



PATIENT	PRESENTING CLINICAL SIGNS
Cooper Pugliese	Prostatic mass - straining to defecate, painful. Current meds: Vetprofen.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	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 changes was noted.
Jack Russell Terrier	
SEX	The residual prostate exhibited generalized enlargement, mild asymmetrical contour yet the prostatic capsule was able to be definitively differentiated from surrounding tissue. Nonhomogeneously hypoechoic to pinpoint mineralized parenchyma was present in the residual prostate. The residual prostate measured 3.6 cm x 2.5 cm. Subjective mild mural thickening associated with the pre-prostatic urethra was noted. The pre-prostatic urethra measured 0.73 cm in diameter.
MN	
AGE	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. The left kidney measured 4.8 cm in length. The right kidney measured 4.6 cm in length.
12 years	
WEIGHT	
14.8 lbs.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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 2.1 cm length x 0.61 cm width in the caudal pole. The right adrenal gland measured 0.66 cm width in the caudal pole.
IMAGING PERFORMED BY	Spleen
Kelly Vazquez	The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.
HOSPITAL NAME	Liver/ Gallbladder
New Bridge VH	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild, nondependent gallbladder debris. The cystic and common bile ducts were normal.
REFERRING VET	Gastrointestinal
Dr. Glennon	The stomach presented intact wall layering with a normal wall layer ratio. Minor retained pyloric chyme/ingesta was present.
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PATIENT	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.
Cooper Pugliese	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	Pancreas
BREED	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 were evident.
Jack Russell Terrier	Free Abdomen
SEX	Intermittent, mildly prominent medial iliac 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). An example of the lymph nodes measured 0.62 cm width. No overt peritoneal effusion was noted.
MN	
AGE	
12 years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
14.8 lbs.	Primary Findings
INTERPRETED BY	<ul style="list-style-type: none"> Residual prostatomegaly exhibiting nonhomogeneous to pinpoint mineralized parenchyma Minor intermittent medial Iliac lymphadenopathy
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Secondary Findings
IMAGING PERFORMED BY	<ul style="list-style-type: none"> Bilateral mild chronic renal changes Mild gallbladder debris - incidental
Kelly Vazquez	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
HOSPITAL NAME	Although sampling is required for a definitive diagnosis (cytology of the prostate pending), primary concern for prostatic neoplasia such as adenocarcinoma with potential for transitional cell carcinoma is warranted. Chronic prostatitis is possible yet though less likely. Pending prostatic cytology, oncology consultation may be considered if neoplasia is confirmed. The possibility of early extension into the periprostatic urethra cannot be definitively excluded. Screening BRAF Assay may also be considered. If prostatic cytology is inconclusive, a prostatic biopsy would be required for a definitive diagnosis.
New Bridge VH	
REFERRING VET	
Dr. Glennon	The minor medial iliac lymphadenopathy is nonspecific yet not overtly consistent with metastatic criteria at this time. However, the potential for very early metastatic disease cannot be definitively excluded. Sonographic monitoring is recommended for evidence of further progression.
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PATIENT

Cooper Pugliese

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

MN

AGE

12 years

WEIGHT

14.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

New Bridge VH

REFERRING VET

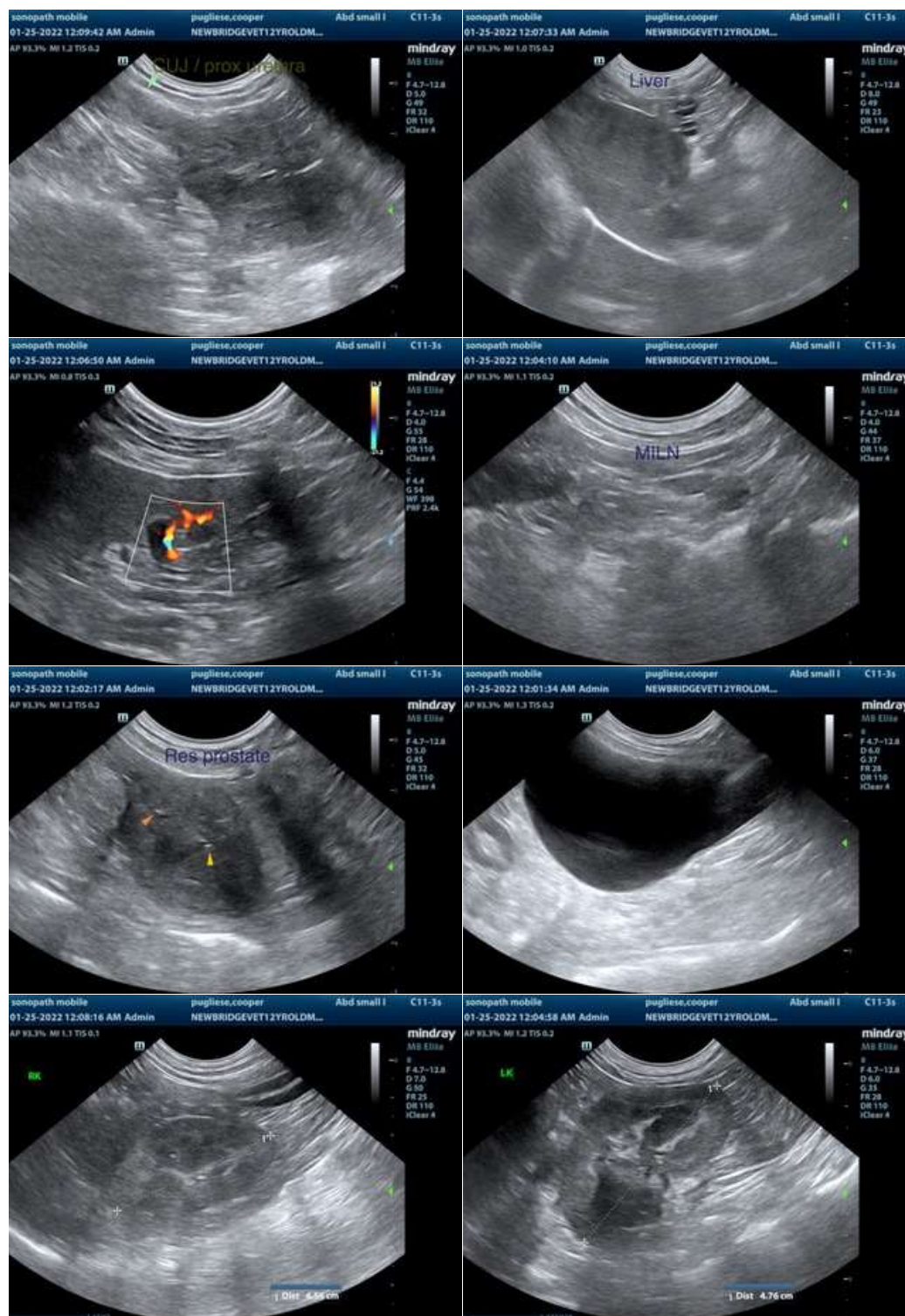
Dr. Glennon

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SPECIES

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**IMAGING
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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