



PATIENT

Leo Marrero

SPECIES

Canine

BREED

Samoyed

SEX

Intact Male

AGE

4 Years

WEIGHT

68 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dra. Maria Colon

INVOICE

15561

DATE

04/29/26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to lethargy, stranguria, and suspected prostatitis. Px presented to rDVM due to concentrated urine, stranguria, and straining while defecating. Abdomen is painful upon palpation and Px is very lethargic.

Abnormal PE/Chem/CBC/UA Results: Radiographs and rDVM records attached below for your reference.

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 prostate revealed edema lines and peripheral hyperechoic inflammation and generalized enlargement measuring 4.2 cm. The prostate revealed abscesses as well as the prostatitis measuring up to 2.0 cm. The free fluid in the caudal abdomen may be deriving from a ruptured abscess or periprostatic cyst. The testicles were imaged and found to be uniform with no evident pathology.

The **right kidney** 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 right kidney measured 6.9 cm in length.

The **left kidney** presented swollen with irregular contour and pericapsular inflammation consistent with pyelonephritis. Pyelectasia was noted with echogenic debris.

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 0.60 cm width at the caudal pole and 0.55 cm width at the cranial pole. The right adrenal gland measured 1.7 cm x 1.0 cm width at the cranial pole and 0.60 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 congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver



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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.

Free Abdomen

Slight free fluid was noted in the caudal abdomen.

ULTRASONOGRAPHIC FINDINGS

- Pyelonephritis left renal pattern with concurrent prostatitis.
- Slight free fluid- suspect peritonitis, ruptured abscess.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity and 72 hour IV fluid protocol is warranted. Ultrasound guided abdominocentesis of the free fluid is indicated for further definition. Exploratory surgery may be appropriate depending upon fluid sample analysis, however this is likely deriving from the prostate, possible ruptured periprostatic cyst or abscess. Cannot rule out a neoplastic process. Cytospin of the abdominal fluid is recommended to assess that potential.





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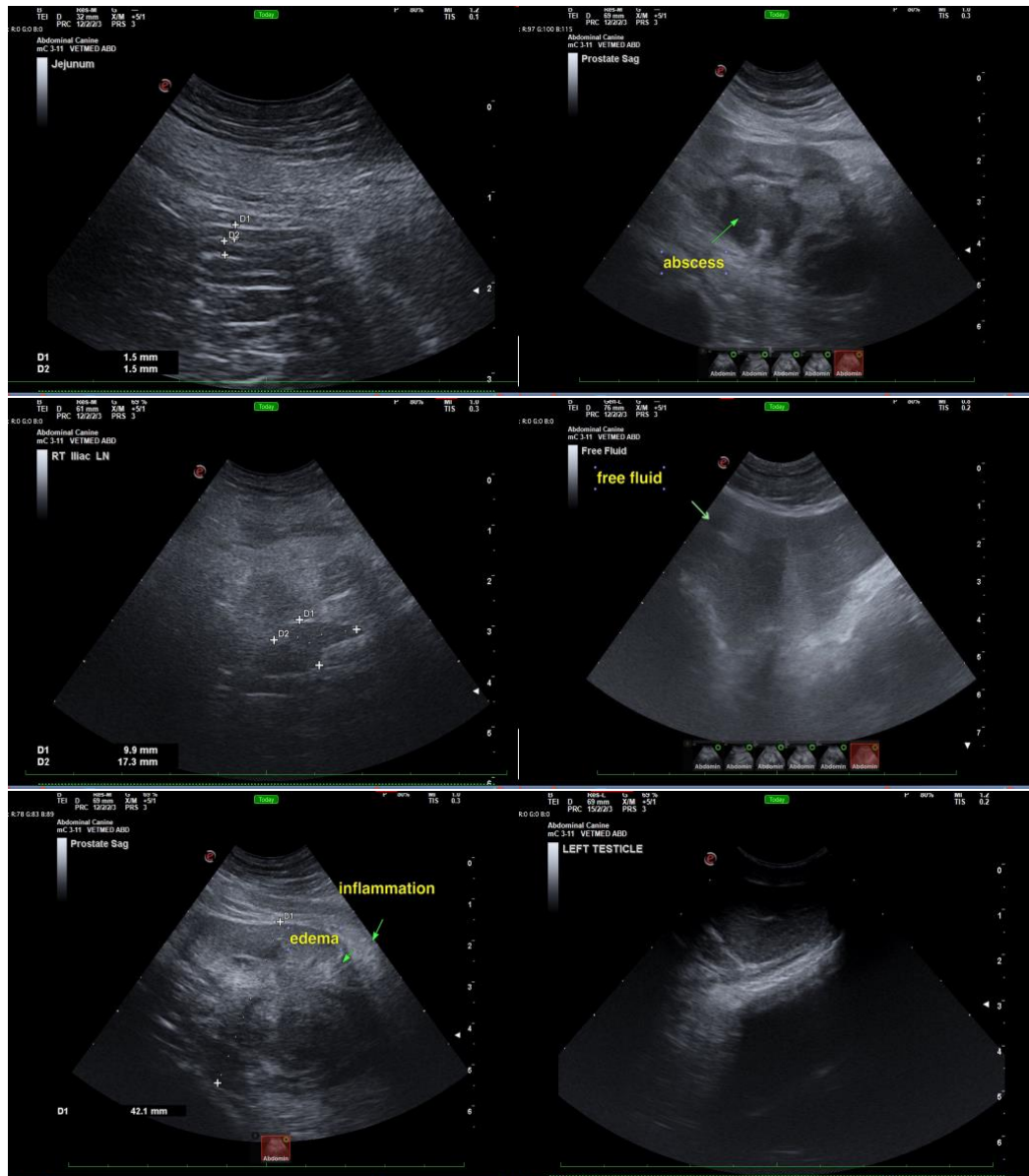
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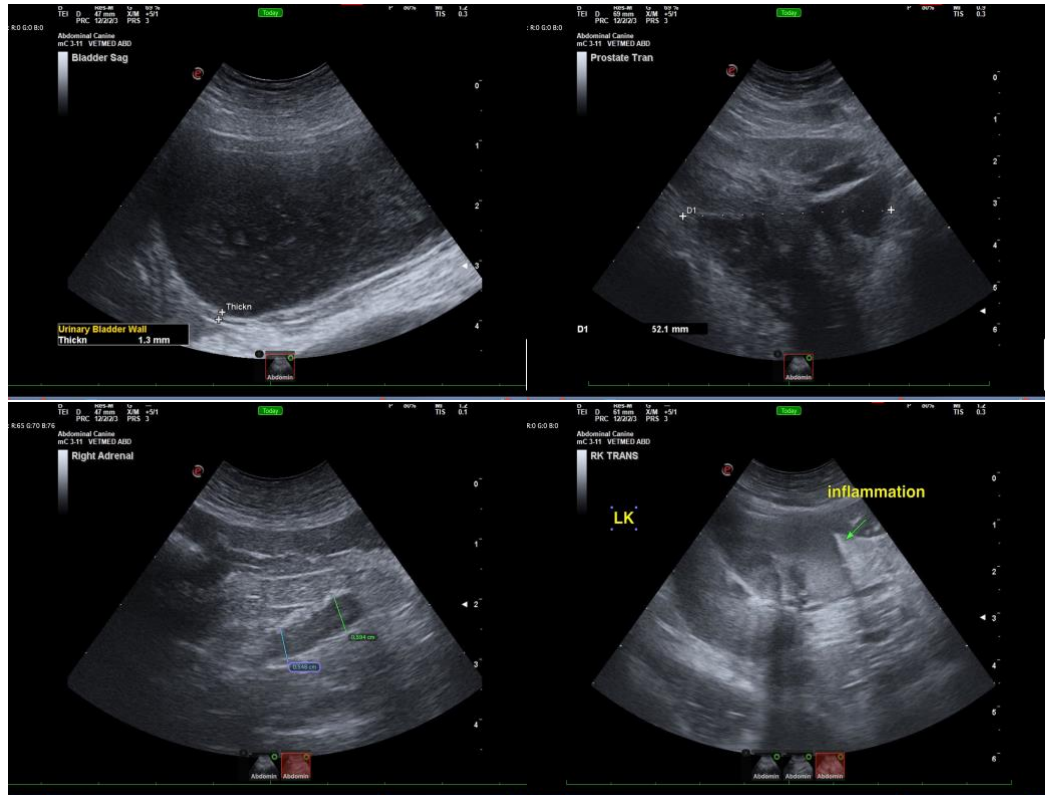
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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