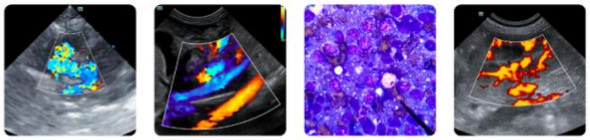




**PATIENT**

Beau Strudwick

**SPECIES**

Canine

**BREED**

Boxer Mix

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

29 kg

**INTERPRETED BY**

R. McKenzie Daniel, DVM, DABVP

**IMAGING PERFORMED BY**

Natalia Franco

**HOSPITAL NAME**

Eagleson Veterinary Clinic

**REFERRING VET**

Dr. Mohamed Ammar

**INVOICE**

13294

**DATE**

01/22/26

## PRESENTING CLINICAL SIGNS

- History of UTI (E. coli on urine culture); treated with amox/clav (sensitivity 8 on culture); better sensitivity with enro and marbo <0.12); improved temporarily, declined rapidly after treatment stopped.
- Other health issues: heart murmur, large prostate and large UB on exam and xrays
- Hospitalized for supportive care; marbo antb started.
- Recommended AUS for further investigation of urinary tract masses/pyelonephritis.

Abnormal PE/Chem/CBC/UA Results: Non regenerative anemia; Azotemia Bacteria presence and low SG (1.019) on UA UPCR 0.5; however, sediment is active.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder was mildly distended in size with normal 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. Mildly dilated cystourethral junction without evidence of obstructive pathology.

The residual prostate was mildly enlarged with indistinct prostatic capsule compared to adjacent omentum. Mild nonhomogenous hypoechoic parenchyma with potential for hyperechoic parenchyma foci versus pinpoint to focal areas of prostatic urethral lumen mineral. The residual prostate measured 2.6 cm in diameter. The post prostatic urethra was not visualized.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

Normal size and asymmetrical margination was 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 to marked loss of corticomedullary border demarcation expected for the age of the patient. Small cortical cysts, cortical infarcts, mild medullary mineral and pyelectasia was present bilaterally. The left kidney measured 6.9 cm in length. The right kidney measured 6.4 cm in length.

### *Adrenal Glands*

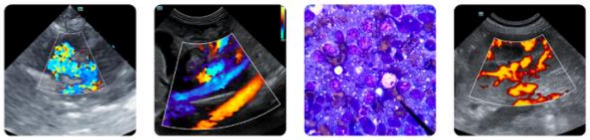
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width at the caudal pole.

### *Spleen*

A mildly expansive nonhomogenous mid to caudal splenic mass with associated capsule distortion was visualized measuring approximately 4.0 cm in diameter. Possible concurrent or associated caudal splenic mass with potential for a solitary enlarged perisplenic mesenteric lymph node measuring 4.7 cm x 2.4 cm.

### *Liver & Gallbladder*





**PATIENT**

Beau Strudwick

**SPECIES**

Canine

**BREED**

Boxer Mix

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

29 kg

**INTERPRETED BY**

R. McKenzie Daniel, DVM, DABVP

**IMAGING PERFORMED BY**

Natalia Franco

**HOSPITAL NAME**

Eagleson Veterinary Clinic

**REFERRING VET**

Dr. Mohamed Ammar

**INVOICE**

13294

**DATE**

01/22/26

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 parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### *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.

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.

### *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.

### *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present. No evidence of splenic mass rupture. Mild perisplenic hyperechoic omentum.

## ULTRASONOGRAPHIC FINDINGS

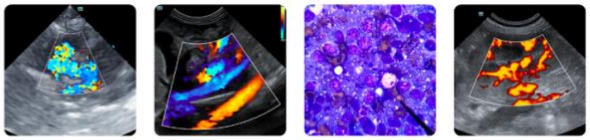
- Sonographically normal mild distended urinary bladder and cystourethral junction.
- Mildly enlarged residual prostate exhibiting possible hyperechoic parenchyma foci versus pinpoint to focal prostatic urethral lumen mineral.
- Moderate to marked chronic degenerative renal changes exhibiting pyelectasia, cortical infarcts/cysts and mild medullary mineral.
- Splenic mass with possible concurrent or associated caudal splenic mass versus perisplenic lymphadenopathy.
- Mild hepatic parenchymal remodeling and nonorganized gallbladder debris (non-mucocele).

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate gland may indicate residual chronic prostatitis with potential for emerging neoplastic criteria, i.e. prostatic or transitional cell carcinoma. Screening BRAF assay and consideration for prostatic sampling is recommended. The splenic mass/possible masses are nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Potential perisplenic lymphatic hyperplasia, inflammation or metastasis are possible.

No evidence of left or right ureter obstruction with bilateral pyelectasia, potentially secondary to chronic renal changes, pelvic scarring or infection. Renal support with monitoring of urinalysis and as needed urine culture and sensitivity on current antibiotic is recommended.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

**PATIENT**

Beau Strudwick

**SPECIES**

Canine

**BREED**

Boxer Mix

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

29 kg

**INTERPRETED BY**

R. McKenzie Daniel, DVM, DABVP

**IMAGING PERFORMED BY**

Natalia Franco

**HOSPITAL NAME**

Eagleson Veterinary Clinic

**REFERRING VET**

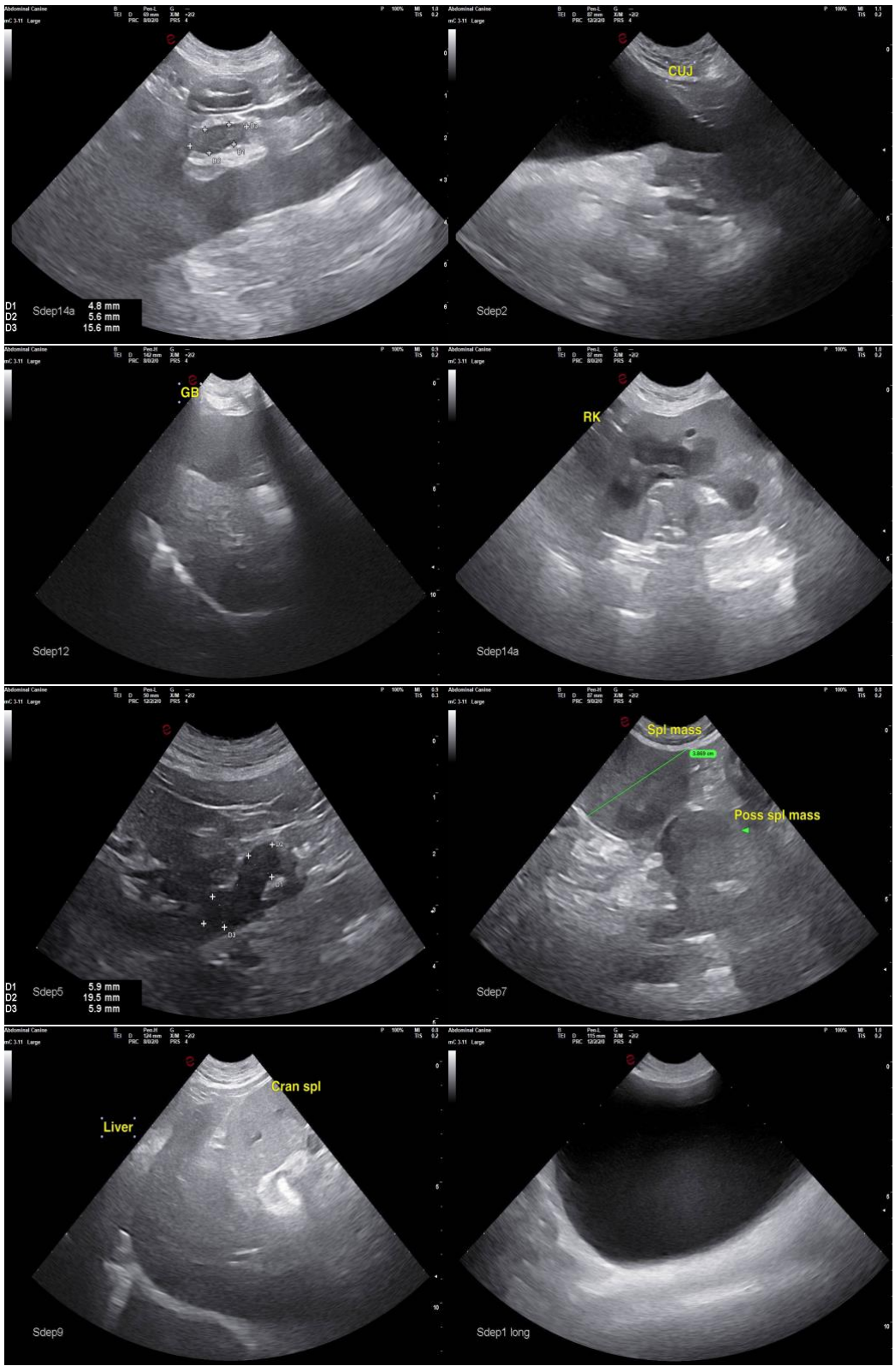
Dr. Mohamed Ammar

**INVOICE**

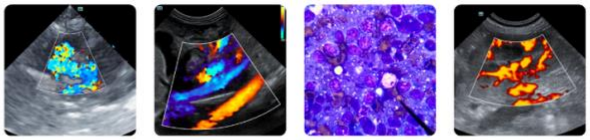
13294

**DATE**

01/22/26



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

**PATIENT**

Beau Strudwick

**SPECIES**

Canine

**BREED**

Boxer Mix

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

29 kg

**INTERPRETED BY**

R. McKenzie Daniel, DVM, DABVP

**IMAGING PERFORMED BY**

Natalia Franco

**HOSPITAL NAME**

Eagleson Veterinary Clinic

**REFERRING VET**

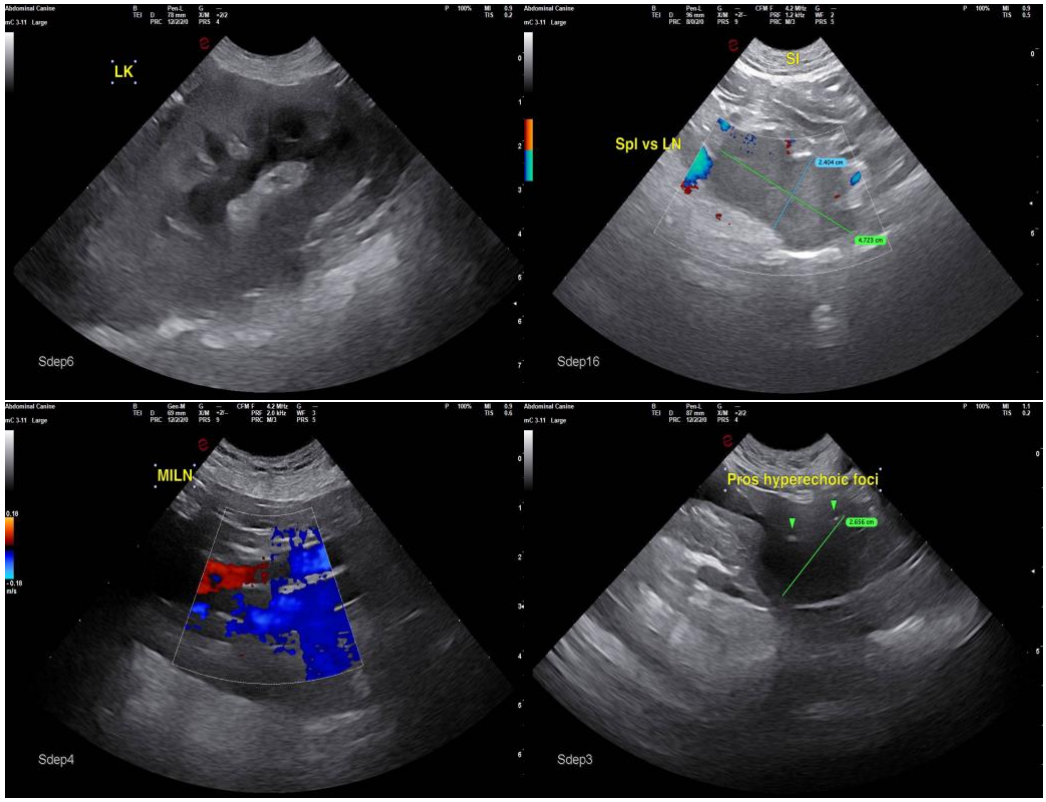
Dr. Mohamed Ammar

**INVOICE**

13294

**DATE**

01/22/26




**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