



PATIENT

Indiana Jones
Carnahan

SPECIES

Canine

BREED

English Setter

SEX

MI

AGE

9 years

WEIGHT

42.2 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sarah Hansen

HOSPITAL NAME

Healing Paws Wellness
Center

REFERRING VET

Dr. Radebaugh

INVOICE

10801

DATE

11/21/2025

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Chronic intermittent GI - anorexia, +/- vomiting/regurg +/- diarrhea. ABNORMAL Labwork Values 1) regenerative anemia: r/o - loss vs lysis 2) left shift: r/o - bacterial infection vs other 3) anorexia: r/o - primary vs secondary. 4) elevated K: r/o - addition's vs other (see email) Current Medications None. Radiographic Findings N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine. While the wall appears thickened, this is likely a normal variation due to lack of distention. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 4.0 cm.

The prostate is diffusely enlarged measuring 4.1 cm x 3.5 cm with a hyperechoic parenchyma and smooth capsule. The prostatic urethra is not dilated.

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 kidney measures 6.3 cm, and the right kidney measures 6.6 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 adrenal measures 7.2 mm at the cranial pole and 7.9 mm at the caudal pole. Right adrenal measures 5.6 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.

Gastrointestinal

The stomach is mildly distended with gas. The gastric wall is 4.8 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is not clearly visualized

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.



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

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

- Diffusely enlarged hyperechoic prostate, most typical of benign prostatic hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the prostate is most typical of benign hyperplasia. However, given the marked pyuria, and toxic neutrophil with bands on CBC, a urine culture or prostatic wash culture would be recommended to rule out the possibility of bacterial prostatitis. If present, this would be a potential explanation for the patient's gastrointestinal signs. The gastrointestinal itself appears sonographically normal, however this cannot complete exclude the possibility of underlying pathology including inflammatory bowel disease, and gastrointestinal lymphoma. Thus, gastric and small intestinal biopsies would be recommended if the patient's signs persist. Given the high potassium level, and low end of normal sodium level, a resting cortisol level or ACTH stim testing would be recommended to rule out the possibility of emerging Addison's disease.





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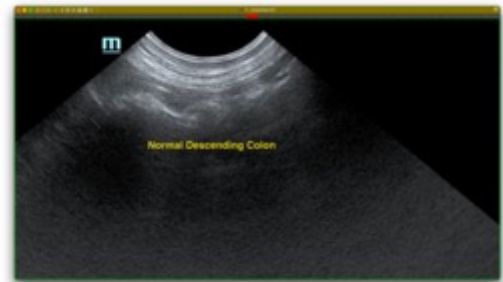
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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