



PATIENT

Loki Schorr

SPECIES

Canine

BREED

German Shorthair
 Pointer

SEX

Male

AGE

11 years

WEIGHT

63.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho

HOSPITAL NAME

Park Ridge AH

REFERRING VET

Dr. Doyle

INVOICE

69245

DATE

12/2/25

PRESENTING CLINICAL SIGNS

History: Non-regenerative anemia, possible abdominal mass. Clinical findings: presented last wk for v+ and low appetite. Has improved. BW showed mild anemia. AFAST possible abdominal mass Current meds: gabapentin, trazodone PRN. Sedated with Torb BCS: 5/9
 Abnormal PE/Chem/CBC/UA Results: Lipase 279 (h), alb 2.4(L), RBC 4.63(L), HCT 31.6 (L), Hbg 10.5(L), retic 32, path review pending

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 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. The left kidney measured 7.0 cm. The right kidney measured 6.09 cm.

A hypoechoic 2.0 cm right **testicular** mass was noted in this patient. The left testicle was subnormal in size and measured 1.0 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 measured 5-6 cm.

Adrenal Glands

The **left adrenal gland** was 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 2.77 x 0.87 cm at the cranial pole and 0.66 cm at the caudal pole. The region of the right adrenal gland was imaged with no evidence of pathology.



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Spleen

The **spleen** revealed a hypoechoic nodule. The nodule is expansive and isoechoic measuring 2.0 cm at the mid caudal body. Generalized splenic enlargement was noted as well as a cystic complex mass. The mass measured 10+ cm. The mass was subcapsular and fluid filled and/or blood clot.

Liver

The **liver** revealed an anechoic cyst. The cyst measured 1.5 cm cranial to the gallbladder. The liver itself was uniform with no evidence of pathology. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

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.

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.

Heart

Rapid view of the heart revealed volume contraction and no evidence of pathology in the right auricle.

ULTRASONOGRAPHIC FINDINGS

Testicular tumor.

Precarious splenic mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutering is recommended in this patient. Chest radiographs followed by immediate exploratory splenectomy and neutering is indicated.



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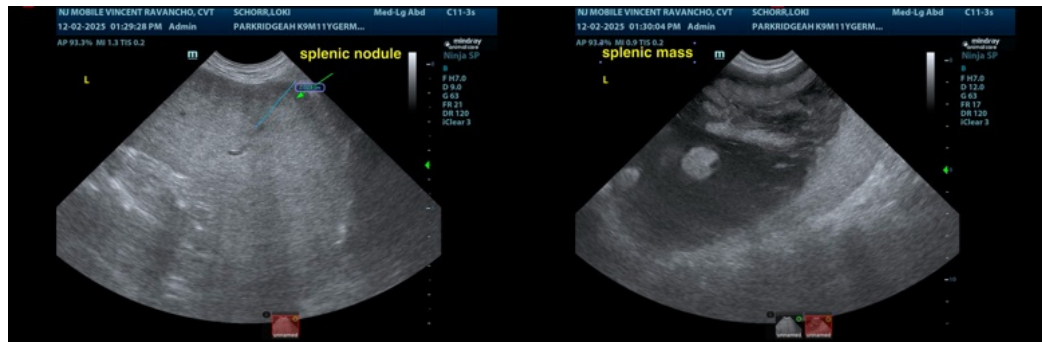
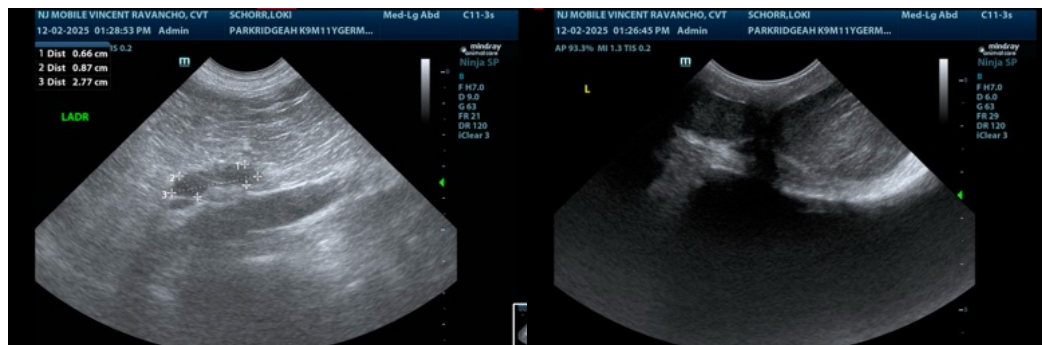
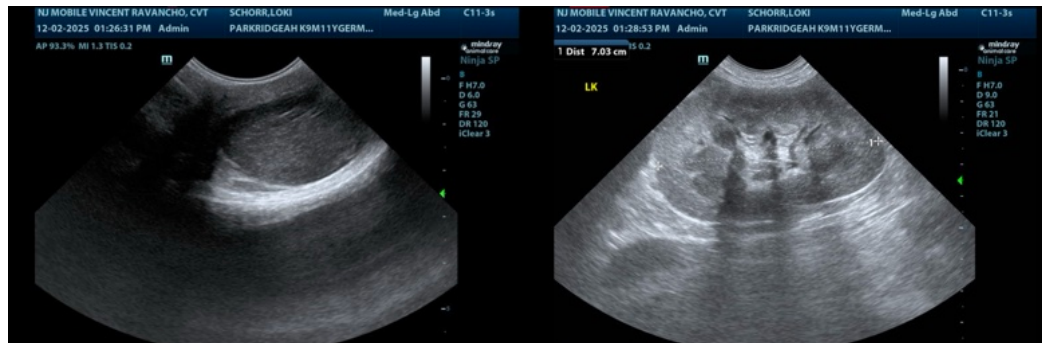
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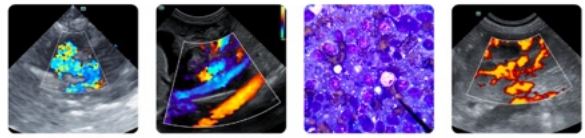
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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