



**PATIENT**

Champ Collins

**SPECIES**

Canine

**BREED**

Miniature Pinscher

**SEX**

Male

**AGE**

8 Years 6 Months

**WEIGHT**

13 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging Michigan

**REFERRING VET**

Dr. Liba

**INVOICE**

23720

**DATE**

7/31/23

**PRESENTING CLINICAL SIGNS**

Lateral/VD abd radiographs: Good detail. Possible hepatomegaly. Prostate enlarged, but appears irregular on VD view. Moderate hip dysplasia with OA bilaterally. Recommended abd u/s- concern for prostate, determine appearance of intra-abdominal testicle.

Abnormal PE/Chem/CBC/UA Results: Abd palp SNP- no obvious mass effect. Right testicle is present, left likely intra-abdominal. Prostate mildly enlarged on rectal exam, rectal exam unremarkable otherwise, no blood. Large amount of blood noticed from rectum a few days ago. Picture shows frank blood- no obvious stool or a/g contents. One episode, normal stools since. Feeling well otherwise. Owner feels his abdomen has been more distended than usual. No vomiting, normal urination/water intake. Currently feeding diet based on information from a you tube video. Ingredients seem reasonable allow with supplements, but Ca is inadequate. New puppies in household

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size (2.83 cm wide) for an intact male. Parenchyma is diffusely homogenous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained.

Left kidney is normal in size (4.38 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 in size (4.48 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 (0.68 cm at cranial pole and 0.68 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.61 cm at cranial pole and 0.53 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). Several non-capsule-disrupting hypo to anechoic nodules are noted in the mid spleen, one measured 0.7 cm in diameter and one measured 1.0 cm x 0.7 cm. Splenic vasculature appears normal.

**Liver**

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mildly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.



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Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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**Gastrointestinal**

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

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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 empty with 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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**Other**

There is a left testicle imaged cranial to the urinary bladder that measures 1.35 cm long x 0.65 cm thick. The right testicle is imaged without evident testicular pathology.

**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**ULTRASONOGRAPHIC FINDINGS**

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- The left testicle is visualized, appears to be cranial to the urinary bladder but very superficial/shallow. The prostate is relatively normal in appearance for an intact dog but emerging benign prostatic hyperplasia cannot be definitively ruled out.
- Hypo to anechoic splenic nodules – likely represents benign lesions such as a cysts, hematomas, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.
- Mildly heterogenous Liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.

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- Very mild gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial



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abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

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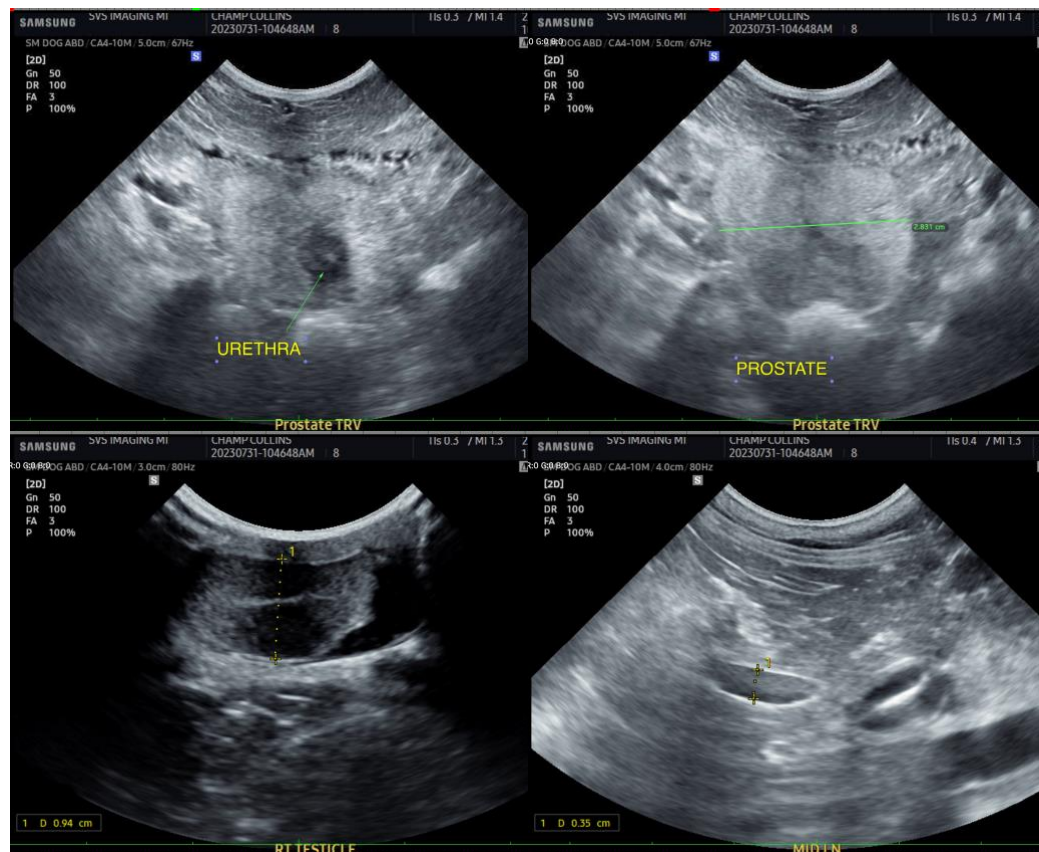
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given this patients one episode of hematochezia, with complete resolution since that time, further recommendations are partially dependent on patients current status, continued improvement vs progression, etc.

Having said that, especially given the cryptorchid history, a general metabolic health screen is recommended and should include a CBC/chemistry panel, electrolytes and urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Additionally, further assessment of this patients coagulation status could be considered.

Ultimately, patient neutering, including both testicles, is recommended to prevent development of a tumor from the cryptorchid testicle, as well as progression of possible emerging BPH.





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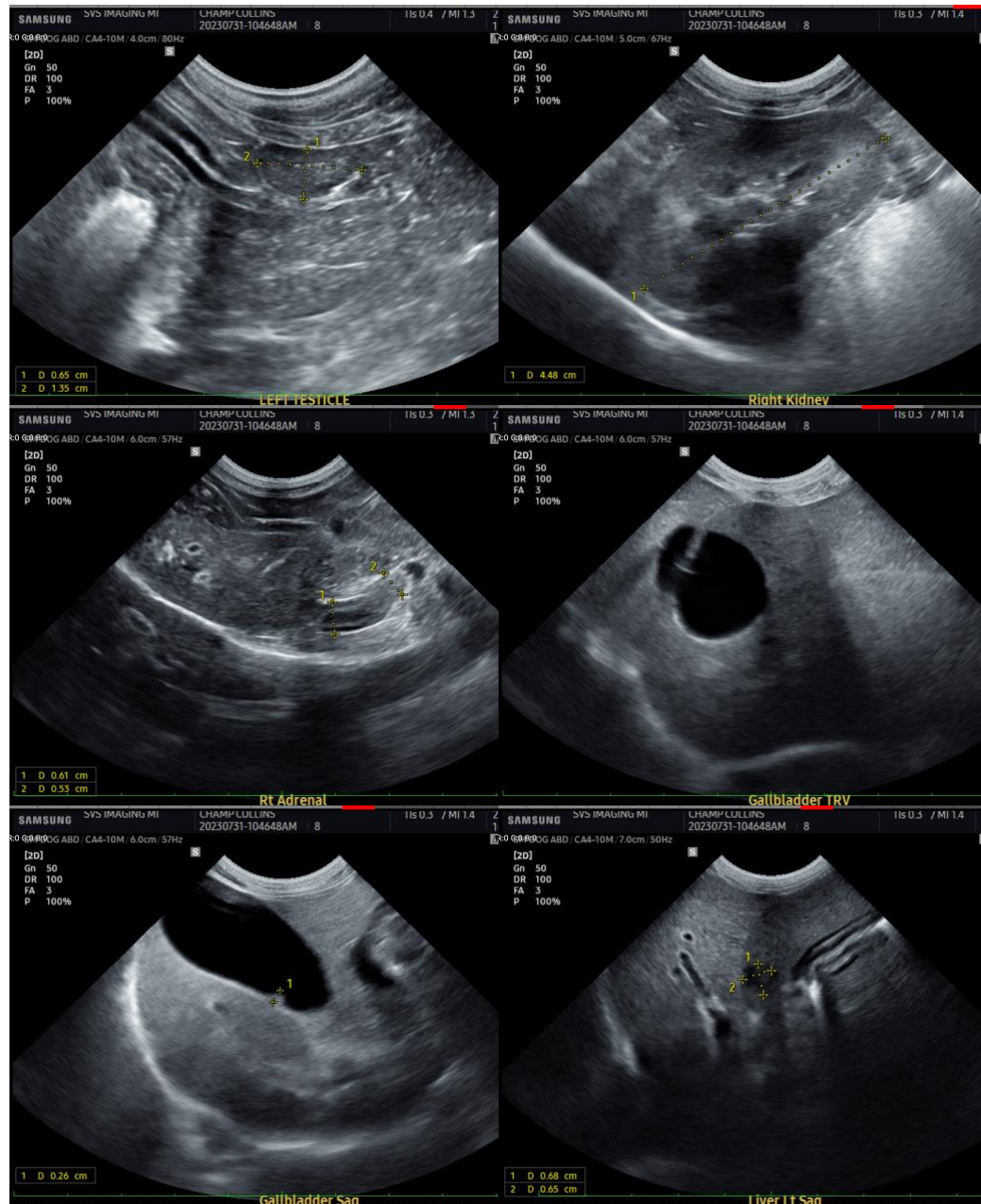
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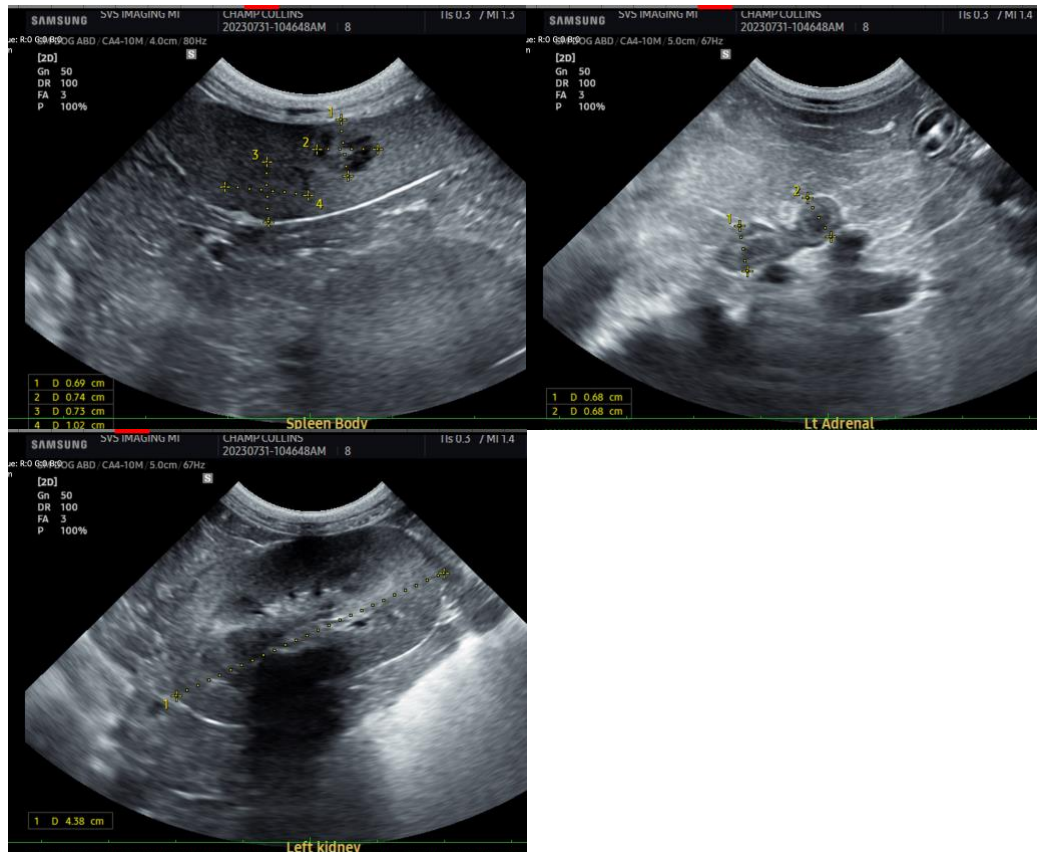
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**

info@sonopath.com