



PATIENT

Jayce Ramos

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered male

AGE

9 years

WEIGHT

27.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

Country Lakes Animal
Clinic

REFERRING VET

Dr. Griffith

INVOICE

68261

DATE

11/3/25

PRESENTING CLINICAL SIGNS

Urinary incontinence. Recent perineal hernia (June) - repair on right side History of possible prostatomegaly noted on exam Medications: none
WNL Specific gravity urine = 1.025.

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. The bladder/urethral sand was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Minor renal mineralization was noted. The largest calculus in the kidneys measured 0.52 cm and was non-obstructive at the time of the sonogram. The right kidney measured 5.09 cm. The left kidney measured 4.65 cm.

The **prostate** was uniform and revealed prostatic urethral sand. This was non-obstructive at the time of the sonogram. The prostate measured 2.2 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 left adrenal gland measured 1.92 x 0.46 cm at the cranial pole and 0.47 cm at the caudal pole. The right adrenal gland measured 2.14 x 1.29 cm at the cranial pole and 0.94 cm at the caudal pole.

Spleen

The **spleen** revealed a cystic mass at the mid cranial body measuring 2.7 cm. The remainder of the spleen was unremarkable and uniform.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely 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,



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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.

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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Heart

Rapid view of the heart revealed no evidence of pathology in the right auricle or pericardium. There was no evidence of volume overload or pressure overload.

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ULTRASONOGRAPHIC FINDINGS

- Renal mineralization, bladder sand/urethral sand. Likely oxalate calculi. The patient is likely passing sand periodically from the kidneys to the lower urinary tract.
- Solitary splenic mass.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend medical management and dissolution protocol +/- catheterization if necessary to liberate the prostatic urethral sand or splenic mass removal. Chest radiographs followed by splenectomy +/- retrograde flushing of the prostatic urethra and lavage can be considered. However, the amount of sand in the prostatic urethra is minimal and may dissolve or pass on its own with medical management.

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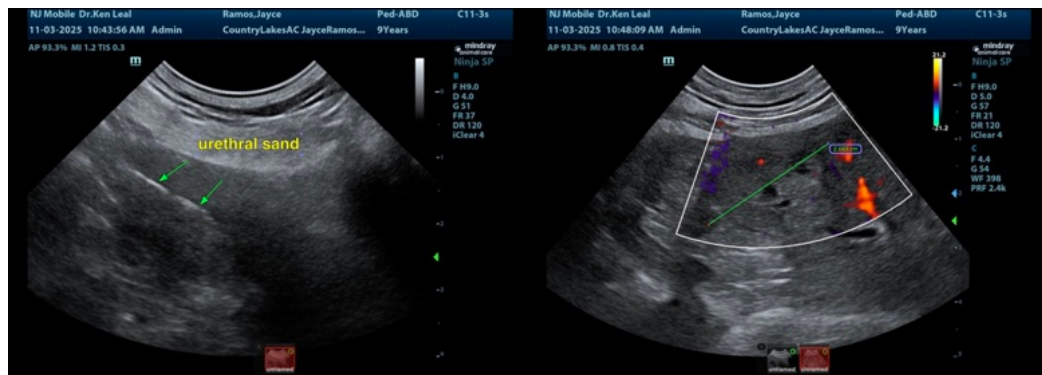
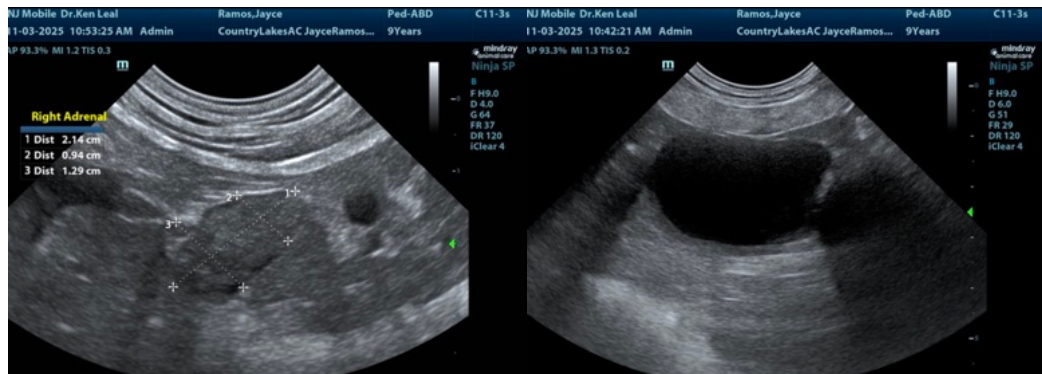
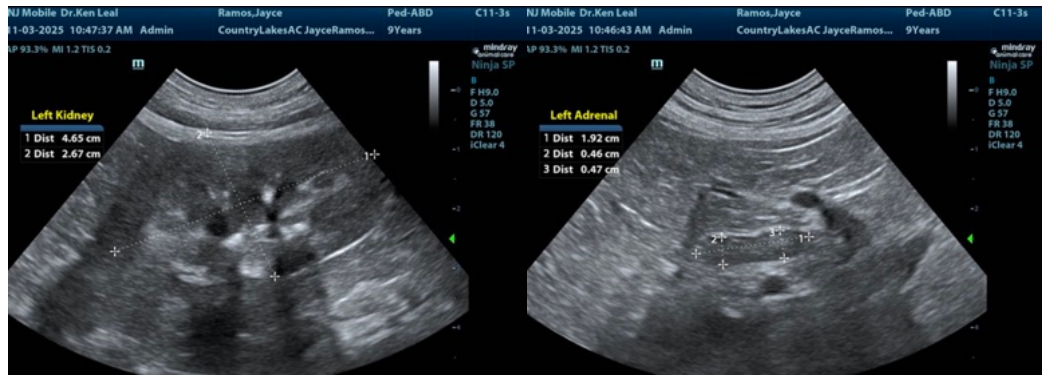
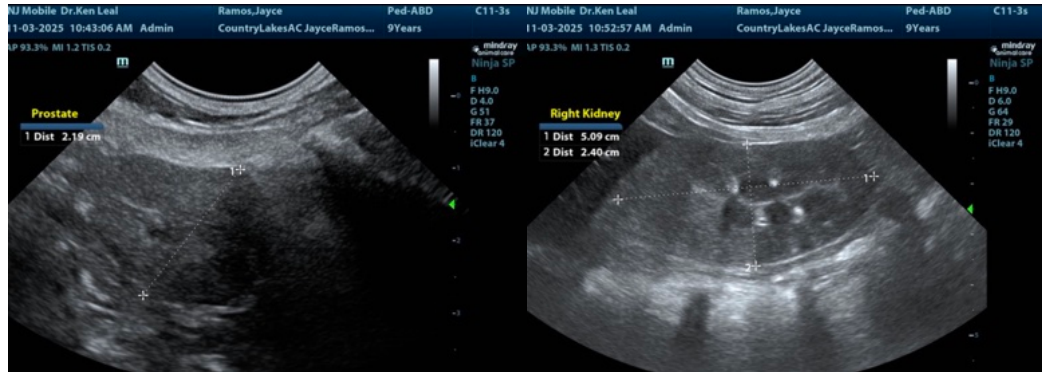
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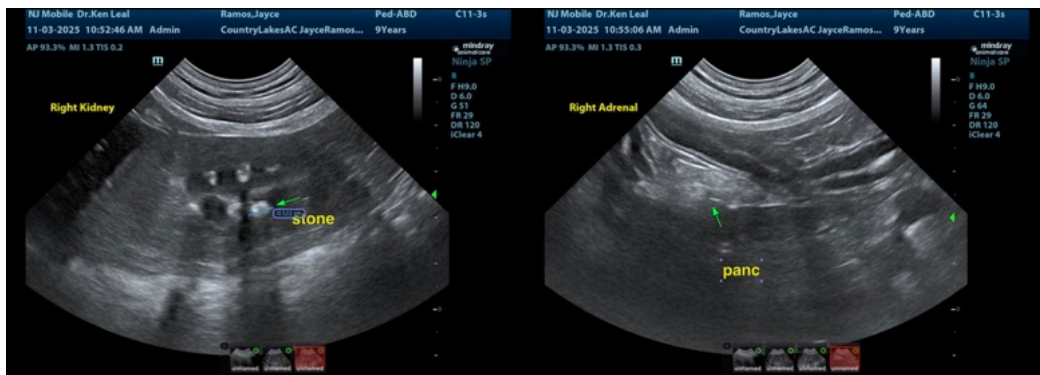
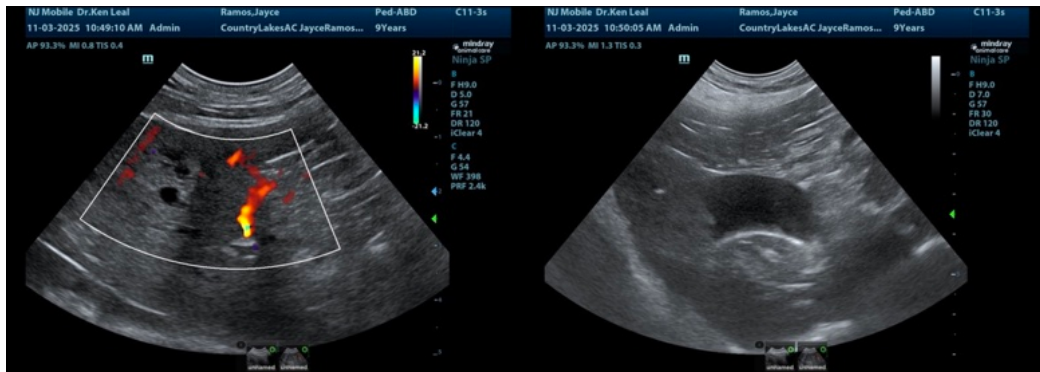
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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