



PATIENT

Zeus Reid

SPECIES

Canine

BREED

Straffordshire Bull
Terrier

SEX

Neutered Male

AGE

4.5 Years

WEIGHT

13.7 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Danielle RVT

HOSPITAL NAME

Orchard Veterinary
Care

REFERRING VET

Dr. Wade

INVOICE

13147

DATE

01/13/26

PRESENTING CLINICAL SIGNS

Starting late November was having inappropriate urination. Inability to control bladder, peeing in house more often, excited, nervous peeing, slow to empty bladder outside. CBC/Chem/USG at that time was unremarkable. Did a quick bladder US and noted thickened proximal urethra. Did a traumatic catheterization with NSF. Put on course of Piroxicam. Did well on medications, all clinical signs went away. Three days after stopping medications, the clinical signs came back. On today AUS noted some FF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted. The proximal to post-prostatic urethra was normal in structure and tone with possibly mild thickened in appearance measuring 0.84 cm in diameter.

The area of the residual prostate appeared normal and free of pathology measuring 1.4 cm in diameter.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.6 cm in length. The right kidney measured 5.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.78 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder

The liver presented subjectively normal in size with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. The hepatic vasculature was prominent and dilated in appearance, most notable at the level of the hepatic vein / caudal vena cava junction with concurrent mildly prominent cranial abdomen caudal vena cava.



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The gallbladder was non-distended in size with thin walls and mild nonorganized gallbladder debris. No evidence of wall edema. The common bile duct was not visualized.

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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental similar appearing intestinal ingesta/chyme was present.

Staffordshire Bull Terrier

Normal visible colon wall layers were present with apparent formed feces in lumen.

SEX

Pancreas

Neutered Male

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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Free Abdomen

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Intermittent mildly prominent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). Minor pockets of peritoneal effusion were present.

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INTERPRETED BY

ULTRASONOGRAPHIC FINDINGS

R. McKenzie Daniel,
DVM, DABVP

- Sonographically unremarkable nondistended urinary bladder.
- Normal residual prostate with subjective mildly prominent yet empty post-prostatic urethra.
- Mild congested liver.
- Mild nonorganized gallbladder debris (non-mucocele).
- Mild peritoneal effusion and mesenteric lymphadenopathy.

IMAGING PERFORMED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Danielle RVT

No evidence of overt lower urinary tract or residual prostate pathology. Potential for mild urethritis or consideration for reflex dyssynergia if urination pattern is intermittent with straining is possible. The hepatic congestion and mild peritoneal effusion is likely secondary to sedation (Dexdomitor) given no evidence of abdominal pathology as an obvious cause of effusion and assuming normal albumin level. Screening three view chest radiographs may be considered if persistent hepatic congestion or effusion once off sedation.

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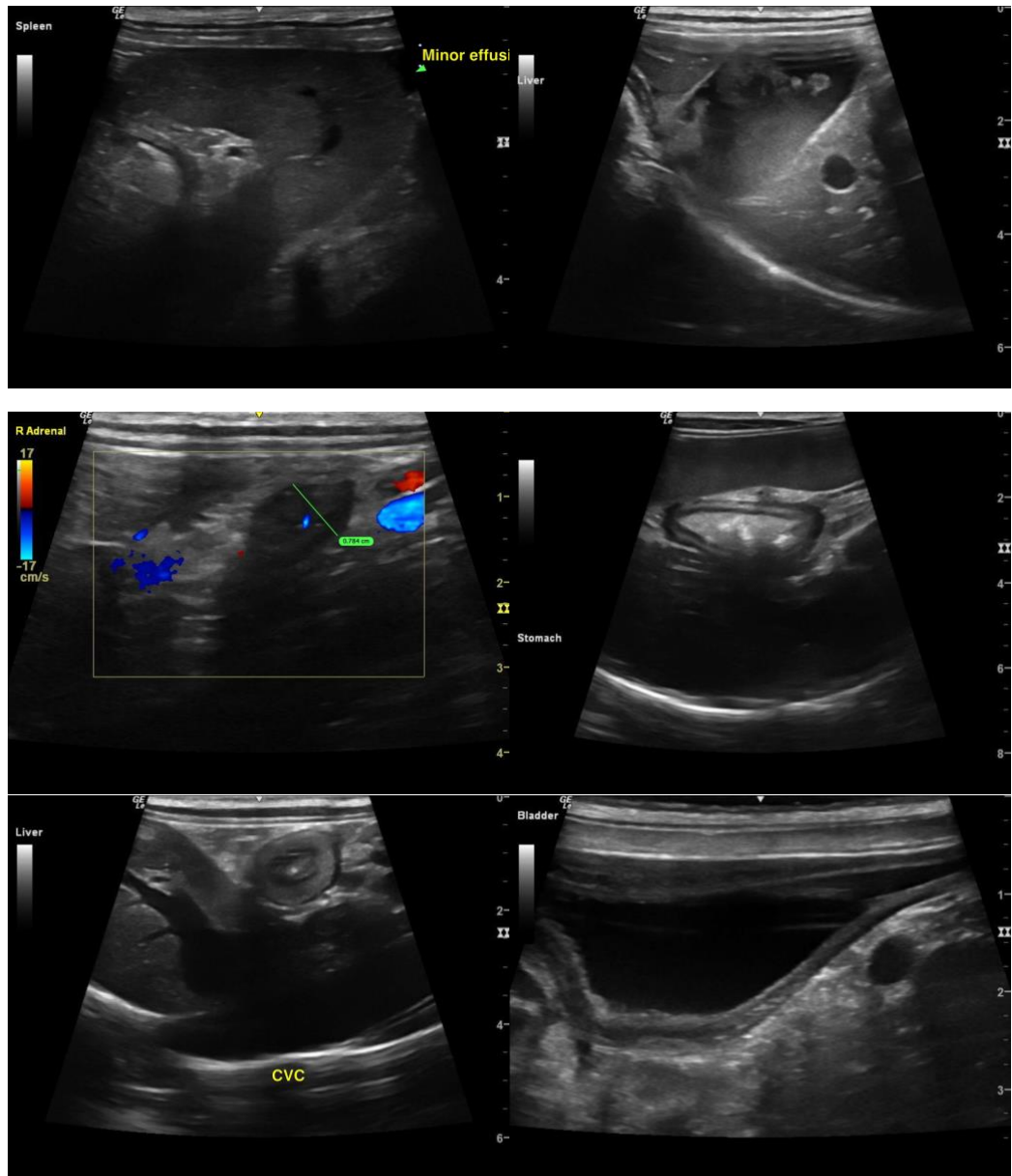
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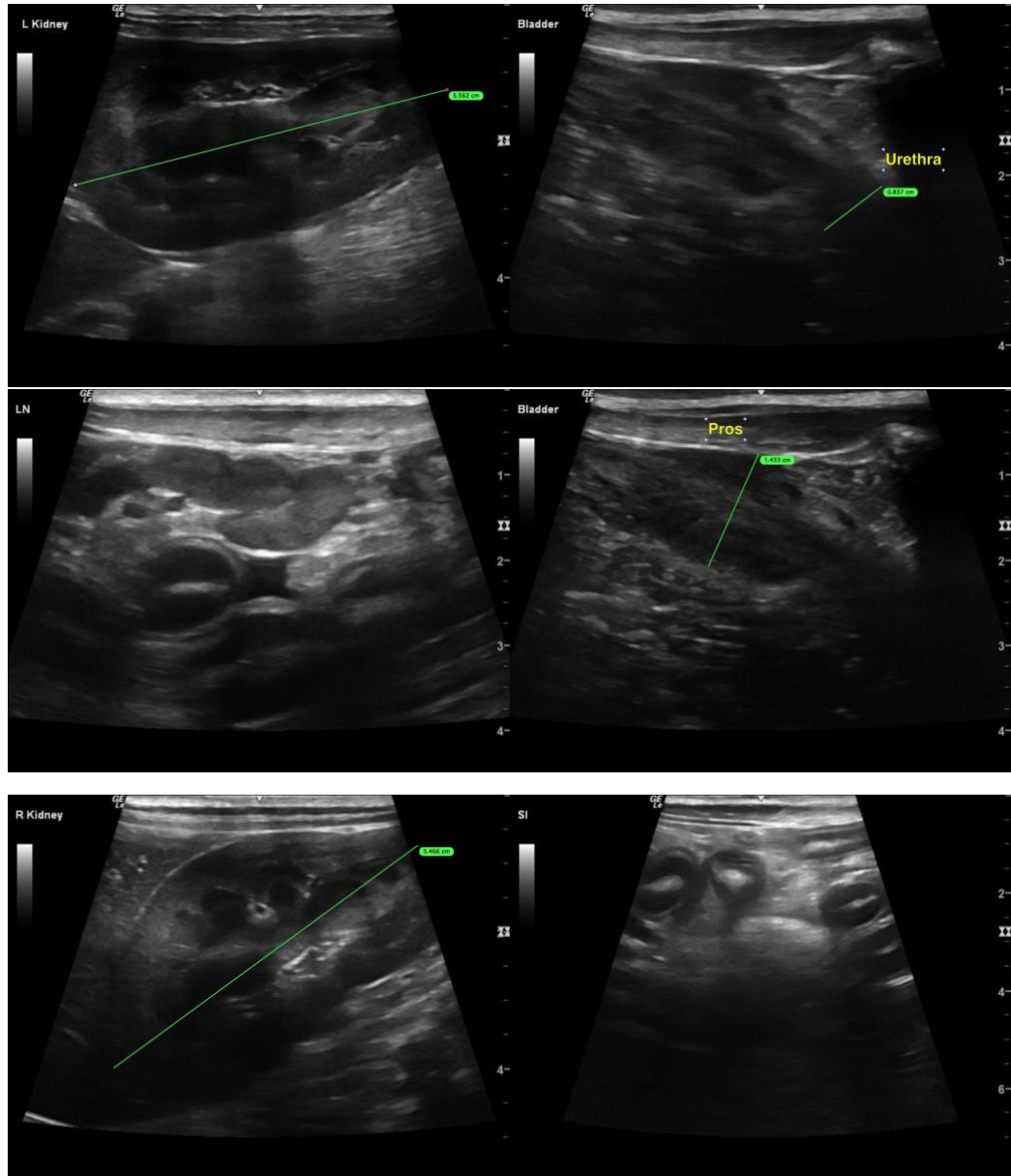
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com