



PATIENT

Bojack Kotler

SPECIES

Canine

BREED

Labradoodle

SEX

MN

AGE

10 years, 3 months

WEIGHT

83.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. Taylor McConnell

INVOICE

16023

DATE

2/1/23

PRESENTING CLINICAL SIGNS

Patient with history of GDV with splenectomy and pexy on 3/20/2022, presents for straining to defecate. Started in December 2022, vomits occasionally helps on antacid. Stool firmed up 1/23/2023, but patient now painful when defecating. Enlarged submandibular lymph node - had dental; slight improvement but appetite waxes and wanes.

Abnormal PE/Chem/CBC/UA Results: Fecal (neg.) Bloods: unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone containing anechoic urine primarily with very minor particulate sediment, which may indicate minor cellular debris / protein, crystalline debris or mucus. Subjective mildly thickened urinary bladder neck wall was noted measuring 0.60 cm in width. No overt urinary bladder tumors were noted.

The residual prostate was enlarged exhibiting asymmetrical contour and nonhomogeneous, hypoechoic, to mineralized residual prostatic parenchyma. The residual prostate measured approximately 3.2 cm in diameter.

No evidence of medial Iliac or sublumbar lymphadenopathy.

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 or pyelectasia was present. The left kidney measured 7.6 cm in length. The right kidney measured 5.6 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 2.0 cm length x 0.61 cm width at the caudal pole. No overt pathology was noted in the area of the right adrenal gland, although indistinctly visualized.

Spleen

The spleen was not present owing to a previous splenectomy. No evidence of pathology was noted in the area of the previous spleen.

Liver/ Gallbladder

The liver exhibited subjective mild enlargement yet maintained a symmetrical capsule contour. Mild, nonuniform, increased hepatic parenchyma echogenicity was noted with intermittent discrete hypoechoic nondisruptive intraparenchymal nodules. An example measured 1.6 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented mild wall thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Minor retained anechoic fluid was present.

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. Possible slight impingement on the ventral aspect of the colon adjacent to the residual prostate is possible.

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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Enlarged, nonhomogeneous to mineralized residual prostate
- Mildly thickened urinary bladder neck
- Bilateral mild chronic renal changes
- Hepatic parenchyma remodeling with intermittent discrete intraparenchymal nodules - subjectively benign
- Subjective mild gastroenteritis pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the enlarged mineralized residual prostate was strongly suggestive of neoplastic criteria which may include prostatic or urothelial carcinoma. Chronic residual prostatitis is considered a less likely differential diagnosis. Potential extension of pathology into the area of the urinary bladder neck is suspected. No overt evidence of regional metastasis was noted.

Given the size of the patient and the depth of the prostate, FNA cytology may be precluded. Prostatic wash or ideally biopsy for histopathology could be considered. Three-view chest radiographs are recommended if not done. As-needed gastrointestinal support would be appropriate.



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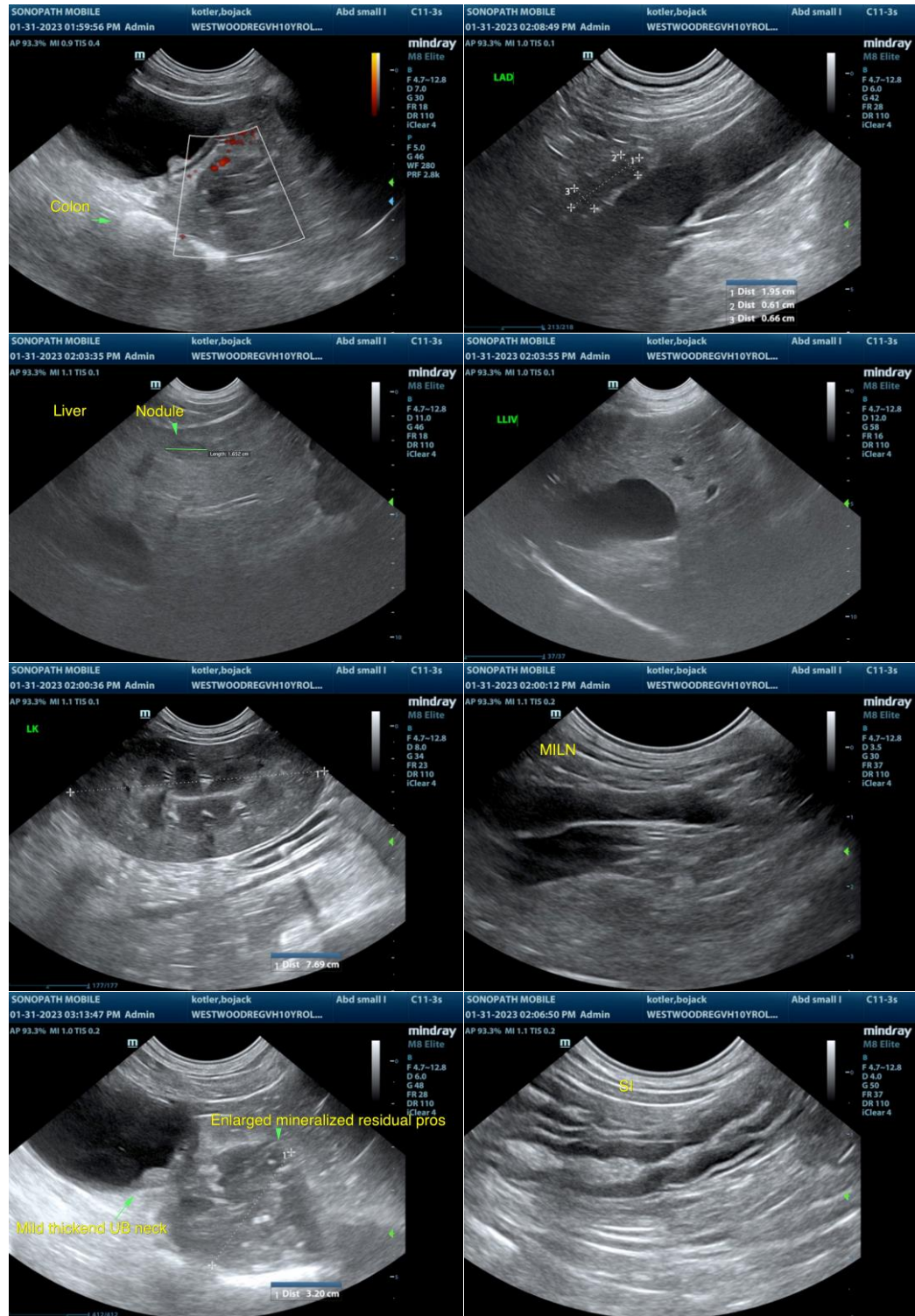
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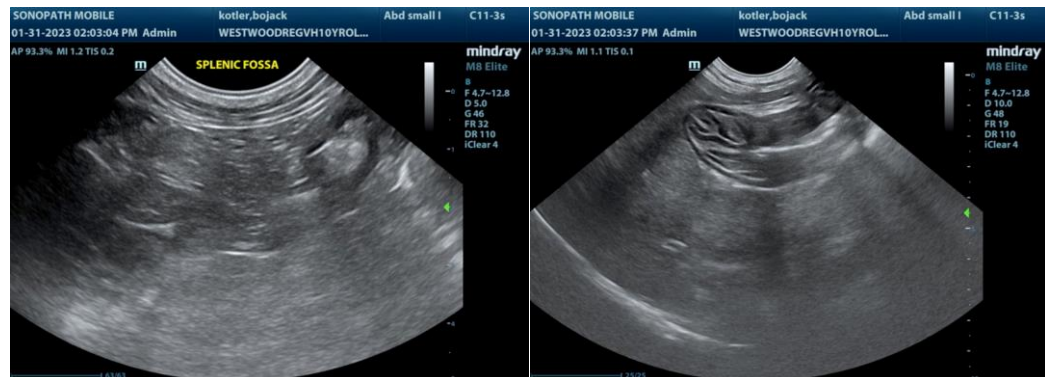
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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