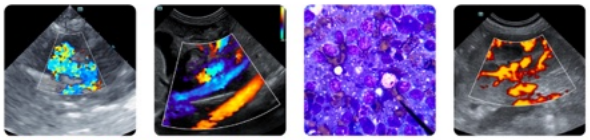

PATIENT

Bucks Onopriienko

SPECIES

Canine

BREED

Chihuahua

SEX

Intact male

AGE

5 years

WEIGHT

3.75 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski

HOSPITAL NAME

Apex VS

REFERRING VET

Alpine 24/7 ER Doctor

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77809

DATE

5/20/26

PRESENTING CLINICAL SIGNS

History: Presented for acute hemorrhagic diarrhea/liquid bloody stool, hyporexia, lethargy, and mild abdominal discomfort. No vomiting during hospitalization. Receiving IV fluids and supportive care. Clinical concern initially for AHDS/hemorrhagic gastroenteritis versus dietary indiscretion/foreign material/inflammatory or infectious gastrointestinal disease.
Abnormal PE/Chem/CBC/UA Results: PE: T 37.1°C, HR: 128 bpm (1:1 pulse ratio), RR: 28/min, Respiratory effort: Eupneic/non-labored, MM pink/moist, CRT <2 sec, Mentation: QAR, Hydration: ~6% dehydrated clinically, BP: 158/105 (MAP 116) Labs - mild ALT elevation (152), Mild hypephosphatemia (2.27) Mild hypochloremnia,

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 was noted. Ureteral papillae were normal.

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. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.53 cm with slight pyelectasia. The left kidney measured 4.1 cm.

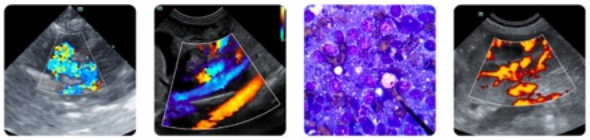
The **prostate** was uniformly enlarged with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign 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 revealed slight edema lines suggestive for some level of inflammation. The prostate measured 2.8 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 0.51 cm at the cranial pole and 0.42 cm at the caudal pole. The left adrenal gland measured 0.53 cm at the caudal pole and 0.56 cm at the cranial 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



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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.

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 an unremarkable stomach and small intestine regarding structure. Hyperperistalsis was noted. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. Fluid filled cecum was noted. The descending colon was fluid filled and dilated with reactive surrounding mesentery.

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

Non-specific gastrointestinal upset.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Management for HGE is indicated. Consideration for E. Coli or other toxins. Fecal test is recommended.24-hour n.p.o., GI protectant and management for enterotoxins are all indicated. Recheck sonogram is recommended in 48-72 hours if the clinical signs are persistent.

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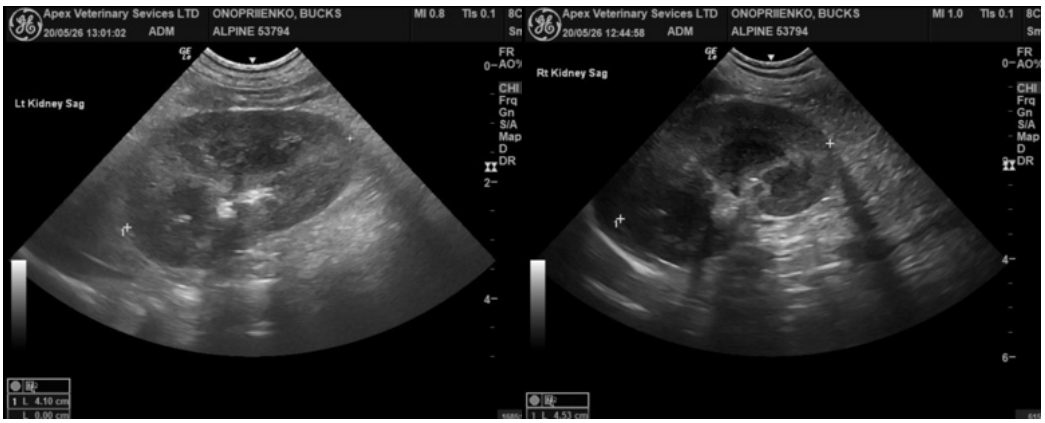

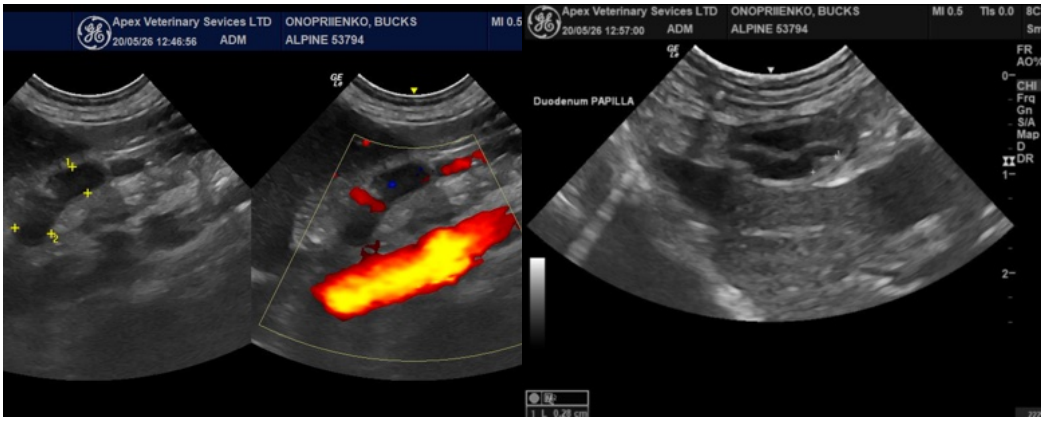

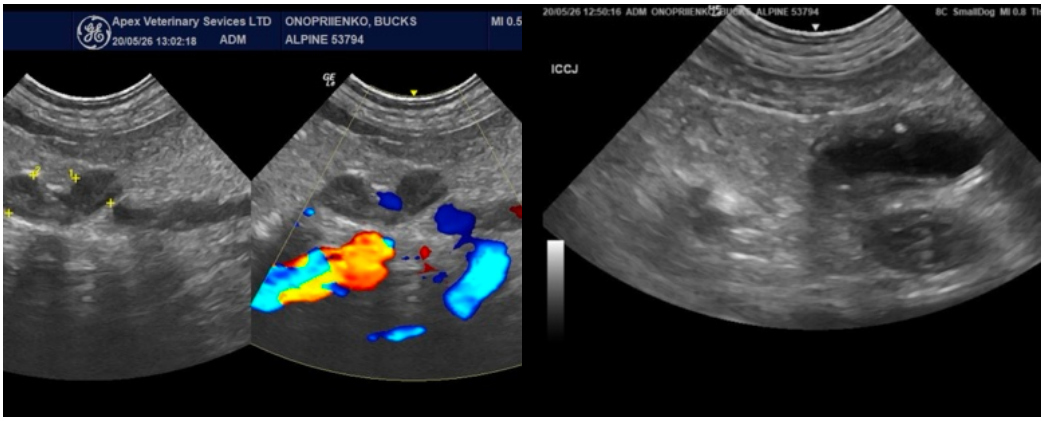

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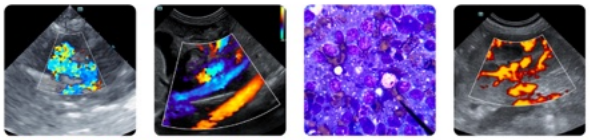

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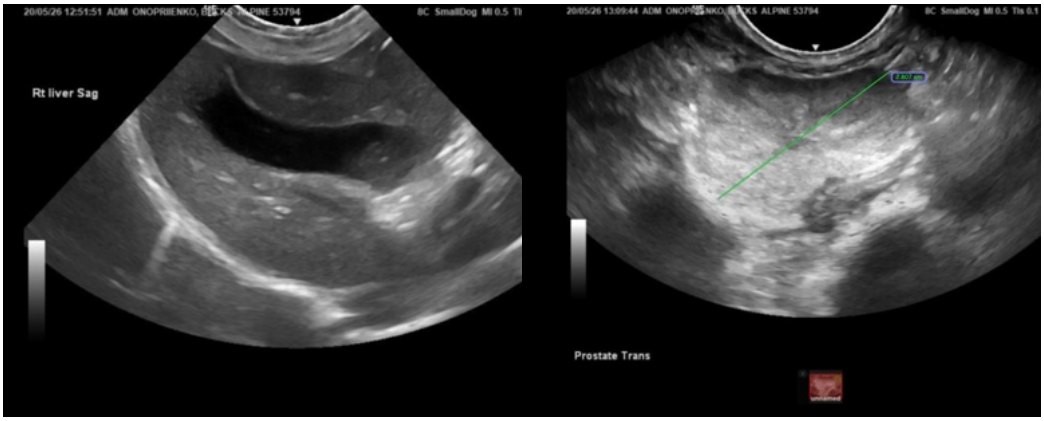

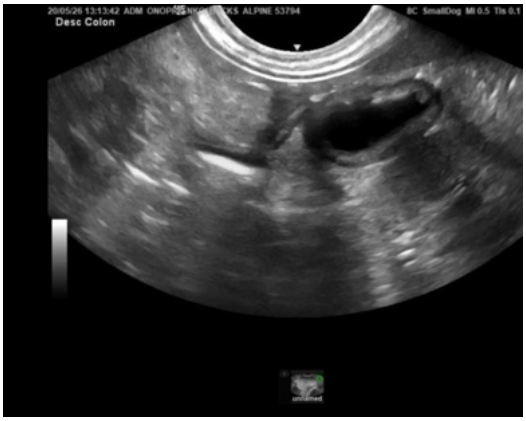

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

info@SonoPath.com