



DATE PRESENTING CLINICAL SIGNS

04/15/26

Patient History: Lethargy since Saturday, progressively worsening - Not eating since Monday (ate small amount Sunday) - Drinking less than normal - Follows owner between rooms but immediately lies down (abnormal behavior) - No longer interested in usual activities (following sister, investigating cat, being in kitchen during cooking) - No vomiting or diarrhea observed - History of eating grass, may have gotten into cat litter box recently - No history of foreign body ingestion (socks, shoes, etc.) since puppyhood - Current on routine vaccinations (DHPP annually, heartworm prevention, flea/tick prevention) - Indoor dog with structured outdoor exercise schedule - Previous veterinary visit: temperature obtained, abdominal palpation performed with no pain response, unable to obtain blood work or radiographs due to patient stress - Prescribed trazodone and gastroprotectant medication - Administered 5 trazodone tablets at 9:30 AM prior to current visit - Gastroprotectant given previous evening with no improvement

PATIENT

Jax Garrett

SPECIES

Canine

BREED

Mastiff

SEX

Intact Male

AGE

04/14/20

WEIGHT

155 pounds

INTERPRETED BY

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DABVP(CFM), Cert.
IVUSS

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Reynolds

INVOICE

15122

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 were noted. Ureteral papillae were normal.

The testicles were imaged and found to be uniform with no evident pathology. The prostate revealed multiple cystic structures with echogenic fluid. The largest cyst measured 3.5 cm. The prostate measured 10.0 cm x 5.4 cm with heterogenous nodular changes. Edema lines were noted in the prostate with pericapsular fluid consistent with prostatitis or potential abscessation.

The sublumbar **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The lymph nodes measured up to 3.5 cm x 1.5 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 9.84 cm in length. The right kidney measured 8.58 cm in length.

Adrenal Glands

The **right 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 right adrenal gland measured 2.28 cm x 1.03 cm width at the caudal pole and 0.87 cm width at the cranial pole.

The **left adrenal gland** was at the upper limits of normal and measured 3.4 cm x 1.16 cm width at the caudal pole and 1.0 cm width at the cranial pole.

Spleen

The **spleen** was uniform with normal contour and minor generalized enlargement, yet no evident pathology was visualized. The spleen measured 3.9 cm width.

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. The stomach was filled with ingesta. 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

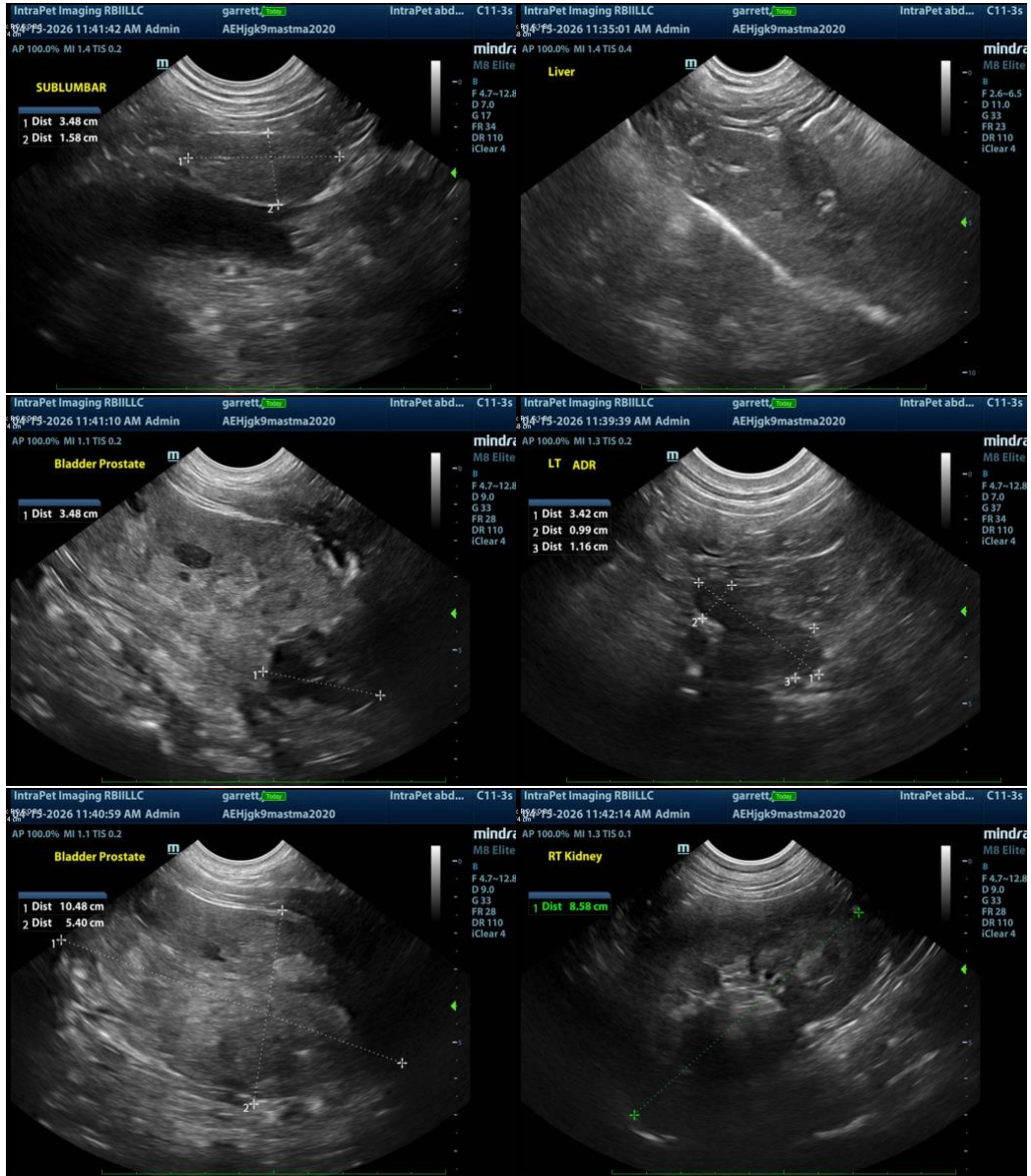
Rapid view of the **heart** revealed no evident pathology.

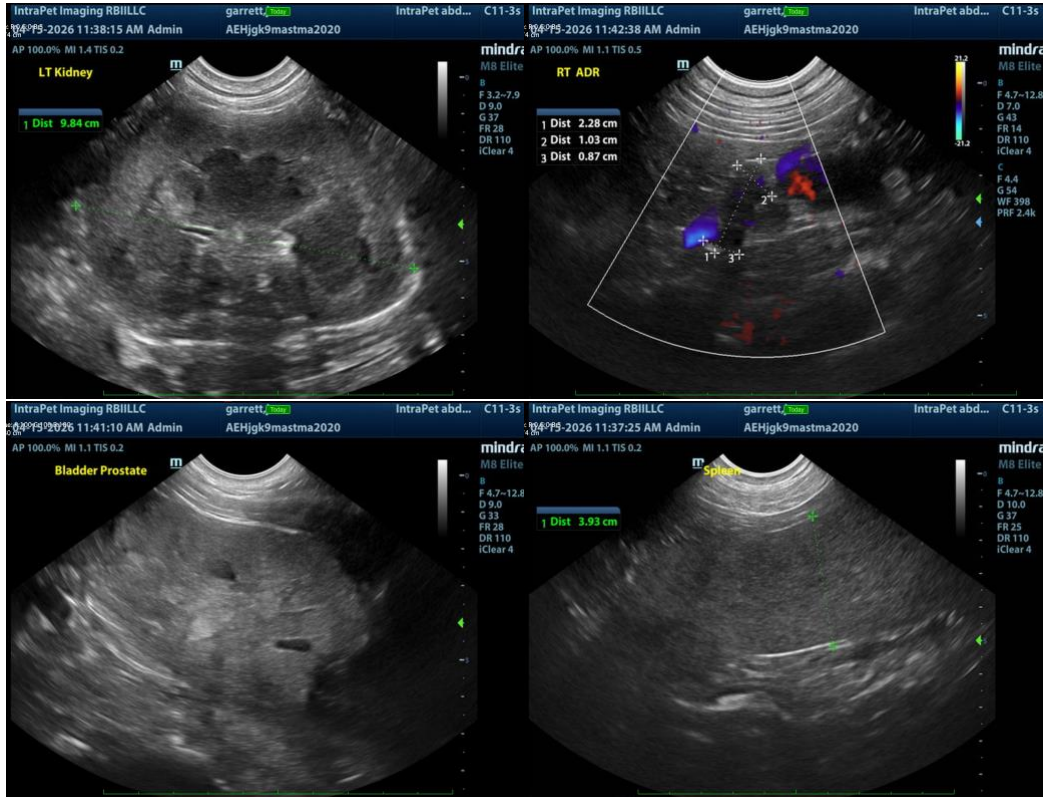
ULTRASONOGRAPHIC FINDINGS

- Prostatitis/BPH with likely abscessation.
- Minor retention of ingesta in the stomach.
- Left adrenal gland at the upper limits of normal.
- Minor enlarged spleen.
- Sublumbar lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend focusing on the prostate in this patient with neutering. Ultrasound guided FNA drainage and culture is indicated of the cystic component. Gastric presentation is likely owing to ileus. No overt obstruction or evidence of foreign bodies.







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.

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