



PATIENT

Buford Macri

SPECIES

Canine

BREED

English Bulldog

SEX

Intact Male

AGE

3 Years

WEIGHT

61 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

New Bride VP

REFERRING VET

Dr. Abina Glennon

INVOICE

20199

DATE

12/19/22

PRESENTING CLINICAL SIGNS

History: Patient presents for chronic intermittent hematuria. U/A: WNL. Abdominal radiographs - no calculi seen. R/O prostatitis vs. occult calculi. Current meds: Clavamox 375 mgs 1 tab BID and Zenequin 100mgs 1 tab SID.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

Prostate is symmetrically enlarged with smooth margins that are well differentiated from surrounding tissue. Normal bilobed shape is maintained. Parenchyma is heterogenous with scattered hyperechoic foci present. No mineral or cysts are noted. The prostate measured 3.63 cm wide.

Both testicles are visualized without evident testicular pathology.

Left kidney is normal is size (6.68 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal is size (6.28 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Left adrenal gland is normal in size (1.78 cm long x 0.37 cm at cranial pole and 0.33 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.79 cm long x 1.1 cm at cranial pole and 0.93 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



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Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

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Gastrointestinal

SPECIES

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with a moderate to a large amount of echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

Canine

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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with a moderate to large amount of echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

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The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

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Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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Free Abdomen

There is no evidence of peritoneal effusion. The medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

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In the mid abdomen, there is a 1.1 cm x 1.3 cm homogenous hypoechoic structure that appears to be a reactive mesenteric lymph node; however, focally mildly thick bowel cannot be definitively ruled out. This finding should be interpreted in combination with any supporting gastrointestinal signs and if present, recheck fasted imaging should be considered.

Beth Johnson, DVM
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ULTRASONOGRAPHIC FINDINGS Secondary Findings

- Benign Prostatic Hyperplasia – Prostatic findings are most consistent with Benign Prostatic Hyperplasia (BPH) and hyperechoic foci consistent with increased vascularity and fibrosis often associated with BPH. Active prostatitis cannot be ruled out. Infiltrative neoplasia cannot be ruled out but is considered less likely.
- Reactive lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If treating suspected bacterial prostatitis empirically with the reportedly already in place antibiotics does not help alleviate clinical signs, next steps include a urine culture to assure appropriate antibiotic choice, waiting at least 7-10 days after finishing antibiotics, prior to culturing the urine, followed ultimately by patient neutering to alleviate benign prostatic hyperplasia and prevent progression of clinical signs. Again, if gastrointestinal signs are present, recheck fasted imaging should be considered.

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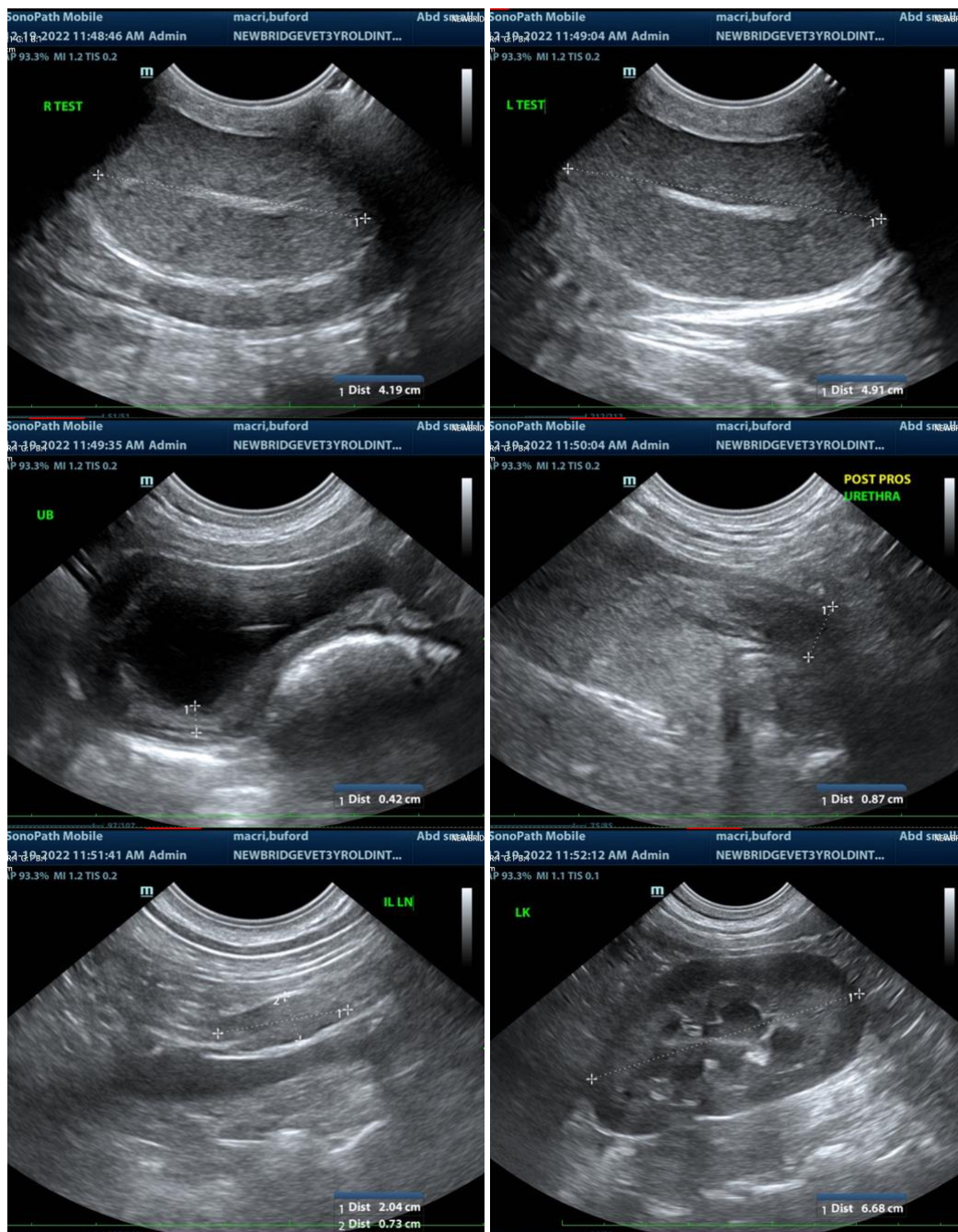
Dr. Abina Glennon

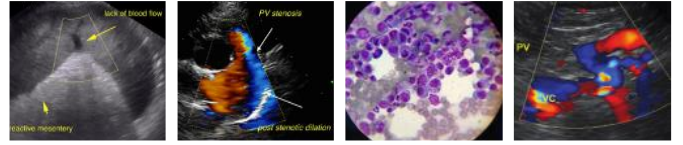
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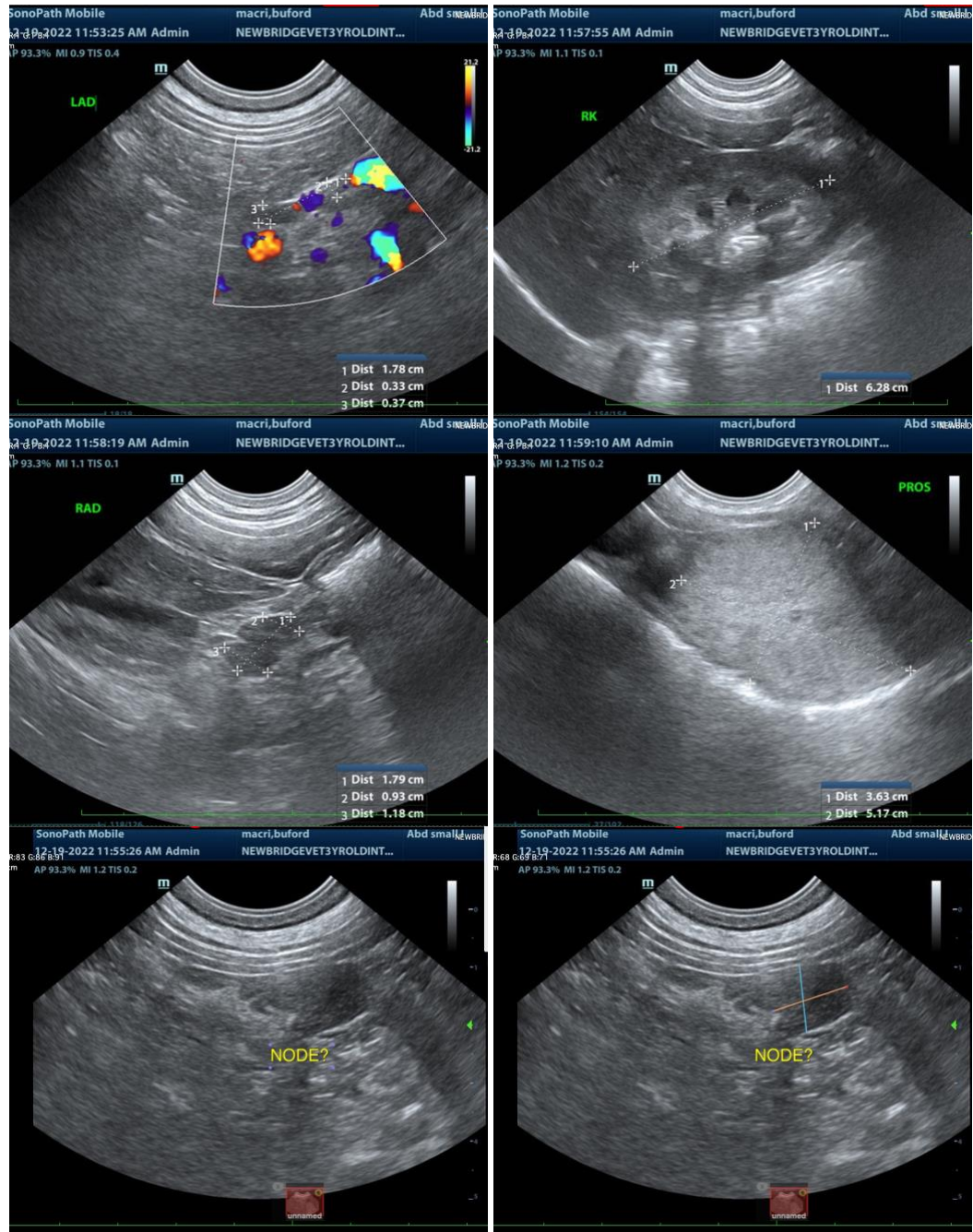
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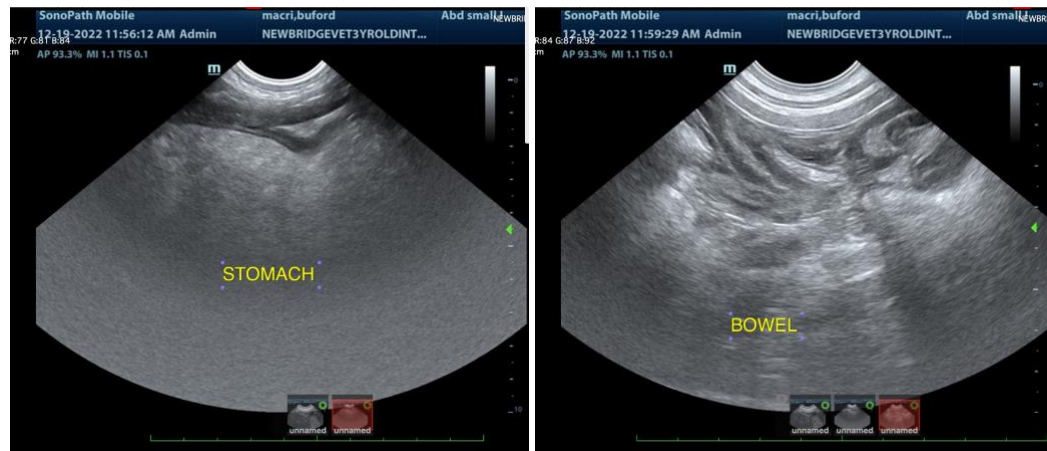
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

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