



PATIENT

McGarett Bickel

PRESENTING CLINICAL SIGNS

Cryptorchid male presents for search of retained testicle (Left) following removal of right testicle.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Beagle

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Mild, nondependent particulate sediment, which may indicate mild cellular or crystalline debris, was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

SEX

Male

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.3 cm diameter.

AGE

11 months

Focal, media iliac lymph node was present adjacent to the iliac trifurcation and dorsal to the urinary bladder. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 0.67 cm width.

WEIGHT

29 lbs.

INTERPRETED BY

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

Normal size and margination were 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 5.5 cm in length. The right kidney measured 5.1 cm in length.

IMAGING PERFORMED BY

Kelly Vazquez

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.6 cm length x 0.41 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 1.5 cm length x 0.23 cm width at the caudal pole.

HOSPITAL NAME

Legacy AH

Spleen

REFERRING VET

Dr. Kristin Potenzzone

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.

INVOICE

13146

Liver/ Gallbladder

DATE

1/25/22

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



PATIENT

McGarett Bickel

SPECIES

Canine

BREED

Beagle

SEX

Male

AGE

11 months

WEIGHT

29 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Legacy AH

REFERRING VET

Dr. Kristin Potenzzone

INVOICE

13146

DATE

1/25/22

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 were evident.

Free Abdomen

Subjective mild to moderate amount of regional left inguinal subcutaneous cellulitis and mild free fluid was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild urinary bladder sediment
- Focal mild subjectively benign medial iliac lymphadenopathy - incidental hyperplasia or immunologic immaturity suspected
- Regional left Inguinal cellulitis and mild subcutaneous free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, a definitive retained intraabdominal or inguinal retained testicle was not definitively apparent. This may be owing to small retained testicle size which is common, or non-visualization within the left Inguinal canal owing to inguinal cellulitis and increased secondary artifact. If suspicion of lack of left testicle, monitoring for normal prostatic involution could be considered with persistent evidence of prostatic hyperplasia and indication of non-visualized retained testicle. Otherwise, sonographic reassessment, specifically in the area of the left inguinal canal, is recommended once left inguinal cellulitis and subcutaneous free fluid subside.



PATIENT

McGarrett Bickel

SPECIES

Canine

BREED

Beagle

SEX

Male

AGE

11 months

WEIGHT

29 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Legacy AH

REFERRING VET

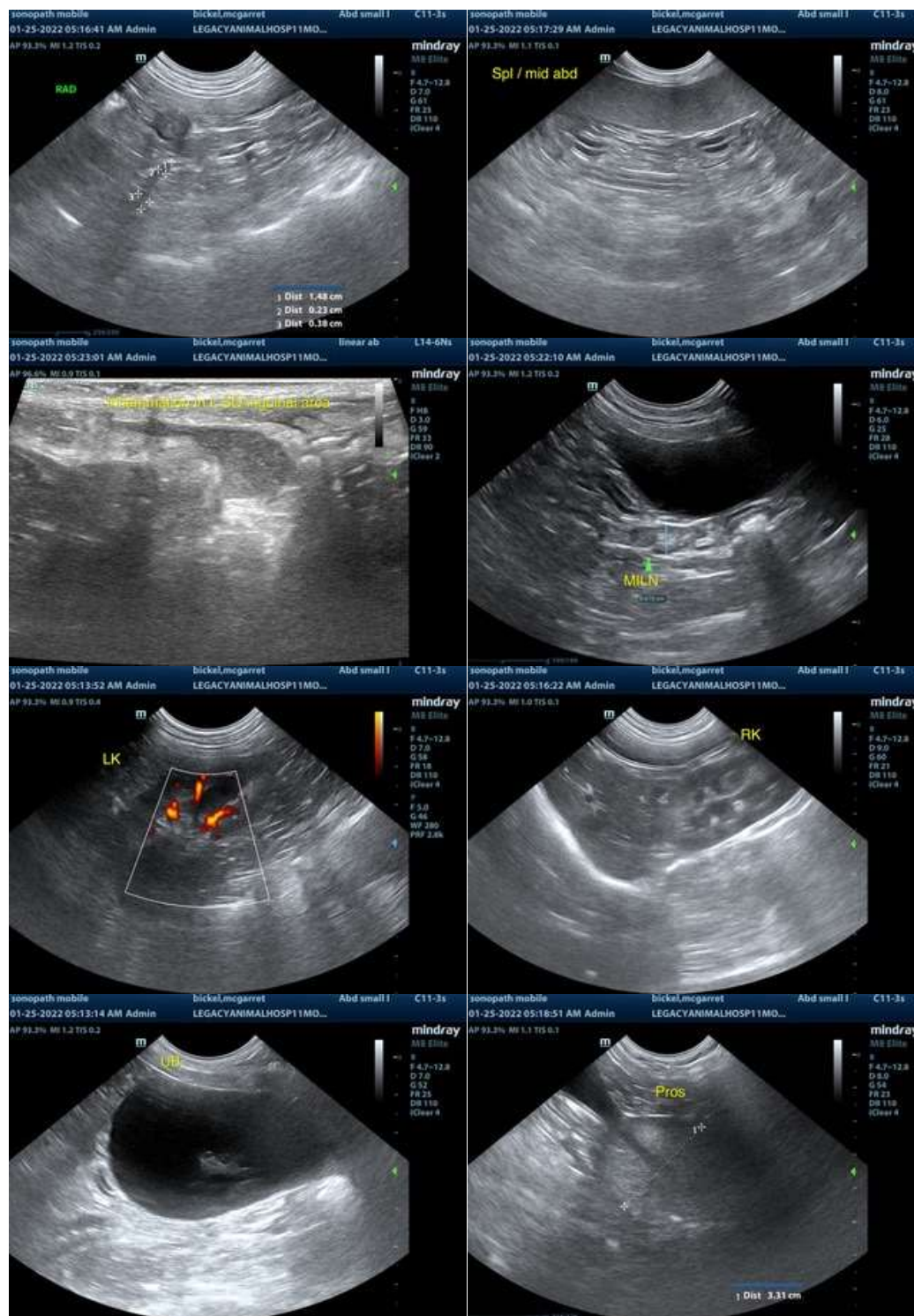
Dr. Kristin Potenzzone

INVOICE

13146

DATE

1/25/22





PATIENT

McGarett Bickel

SPECIES

Canine

BREED

Beagle

SEX

Male

AGE

11 months

WEIGHT

29 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Legacy AH

REFERRING VET

Dr. Kristin Potenzzone

INVOICE

13146

DATE

1/25/22



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