



PATIENT

Diesel Bland

SPECIES

Canine

BREED

Blue Heeler

SEX

Intact Male

AGE

8 Years

WEIGHT

44 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brandon Adkins

HOSPITAL NAME

Royer Veterinary
Services

REFERRING VET

Dr. Brandon Adkins

INVOICE

16000

DATE

05/08/26

PRESENTING CLINICAL SIGNS

Presenting Complaint: Diesel presents for vomiting and inappetence Patient History: - Vomiting started yesterday, described as clear with foam - Complete loss of appetite for approximately 1 day, refused treats - Similar episode occurred 1-2 years ago requiring hospitalization and IV fluids - Lives in garage pen, allowed to run loose on farm property in evenings - Fed Rachel Ray brand dog food, free choice feeding - Recently given bones purchased from store - ate soft center portion - Irregular flea and tick prevention (pills given every 6 months) - Intact male - Shares environment with another large mixed breed dog

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 **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. Various cystic changes or potential abscessation. The prostate measured approximately 4.5 cm. Slight pockets of fluid were noted in the cranial aspect of the prostate as well. Slight free fluid was noted around the prostate. It is possible that a cystic rupture may have occurred.

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 5.5 cm in length. The right kidney measured 6.3 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 0.70 cm width at the caudal pole and 0.55 cm width at the cranial pole. The right adrenal gland measured 0.97 cm width at the cranial pole and 0.65 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.



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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** presented largely unremarkable. Curvilinear patterns were maintained. No evidence of obstruction. Some reactive mesentery was noted associated with some small intestinal region of stasis, yet nonspecific enteritis pattern. Prostatic disease may be playing a role in the periodic episodes.

Pancreas

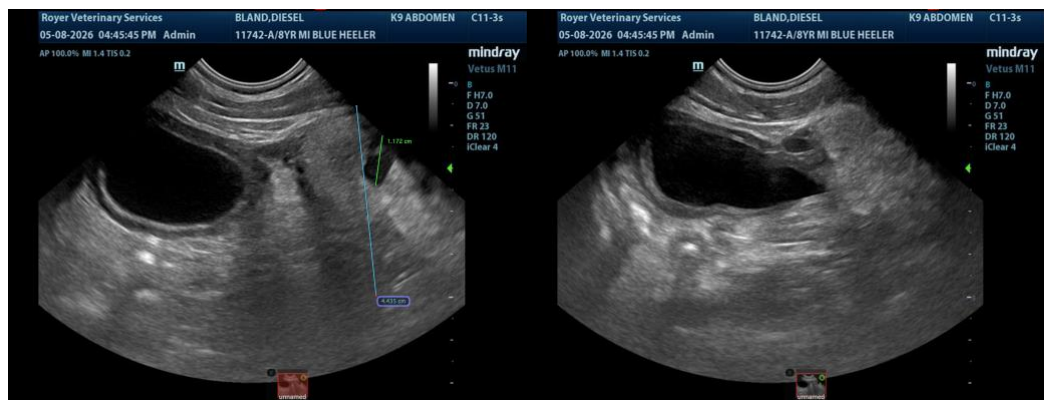
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- BPH prostate with cyst and periprostatic pseudocyst- early formation.
- Mild enteritis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided drainage and culture is indicated. Periprostatic cyst rupture or other slight inflammatory pattern may be deriving from the prostate. Neutering should be considered in this patient.





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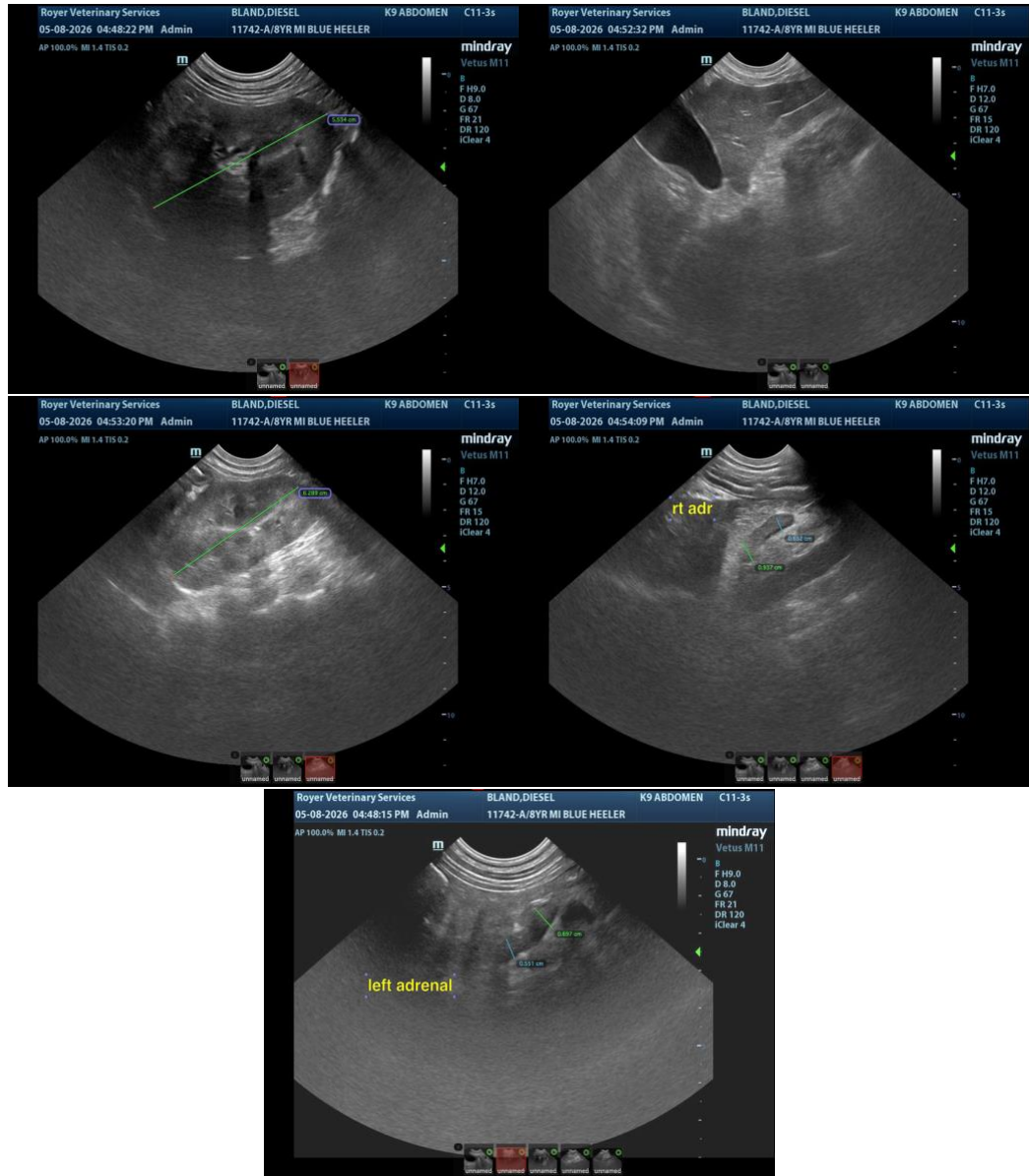
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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