



**PATIENT**

Storm Wilmoth

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Intact Male

**AGE**

12 Years

**WEIGHT**

77.4 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Chatham Veterinary  
 Services

**REFERRING VET**

Dr. Scott

**INVOICE**

16129

**DATE**

05/12/26

**PRESENTING CLINICAL SIGNS**

P presented for US due to straining to urinate. P is able to urinate and has a full stream but cannot empty his bladder. P urinated 300 mls outside this morning and then tech passed red rubber (5 fr no resistance- 8 fr resistance) and emptied another 600 mls

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed minor uniform hypertrophy measuring up to 0.9 cm. NO evidence of calculi or tumors.

The **right testicle** was imaged and found to be uniform with slight hyperechoic nodular changes at the caudal pole. The right testicle measured 0.5 cm. The **left testicle** was imaged and found to be uniform with no evident pathology.

The **prostate** was 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 4.3 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 8.15 cm in length. The right kidney measured 8.15 cm in length.

**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 2.35 cm x 0.66 cm width at the caudal pole and 0.63 cm width at the cranial pole. The right adrenal gland measured 2.05 cm x 1.06 cm width at the cranial pole and 0.47 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**

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



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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.

**Gastrointestinal**

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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**

- Minor bladder hypertrophy with BPH prostate.
- Mild hepatic remodeling.
- Partially full stomach.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Neutering is in this patient's best interest. Urine culture and sensitivity is indicated. If neutering is not an option, the following protocol could be considered. 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. Prostatic wash and culture could also be considered in this patient and would be ideal for targeted therapy, however, Enrofloxacin is likely the best option or similar given its optimal penetration into the prostate.



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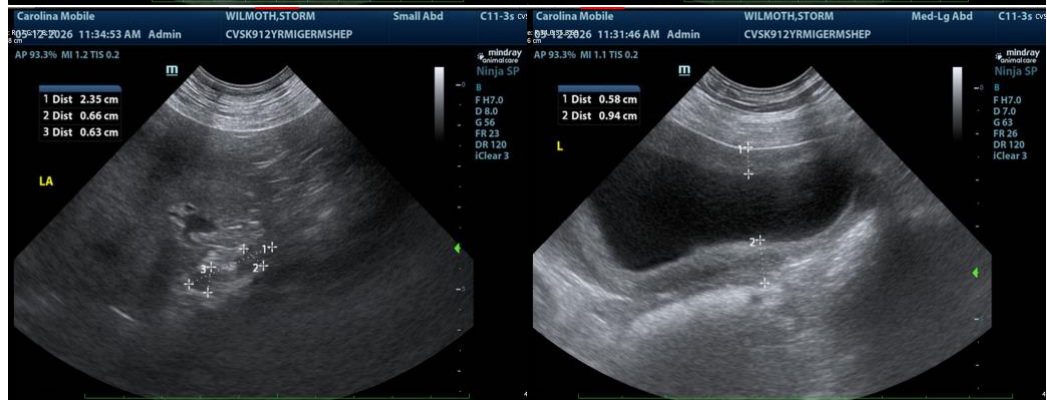
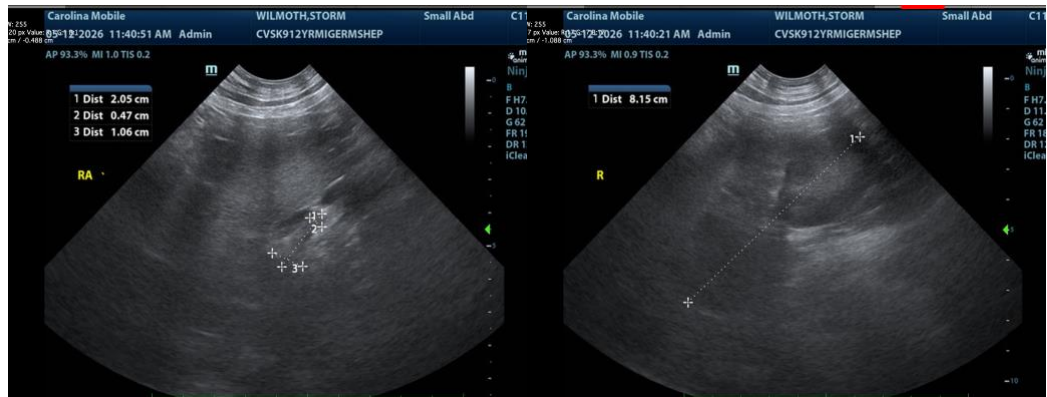
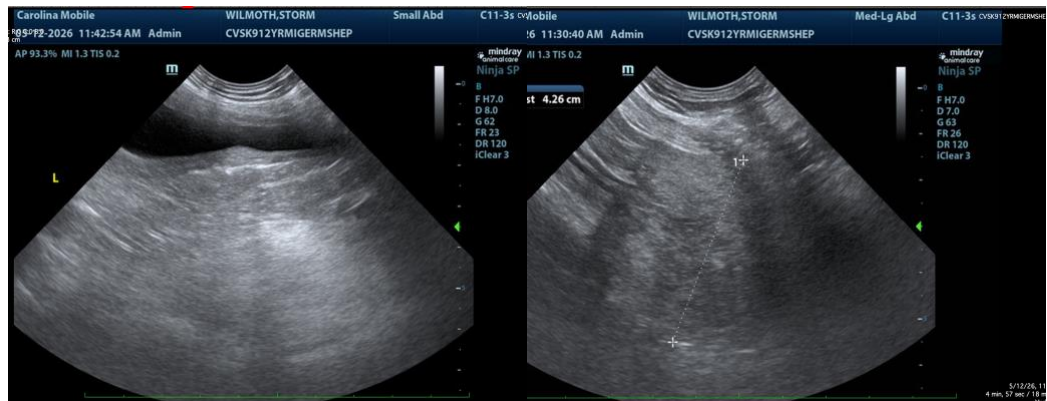
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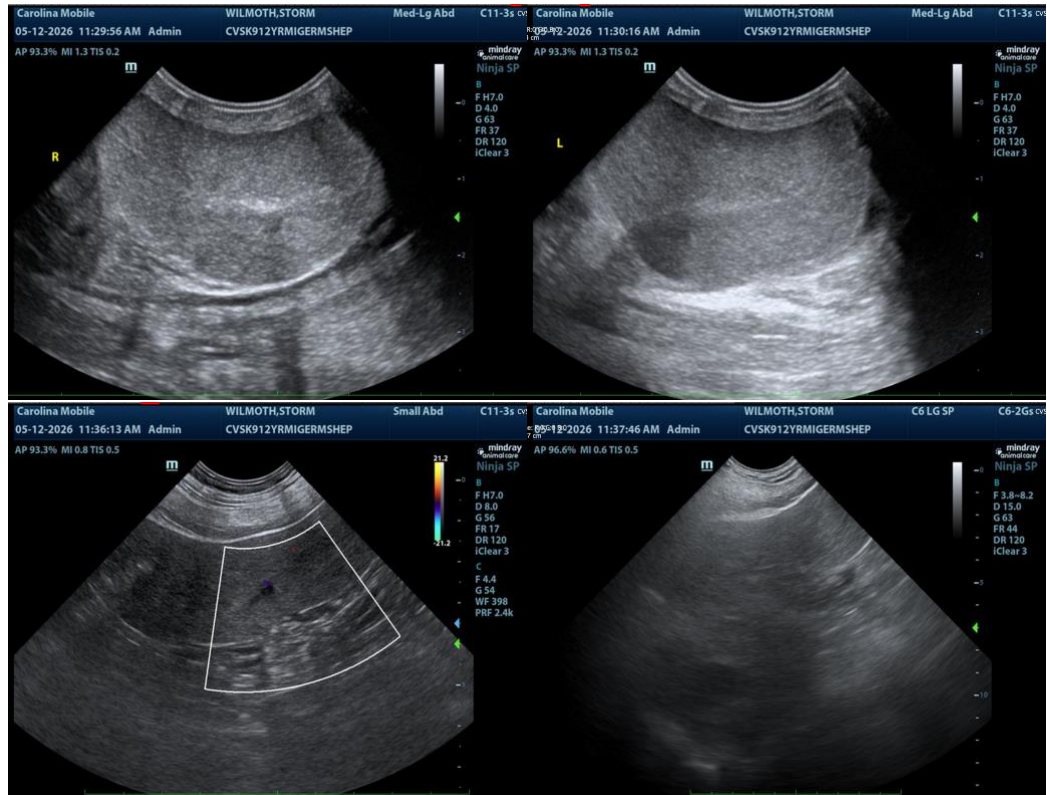
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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