

**PATIENT**

Doogan Nelson

SPECIES

Canine

BREED

Dachshund Mix

SEX

MN

AGE

10yr

WEIGHT

34lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Bowes

INVOICE

12692ag

DATE

01/16/2023

PRESENTING CLINICAL SIGNS

On 12/28/22, the patient was seen with primary veterinarian (referred here for ultrasound) and rods were identified on a U/A. Clavamox was started and U/A was rechecked on 1/9/23. Struvite crystals were identified with hematuria and pyuria. Radiographs showed mass effect near trigone of urinary bladder and no radiopaque uroliths. A rectal exam was performed and patient was non-painful. A soft structure was palpated a proximal most aspect. The primary vet recommended referral for an abdominal ultrasound.

Abnormal PE/Chem/CBC/UA Results: 1/9/23 U/A - USG >1.040, WBC >50/hpf, RBC >50/hpf, non-squamous epithelial cells 3-5/hpf, struvite crystals 1-5/hpf, unclassified crystals <1/hpf

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder was non-distended with normal bladder walls. The trigone, cystourethral junction, and visible pelvic urethra normal thickness and tone. Anechoic urine was present in the lumen with mild to moderate non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint bilateral medullary mineral was present. Focal to intermittent left kidney cortical cyst was present. The left kidney measured 6.1 cm in length. The right kidney measured 6.2 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

The residual prostate was mildly enlarged in size exhibiting mild capsule asymmetry and non-homogenous hypoechoic to mineralized parenchyma measuring 4.5 cm x 2.1 cm. Subjective mildly prominent yet intact periprostatic urethral walls were present without evidence of urine retention.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. No adrenal tumors noted. The left adrenal gland measured 0.85 cm width at the caudal pole and 2.7 cm length. The right adrenal gland measured 0.59 cm width at the caudal pole and 2.0 cm length.

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 was subjectively mildly enlarged with normal contour. Generalized non-homogenous hyperechoic parenchyma exhibiting multifocal discrete hypoechoic intraparenchymal nodules was

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present, an example of a nodule measured 1.7 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild non-dependent non-organized echogenic debris. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild ingesta/chyme exhibiting focal distal acoustic shadowing with no signs of ileus, obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

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Pancreas

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

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged non-homogeneous hypoechoic to mineralized prostate-consistent with neoplastic criteria i.e., transitional cell carcinoma, prostatic carcinoma or other. Chronic residual prostatitis considered less likely
- Overtly normal urinary bladder with mild to moderate sediment
- Bilateral chronic renal changes with minor medullary mineral with left kidney cortical cysts
- Non-homogenous hyperechoic discretely nodular liver-nonspecific, vacuolar hepatopathy, inflammatory/immune mediated disease, hematopoiesis, hyperplasia, emerging primary or metastatic neoplasia possible

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prostatic sampling via prostatic wash or ultrasound guided FNA for cytology +/- C/S is recommended for further definition and potential oncology consult. No overt evidence of regional lymphatic metastasis although the possibility of early peri prostatic urethral involvement cannot be excluded.

Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted for further assessment. Hepatosupportive medications such as Denamarin and Ursodiol could be considered if evidence of hepatic enzyme elevations or cholestasis.

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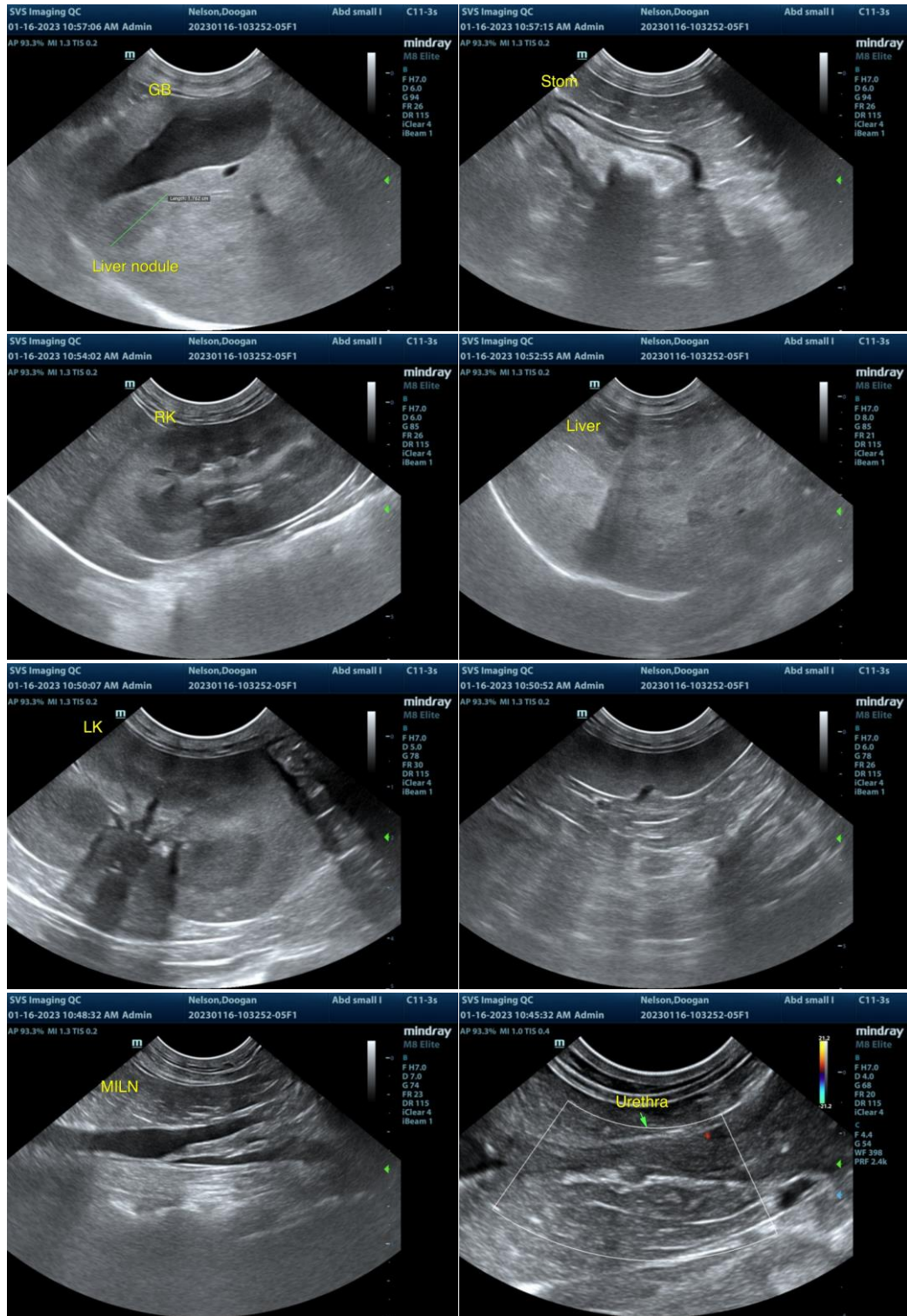
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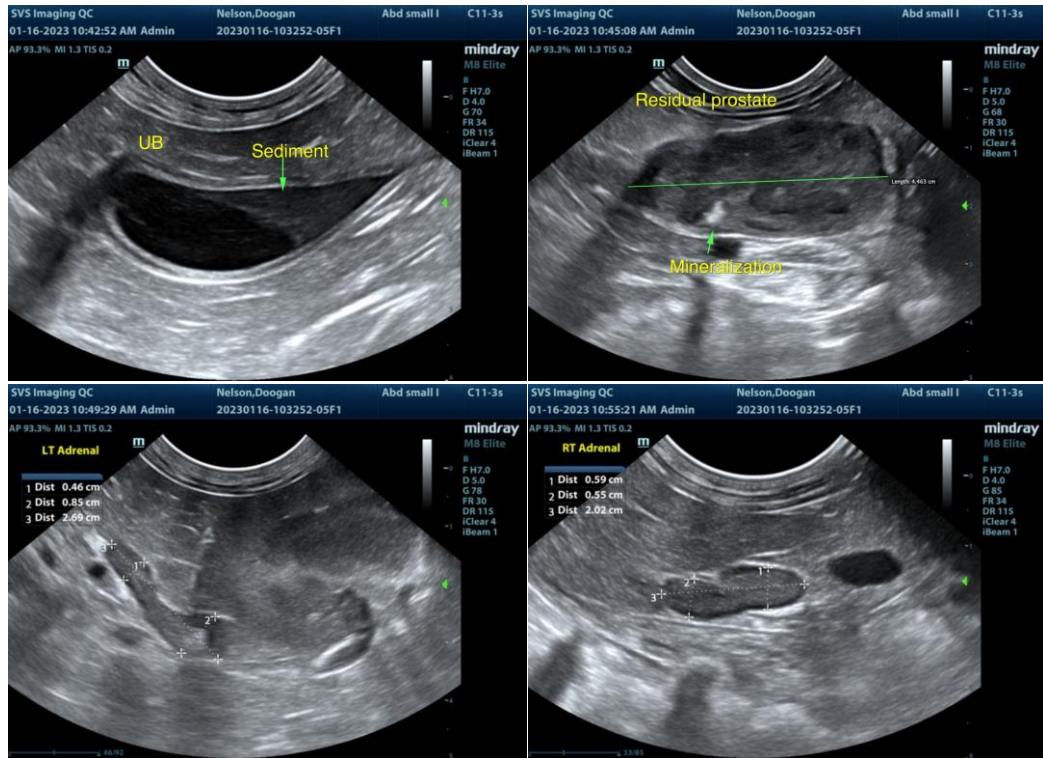
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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