



## DATE PRESENTING CLINICAL SIGNS

5/24/26

**Patient History: Presenting Complaint on 05-24-2026:** Lethargic.  
Tremors/Shaking/Trembling.  
Defecation Abnormal - Decreased Frequency.

## PATIENT

Bubba Gessouroun

**Current Medications:** Methocarbamol Tablets 500mg; Maropitant Citrate (Cerenia) 10mg/mL Solution Injection (Per mL); Ondansetron 2mg/mL Injection (Per mL); Methadone Injection 10mg/mL  
**Lab Results:** Attached.

## SPECIES

Canine

**Date of Previous IntraPet Ultrasound:** No previous.  
**Sedation:** Not required to complete full diagnostic ultrasound.  
**Stat Report:** STAT requested.  
**Imaging Performed by:** Rachel Brillhart, RDMS.

## BREED

French Bulldog

## 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.

## SEX

Intact male

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 right kidney measured 4.9 cm. The left kidney measured 4.75 cm.

## AGE

2021

## WEIGHT

30 lbs

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 measured 3.5 cm. The testicles were imaged and found to be uniform.

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUSS, CEO of  
SonoPath.com

## HOSPITAL NAME

Animal Emergency  
Hospital

### 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 2.23 x 0.84 cm at the cranial pole and 0.64 cm at the caudal pole. The left adrenal gland measured 2.4 x 0.55 cm at the caudal pole and 0.47 cm at the cranial pole.

## REFERRING VET

Dr. Heresniak

### 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 was noted.

## INVOICE

77893

### **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 a small amount of debris. 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**

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with 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 **pancreas** was prominent, slightly irregular and mildly hypoechoic to the surrounding mesentery. There is a potential for low-grade inflammation, yet changes were minor.

## **ULTRASONOGRAPHIC FINDINGS**

Prominent pancreas.

A minor amount of gallbladder debris was noted.

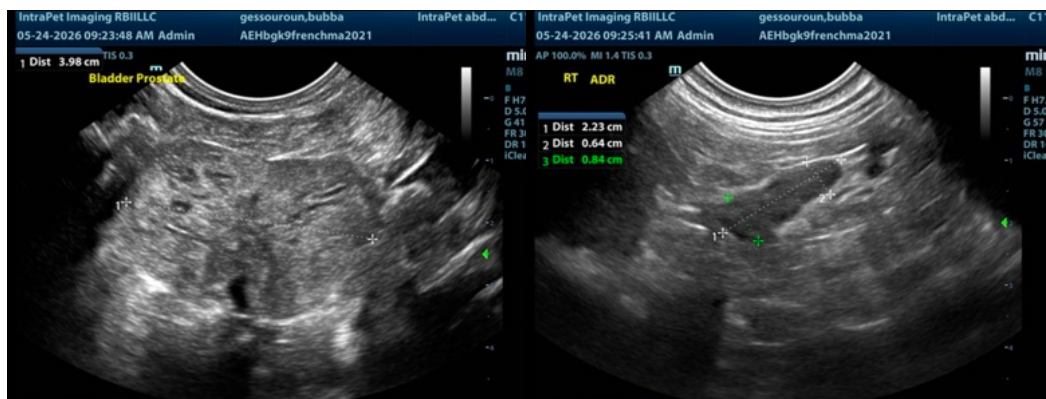
BPH prostate.

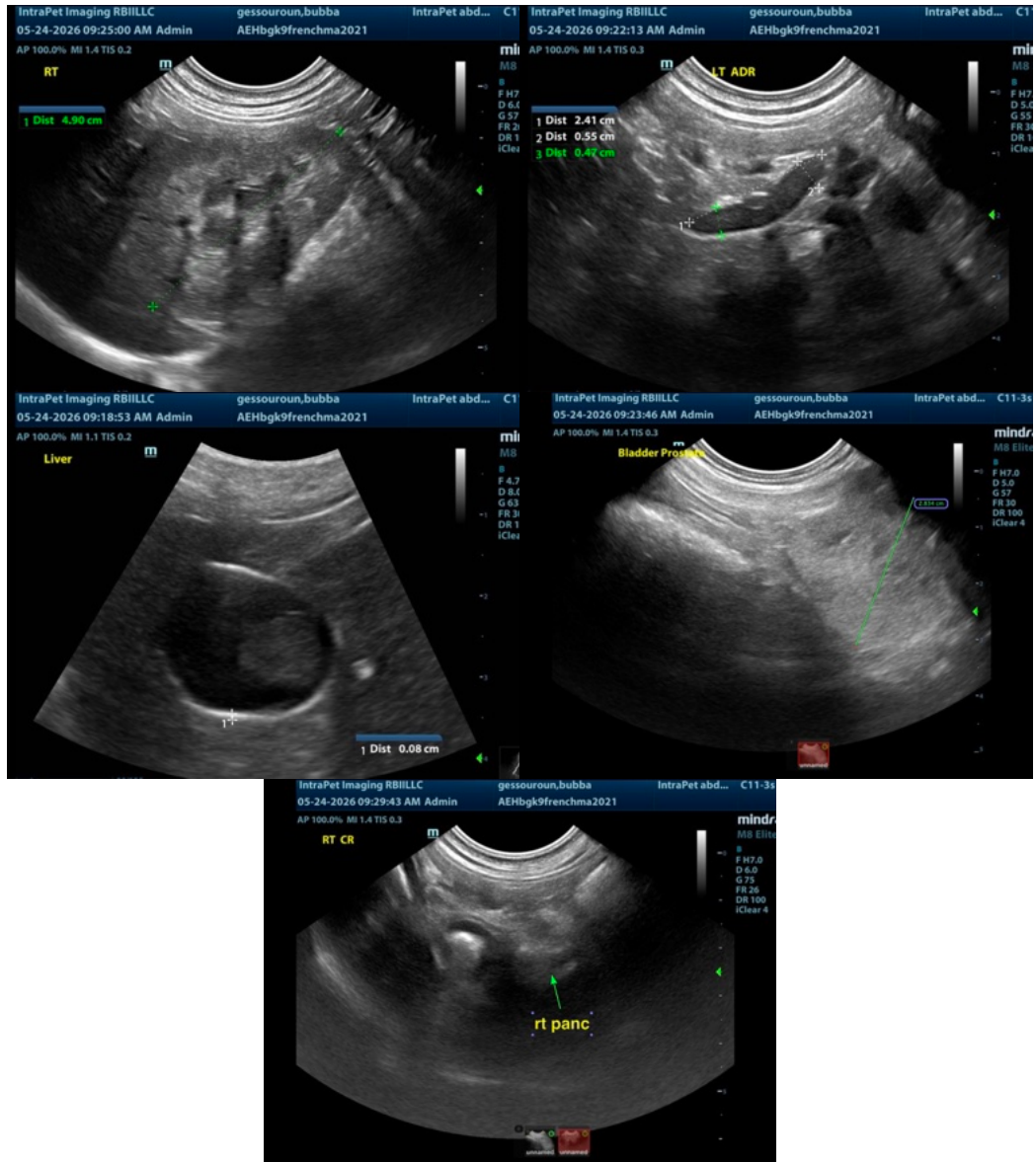
Post prandial GI pattern.

Otherwise, unremarkable abdomen.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cause of lethargy is unclear. Supportive care should prove effective. Urinary work-up is warranted. Rectal palpation is warranted to assess for any discomfort in the prostate. Other causes such as orthopedic pain, CNS or thoracic disease should be considered as the cause of lethargy. Given the tenesmus underlying prostatic disease may be playing a role. Neutering should be considered.





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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