



PATIENT

Ash Hill

SPECIES

Canine

BREED

Retriever

SEX

Intact Male

AGE

7 Years

WEIGHT

27.7 kg

INTERPRETED BY

Tam Mengine, DVM,
 DABVP (canine/feline
 practice)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Grand River Veterinary
 Hospital

REFERRING VET

Dr. Robinson

INVOICE

72622

DATE

1/30/26

PRESENTING CLINICAL SIGNS

The owner reports that clinical signs began approximately two weeks ago (around January 12, 2026) with a decrease in excitement and energy. His condition has progressively worsened, with increased sluggishness and a refusal to eat his kibble, though he will still accept treats and other food items. Vomiting was noted three days ago and again this morning; the vomitus was described as yellow, foamy bile. The owner has not observed diarrhea, but stools are consistently soft.

Painful on abd palpation, T=37.9degC, HR=60bpm and abdominal radiographs show concern for possible splenic mass.

Abnormal PE/Chem/CBC/UA Results: rads attached ABNORMAL Labwork Values RBC 5.58 5.65 - 8.87 x10¹²/L Hematocrit 0.373 0.373 - 0.617 L/L Reticulocytes 8.9 10.0 - 110.0 K/ μ L Otherwise NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 4.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The prostate is diffusely enlarged measuring 4.9 cm x 4.8 cm with a hyperechoic parenchyma and smooth capsule. The prostatic urethra is not dilated. Both testes are visualized. The left measures 3.3 cm in length. The right measures 3.3 cm in length. Both demonstrate a normal architecture.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). Left measures 7.3 cm. Right measures 7.6 cm.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. Left measures 4.8 mm at the cranial pole and 3.9 mm at the caudal pole. Right measures 7.7 mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.



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Gastrointestinal

The stomach is moderately distended with gas and fluid. The gastric wall is 2.7 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.9 mm) with intact wall layering. The ileocecal junction is not seen.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Mildly enlarged prostate, most typical of benign hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the prostate is most likely within normal limits for this intact male. However, if not recently performed, a urinalysis would be recommended to rule out evidence of underlying prostatitis, as the symptoms of prostatitis can be vague and consistent with those demonstrated by this patient. There is no other potential explanation for the patient's clinical signs. Additional recommendations include:

- Treatment with parenteral fluids, antiemetics, antacids and gastroprotectants as clinically indicated.
- While the pancreas appears normal, serum markers can be more sensitive than ultrasound in the detection of pancreatitis, thus a PLI or other serum marker to screen for pancreatitis is recommended.
- Trials with a novel protein or hydrolyzed diet, a resting cortisol level and a GI panel could be considered.
- It is possible for occult intestinal disease to present with normal ultrasound findings, thus endoscopic or surgical GI biopsies would be indicated if symptoms persist and another cause cannot be found.



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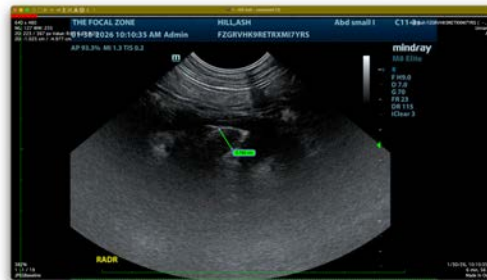
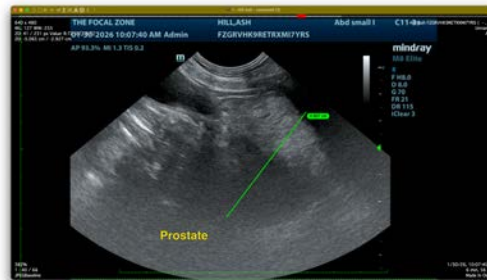
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com