



PATIENT PRESENTING CLINICAL SIGNS

Erik Sheel Elevated liver enzymes. Current meds: Metronidazole 62.5 mgs, Doxycycline 100 mgs, Gabapentin suspension 250 mgs

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Maltese

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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 changes were noted.

SEX

Neutered Male

The area of the aortic trifurcation was free of pathology. No evidence of medial iliac or sublumbal lymphadenopathy.

AGE

11 Years

The residual prostate exhibited moderate enlargement with mild asymmetrical yet intact capsule contour, which was able to be differentiated from surrounding tissue. Generalized non-homogeneous prostatic parenchyma exhibiting areas of focal to ill-defined mineralization noted. The residual prostate measured approximately 2.0 cm x 2.0 cm. Subtle evidence of periprostatic reactive tissue was present.

WEIGHT

9.5 Pounds

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm. The right kidney measured 3.5 cm.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.41 cm at the cranial pole and 0.42 cm at the caudal pole. The right adrenal gland measured 0.60 cm at the cranial pole and 0.57 cm at the caudal pole.

IMAGING PERFORMED BY

Kelly Vazquez

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.

HOSPITAL NAME

Summit Dog & Cat
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Liver

REFERRING VET

Dr. Margaret
Lepkowski

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was mildly distended in size. The gallbladder walls were sonographically unremarkable without evidence of inflammatory criteria. Moderate non-dependent to congealed, non-mineralized debris noted, which potentially appeared to be subjectively mobile. No evidence of peripheral gallbladder inflammation or effusion.

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34326

DATE

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.



PATIENT

Erik Sheel

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.

SPECIES

Pancreas

Canine

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

BREED

Free Abdomen

Maltese

No overt lymphadenopathy or peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered Male

- Residual prostatomegaly exhibiting non-homogeneous to mineralized parenchyma
- Moderate chronic renal changes
- Hepatopathy – vacuolar hepatopathy, cholestasis, inflammatory hepatopathy, or other hepatopathy possible with neoplasia considered and unlikely differential diagnosis.
- Non-inflamed emerging to partial gallbladder mucocele
- Heterogeneous pancreas – age related pancreatic changes suspect and likely incidental, potential for low-grade chronic pancreatitis possible.

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WEIGHT

9.5 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the presence of prostatic parenchymal mineralization, concern for prostatic neoplasia such as adenocarcinoma or other is warranted. Potential for chronic prostatitis possible. Prostatic sampling either via ultrasound guided FNA or prostatic wash for cytology and further clarification recommended.

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Assuming normal clotting status, ultrasound guided FNA of the liver could be considered for screening cytology. Hepatosupportive medications +/- protocol below could be considered with monitoring of hepatic enzymes or for evidence of increasing cholestasis. Sonographic reassessment of the gallbladder would be advised if progressive/persistent hepatic enzyme elevations, increasing evidence of cholestasis, or evidence of cranial abdominal/subxyphoid discomfort on palpation.

IMAGING PERFORMED BY

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Cholecystitis/Emerging Mucocele protocol.

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Enrofloxacin 5 mg/kg SID PO & Metronidazole (10-20 mg/kg po bid) over 3 weeks, Ursodiol (10-15 mg/kg p.o. q24h) over 8 weeks and recheck sonogram. Monitor rapid rise in ALT, SAP, Bilirubin, bilirubinuria, leukocytosis, focal cranial abdominal subxyphoid discomfort or progressive anorexia. More information regarding clinical emerging mucocele issues may be found with our article and research at <http://sonopath.com/resources/articles>, *Defining a GB Mucocele* and *Clinical Parameters in Dogs with Sonographically Diagnosed Surgical Biliary Disease* from ECVIM 2009.

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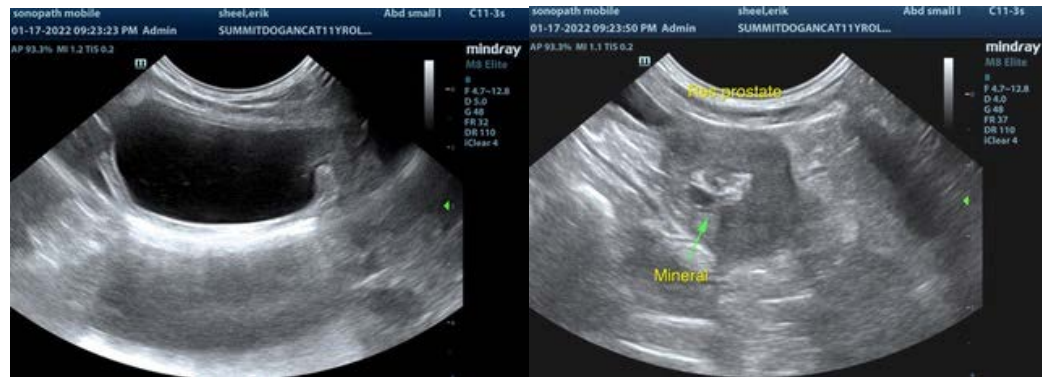
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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