



PATIENT

Gus Roser

SPECIES

Canine

BREED

German Shepherd

SEX

Intact male

AGE

10 years

WEIGHT

111 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe

HOSPITAL NAME

Kingston AH

REFERRING VET

Dr. Alden

INVOICE

74487

DATE

4/15/26

PRESENTING CLINICAL SIGNS

History: Enlarged testicle, blood in stool.
Abnormal PE/Chem/CBC/UA Results: UA WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

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 8.1 cm.

The prostate was significantly enlarged, heterogenous and nodular measuring 7.0 cm. This is most consistent with BPH and likely prostatitis. Edema lines were noted in the prostate. The scrotum in this patient was fluid filled with heterogenous tissue accumulation. The left testicle measured 3.5 cm and was uniform. The right testicle revealed minor remodeling and measured 3.0 cm with nodular changes.

The iliac trifurcation was unremarkable.

Adrenal Glands

The **adrenal glands** were not visualized owing to body tension and the patient's demeanor.

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.

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 primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

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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

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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.

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ULTRASONOGRAPHIC FINDINGS

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Swollen fluid filled left testicular sac with degenerative changes of the right testicle.

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BPH prostate with prostatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sedation is necessary in this type of patient in order to obtain solid acoustic penetration. However, the major organs were imaged adequately for global diagnostic value.

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I cannot rule out testicular torsion in this patient. I recommend immediate neutering in this patient as well as scrotal tissue biopsies given the irregular tissue proliferation. The testicle itself was not enlarged; however, the scrotal sac was fluid filled with irregular tissue given the prostatic presentation as well. Immediate neutering is essential in this patient.

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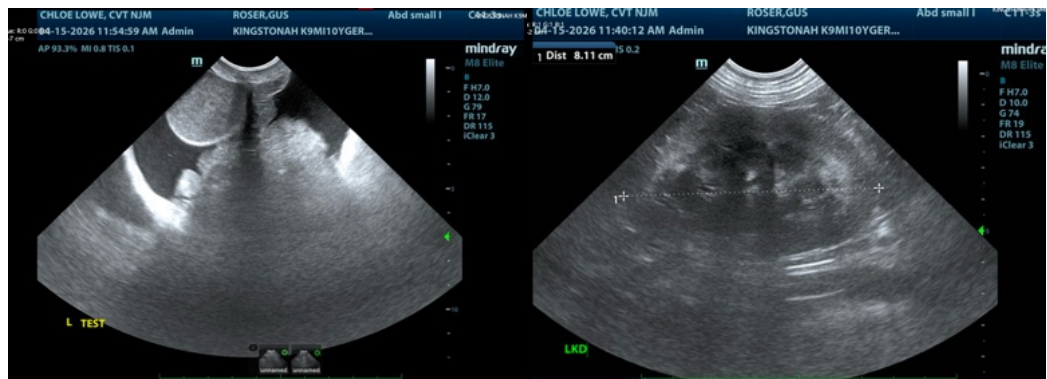
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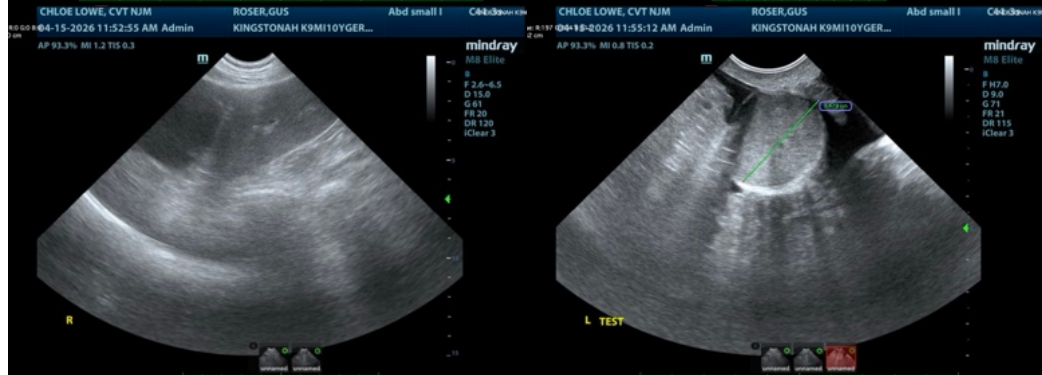
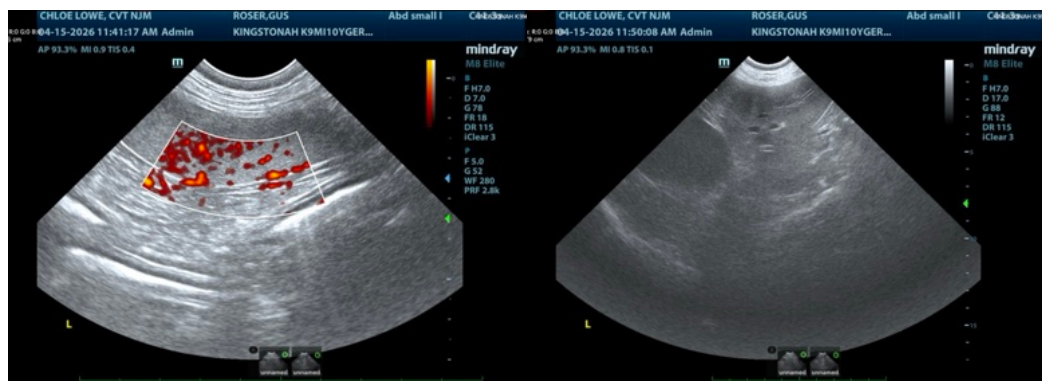
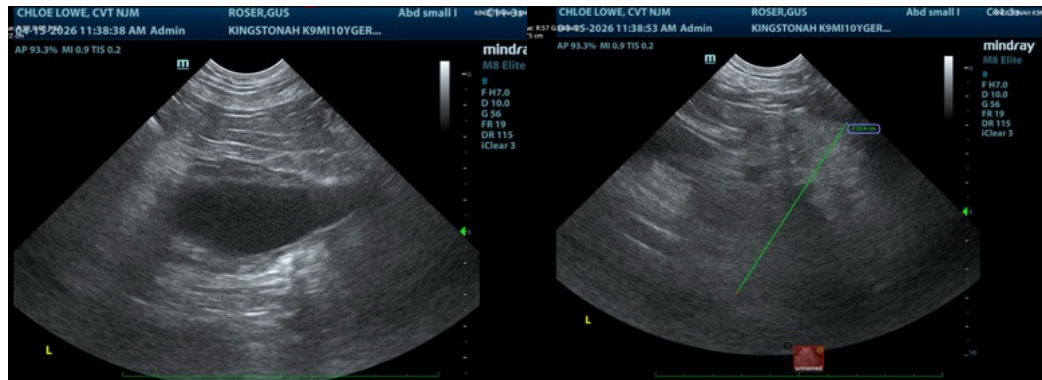
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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