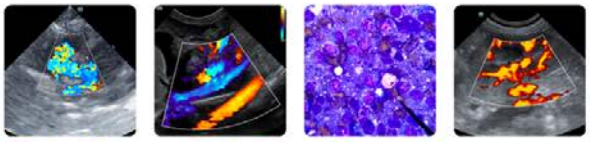

PATIENT

Major Winchester

SPECIES

Canine

BREED

GSD

SEX

Neutered Male

AGE

3 Years

WEIGHT

65 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gunasekaran

HOSPITAL NAME

Animal Urgent Center (MI)

REFERRING VET

Dr. Gunasekaran

INVOICE

75576

DATE

5/30/26

PRESENTING CLINICAL SIGNS

5/30/26 - Was evaluated at AUC on 5/23/26 for bleeding from penis. Antibiotics sent home and finished last night. Symptoms seemed to improve while on antibiotics. He only urinated once yesterday, and showed no interest in water. Urine was darker in color. Today, bleeding from penis has worsened and is darker in color. 5/23/26 - Major is a 1-year-old male neutered German Shepherd. Owner noticed bleeding from Major's private area this morning, which was significant at first but not gushing. The bleeding was patted with a paper towel and has since slowed but is still active. Major was licking the area before going outside, but the owner thought it was due to needing to go out. Major urinated this morning, and the urine appeared normal without blood. He is eating and drinking normally. No recent changes in behavior or health; he goes to daycare once a week and was there last Thursday without any reported issues. Major is on Reconcile for reactivity, which he started a month ago.

Abnormal PE/Chem/CBC/UA Results: NSF on CBC/Chemistry

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The prostate was adequately regressed at 1.3 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. Blood flow to the kidneys appeared to be adequate. Right kidney measured 6.8 cm. Left kidney measured 5.6 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. Left measured 0.53 cm. Right measured 0.56 cm.

Spleen

The **spleen** was folded upon itself caudally. It 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 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

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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

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

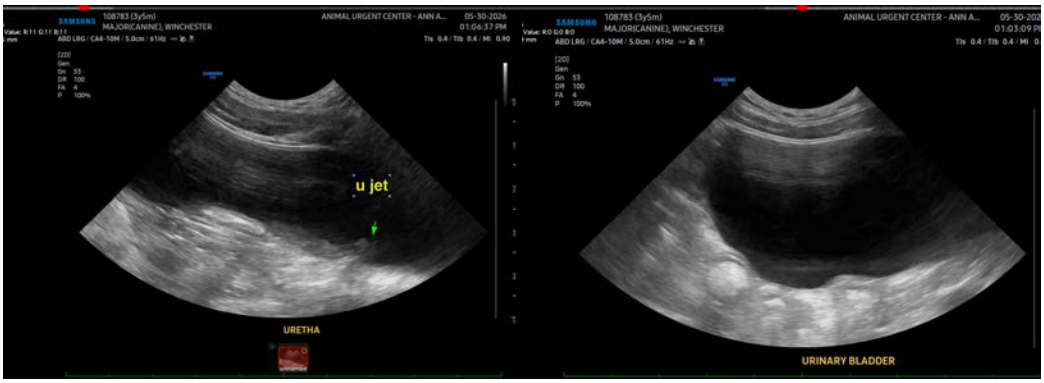
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Folded spleen.
- Partially full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral disease. Deep pelvic urethral pathology cannot be ruled out. Urethral catheterization and saline injection while performing ultrasound of the deep pelvic urethra may be appropriate in this patient if clinical signs persist despite empirical measures, yet no evident pathology in the visible plane. The urethra and prostate were imaged to a level of approximately 3.0 cm caudal to the cystourethral junction.



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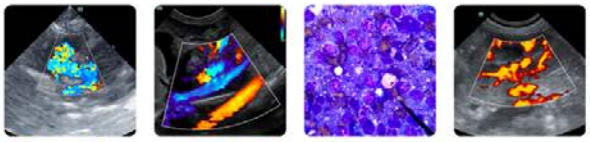

Clinical Sonography & Telecytology
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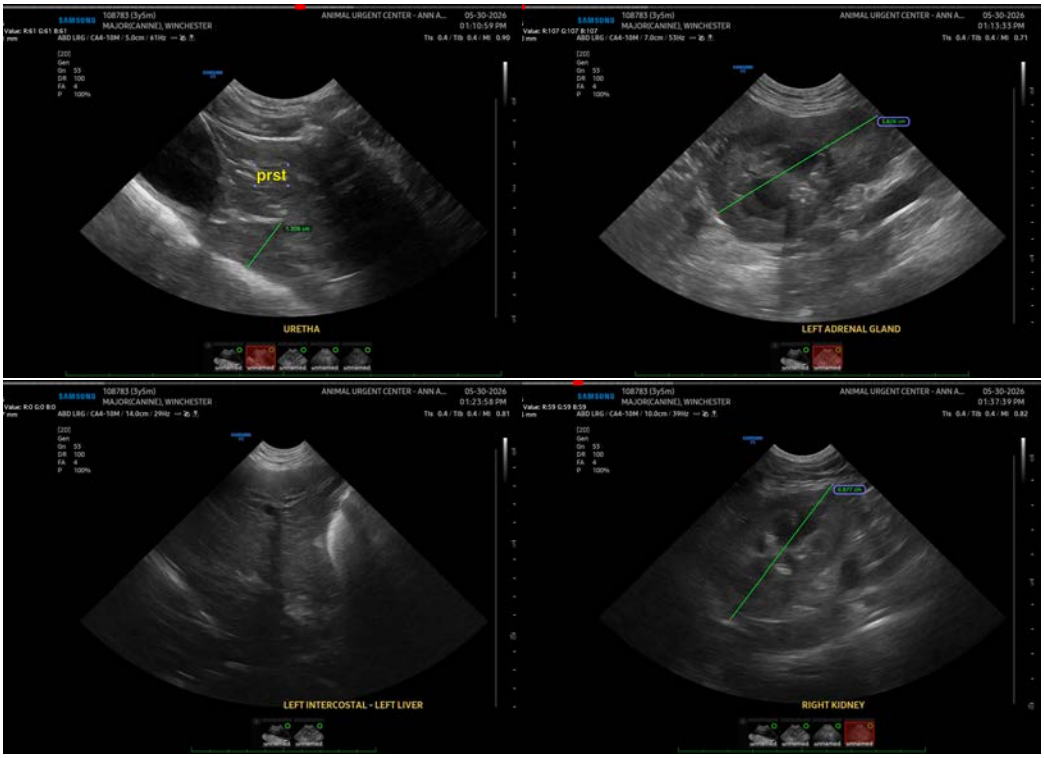

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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