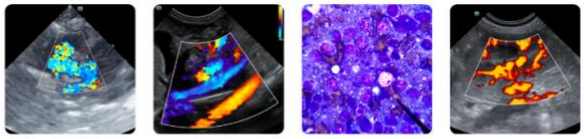

PATIENT

Tog Klinger

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

13 Years

WEIGHT

34 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse LVT, CVT

HOSPITAL NAME

Walden Animal Clinic

REFERRING VET

Dr. Kelly

INVOICE

15676

DATE

05/01/26

PRESENTING CLINICAL SIGNS

Recheck stomach + potential FNA. Prostatic dz and renal dz. Current meds: LRS+K, Baytril, Doxycycline, Sucralfate, Famotidine, Cerenia, Gabapentin, Mirtazapine

Abnormal PE/Chem/CBC/UA Results: PCV 35.6, WBC 56.9, Neuts 47.7, SDMA 22, Creat 3.6, BUN 52, K+ 3.4 U/A: USG 1.016, WBC >50, RBC 26, culture neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm presented normal thicknesses and normal tone. The ureters were not visible which is normal. A trace amount of residual bladder sand was present, non-obstructive at the time of the sonogram. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **prostate** in this patient was persistently enlarged with areas of mineralization. Ultrasound guided FNA was performed without complication. Hyperplasia mineralization versus early carcinoma are primary concerns. The prostate measured 3.4 by 2 cm with pre-prostatic thickening appears to have progressed.

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. Minor age-related changes were present yet minimal. 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 5.66 cm in length. The right kidney measured 5.43 cm in length. The kidneys appeared to have adequate blood flow on power doppler assessment.

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 1.7 cm x 0.47 cm width at the caudal pole and 0.38 cm width at the cranial pole. The right adrenal gland measured 2.19 cm x 0.93 cm width at the cranial pole and 0.63 cm width at the caudal pole.

Spleen

The **spleen** revealed a focal 1.4 cm microcystic nodule at the caudal pole, largely non-vascular.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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Gastrointestinal

The **stomach** is largely normalized in this patient with minor residual thickening consistent with resolving gastritis. Sectorial mural thickening was noted in the stomach in this patient with mucosal remodeling, however the stomach appears approximately 70% resolved. The small intestine and colon were unremarkable.

Pancreas

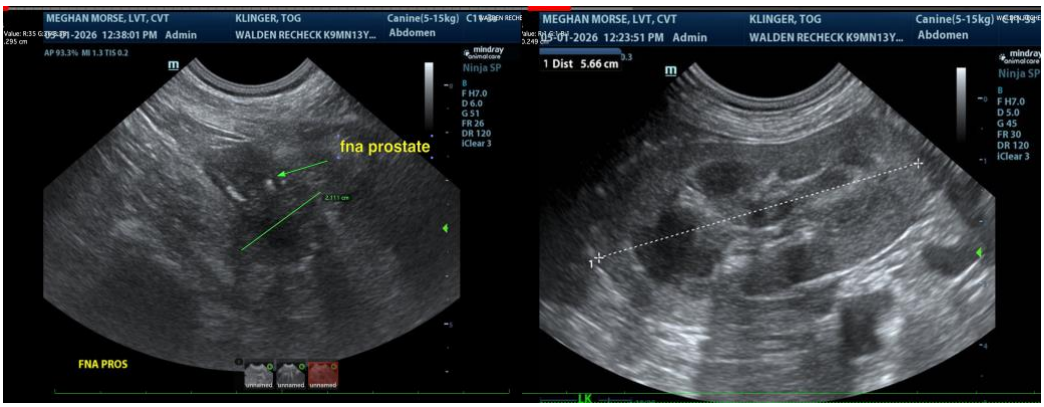
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

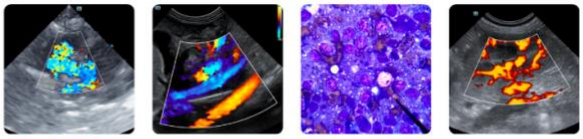
- Age-related renal changes.
- Persistent splenic nodule.
- Resolving uremic gastritis.
- Progressive prostatic presentation.
- Bladder sand.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Continuation of the GI protective protocol is indicated until renal failure is resolved. Prognosis is guarded mainly from the renal insult and the prostatic lesion. The splenic lesion does not appear to have progressed from the prior sonogram on 4-27-26. The spastic small intestine noted on the prior sonogram is resolved, the intestinal tract appeared unremarkable.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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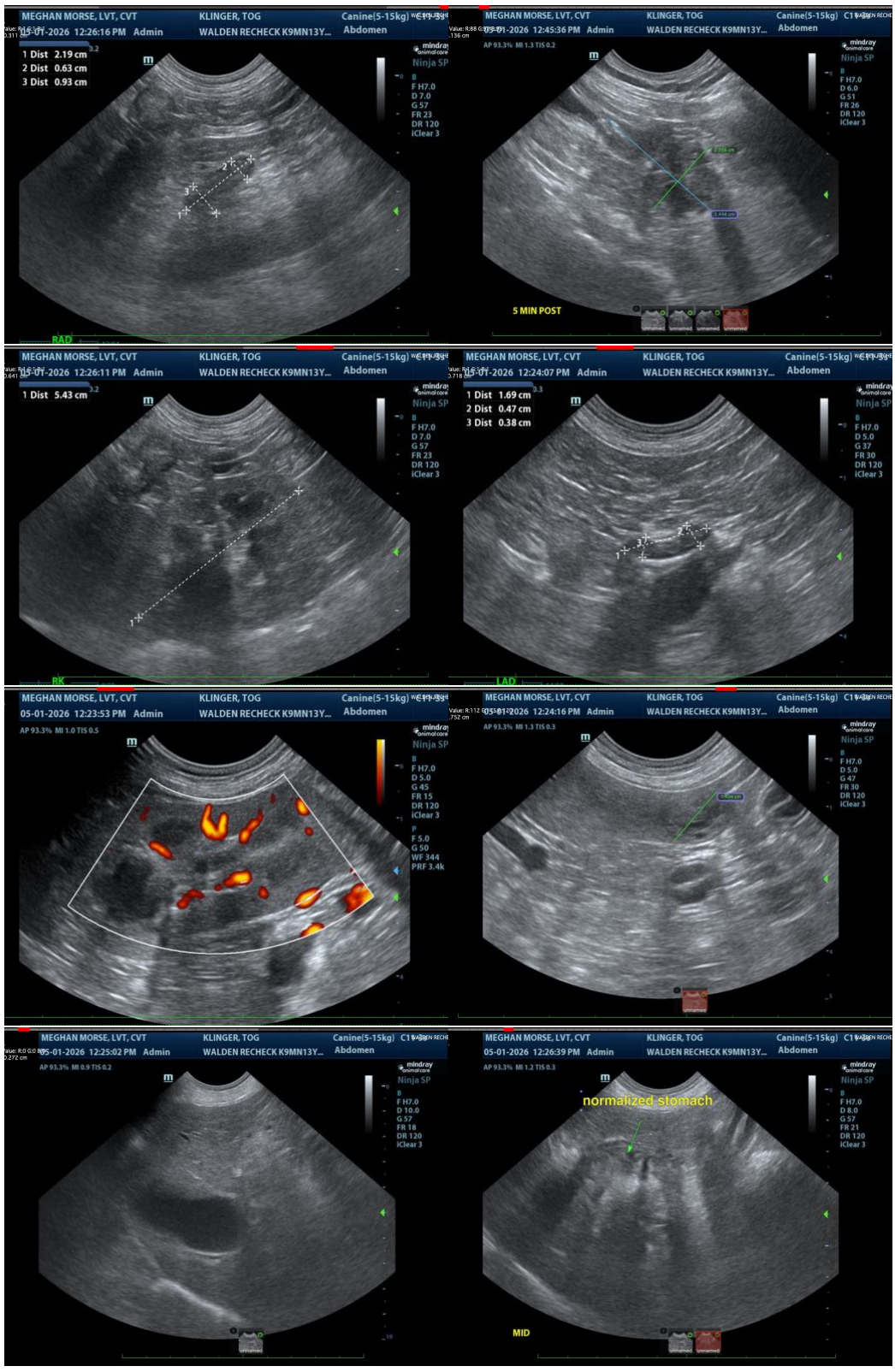

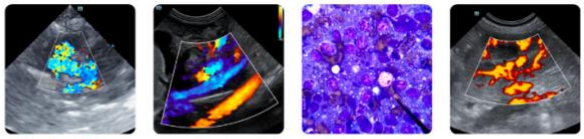

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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