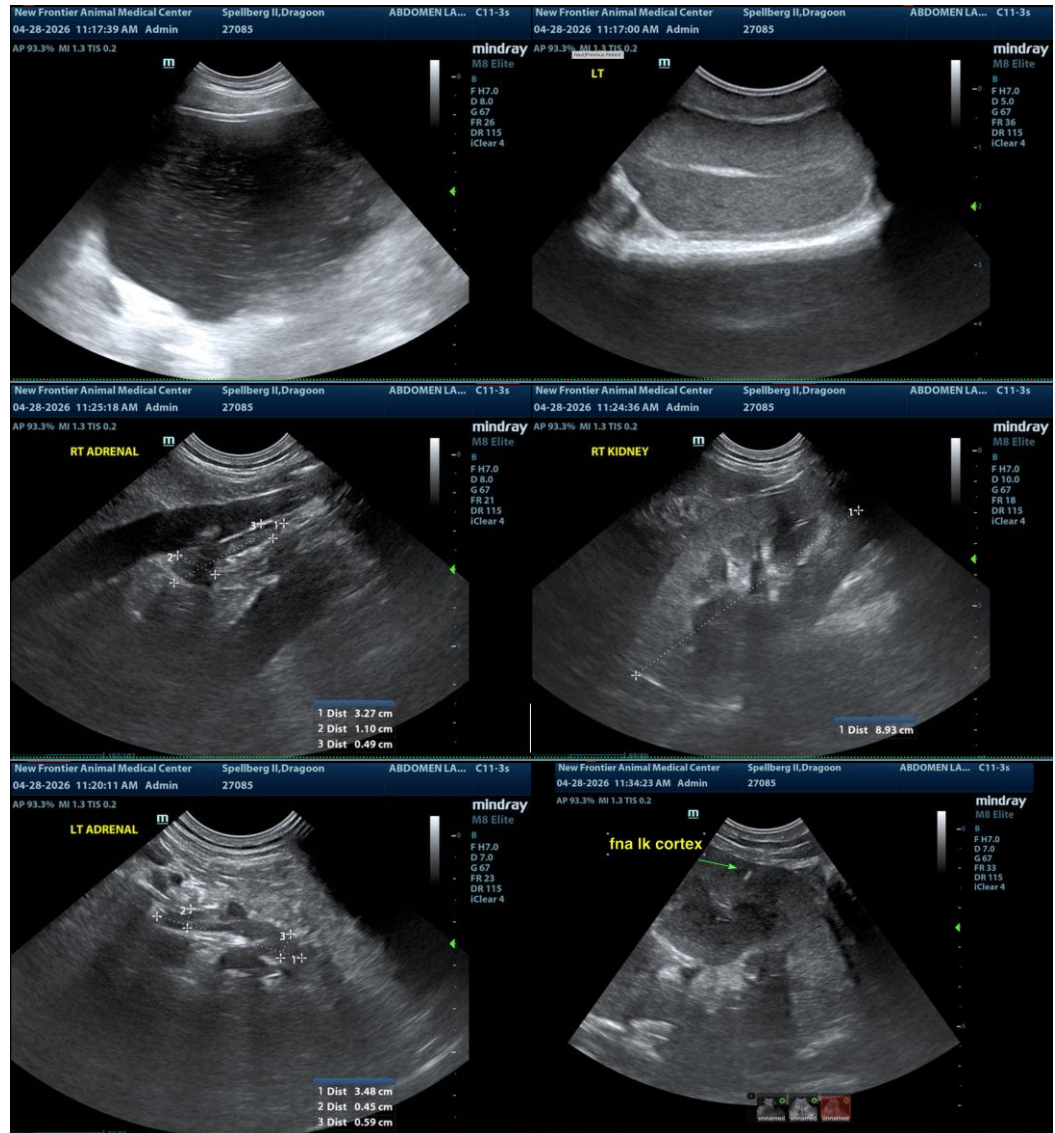
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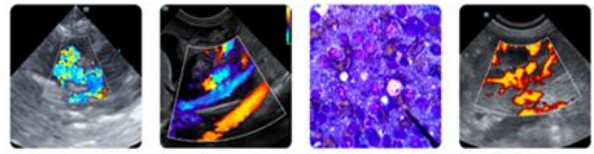
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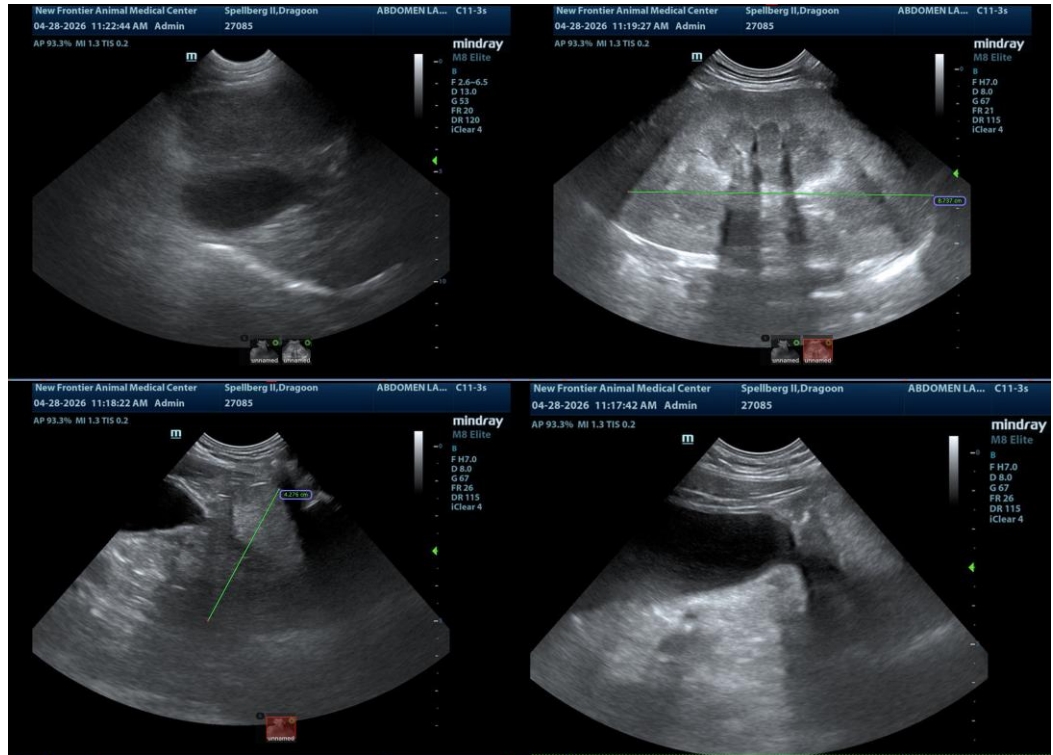
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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