



**PATIENT**

Percy Adkins

**SPECIES**

Canine

**BREED**

Bichon Frise

**SEX**

Intact Male

**AGE**

10 years

**WEIGHT**

15.5 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

The Veterinary  
Hospital

**REFERRING VET**

Dr. Melissa Berman

**INVOICE**

12377

**DATE**

10/18/21

**PRESENTING CLINICAL SIGNS**

Was discharged from Williamette ER on 9/23/21 after treatment for fever with suspect prostatitis and aspiration pneumonia. Patient responded well to therapy and sent home with oral medications (enrofloxacin, entyce, fortiflora, cerenia, and miralax). Patient has been doing well at home since. Exam 10/6/2021: 1. Enlarged prostate on rectal palpation, smooth regular margins - r/o benign prostatic hyperplasia vs prostatic abscess vs neoplastic vs other 2. Aging changes OU (decreased lens clarity) 3. Moderate dental tartar/calculus 4. Otherwise normal \*\*Fever has resolved, respiration normal\*\*  
Current Medications Recently finished enrofloxacin  
Abnormal PE/Chem/CBC/UA Results: ABNORMAL Laboratory Findings Mild ALT elevation in Sept 2021 at Williamette ER, otherwise labwork normal

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

The prostate exhibited generalized subjective mild generalized enlargement with primarily maintained symmetrical capsule contour. The prostatic capsule was able to be differentiated from surrounding tissue without overt evidence of periprostatic inflammation or effusion. The prostate exhibited subjective subtle hypoechoic to nonhomogeneous parenchyma along with pinpoint, mildly hyperechoic parenchymal foci. The prostate measured approximately 2.7 cm x 2.6 cm. The post-prostatic urethra was not visualized owing to colonic gas artifact.

The area of the aortic trifurcation was free of pathology.

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 4.5 cm in length.

**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 0.32 cm width in the cranial pole and 0.36 cm width in the caudal pole. The right adrenal gland measured 0.77 cm width in the cranial pole and 0.34 cm width in the caudal pole.

**Spleen**

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



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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.

**SPECIES**

Canine

***Liver/ Gallbladder***

**BREED**

Bichon Frise

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 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***

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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.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

***Pancreas***

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. The appearance of the pancreas is likely consistent with age-related changes and is considered incidental.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Mild prostatomegaly with nonhomogeneous to pinpoint hyperechoic parenchyma
- Mild age-related kidneys

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the prostate may indicate either benign hyperplasia, chronic to potentially resolving inflammatory episode, while the possibility of emerging neoplasia cannot be definitively excluded. Prostatic sampling either ultrasound guided FNA or prostatic wash for cytology +/- C/S following antibiotic washout would be ideal for further assessment. However, since the patient appears to be improving clinically, continued monitoring, as well as sonographic reassessment of the prostate in 3-4 weeks, would be reasonable. Neutering could also be considered in this patient if evidence of stranguria or tenesmus. No evidence of regional lymphadenopathy was noted.

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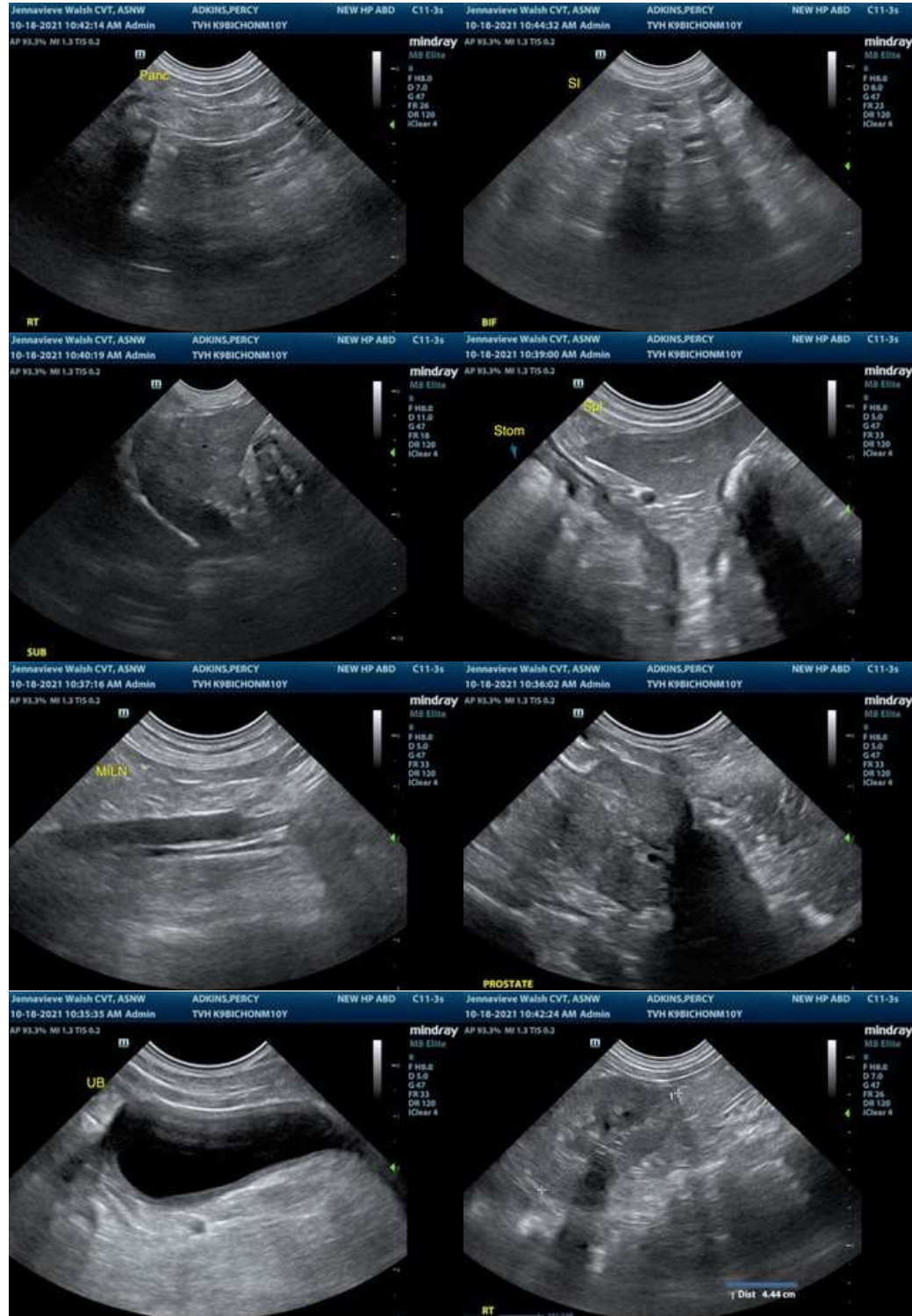
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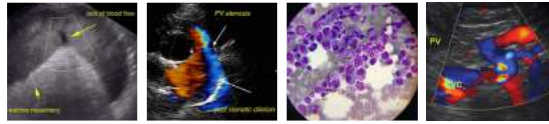
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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