



PATIENT

Sampson Murphy

SPECIES

Canine

BREED

Boxer

SEX

Male

AGE

10 Years

WEIGHT

82 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Wixom Family Pet
Practice

INVOICE

17827

DATE

10/18/22

PRESENTING CLINICAL SIGNS

History: Current Medications: Mirtazapine 30mg PO SID Patient History: 1 week history of perianal swelling, 2 day history of decreased appetite and straining to defecate. Patient hasn't been to a vet in several years. Intact. Owner unsure if he is having any stranguria. No vomiting. May have a seizure Monday morning, did not see episode but came to find him panting and laying on his side. Lethargic today.

Abnormal PE/Chem/CBC/UA Results: Soft symmetrical soft tissue swelling bilateral perianal area, non-painful, non-reducible, quick scan revealed a fluid pocket on the left side, UB appeared normal, prostate appeared irregular and enlarged. Mild tartar/gingivitis. Blood work: mildly elevated ALT 148 (0-120 U/l), lymphocytosis 10.98 (0.83-4.91 $10^3/uL$), mild hyperglobinemia 4.5 (2-3.6 g/dL) Concern for inflammatory disease v lymphoma, prostatic disease with perineal hernia. Please see attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild to moderate nondependent particulate sediment was present, which may indicate mild to moderate cellular debris/protein, crystalline debris or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. The urinary bladder appeared to be in normal position.

The prostate exhibited generalized enlargement with mild asymmetrical contour. Generalized non-homogenous to variably echogenic parenchyma, including pinpoint to focal areas of prostatic parenchymal mineralization. The prostate measured approximately 6.0 cm x 5.0 cm.

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 7.4 cm in length. The right kidney measured 7.4 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 0.58 cm width in the cranial pole and 0.60 cm width in the caudal pole. The right adrenal gland measured 0.69 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 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.

Liver

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



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

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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.

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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.

Male

The colon exhibited intact and overall sonographically normal wall layering. The proximal to mid descending colon was primarily empty with mild subjective semi formed fecal matter.

AGE

Sonographic examination in the area of the perianal swelling revealed potential for mildly hyperechoic omentum, exhibiting nonspecific cystic component containing anechoic fluid. Potentially, although not definitive, visualization of the distal descending colon and colorectum within the area of the perianal swelling exhibited potential for mild colonic distention, containing strongly shadowing fecal matter.

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Pancreas

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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.

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Free Abdomen

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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 lymph node measured 2.5 cm x 0.65 cm.

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No evidence of omental masses, omental lymphadenopathy or evidence of peritoneal free fluid.

Amy Mayhew, LVT

Other

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Both testicles were overall normal in size. The left testicle measured 3.6 cm in diameter. The right testicle measured 3.7 cm in diameter. Solitary nonspecific well-demarcated uniform hypoechoic right testicle nodule was present, measuring 2.1 cm in diameter.

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ULTRASONOGRAPHIC FINDINGS

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- Perianal swelling containing suspected cystic appearing omentum and potentially segmental distal colon to colorectum- suspect perianal hernia.

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- Nonspecific right testicle nodule

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- Prostatomegaly, exhibiting non-homogenous to focally mineralized parenchyma- chronic benign prostatic hyperplasia, prostatitis, potential for emerging prostatic neoplasia given the evidence of mineralization are all potentials.

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- Subjective normal position of the urinary bladder, containing mild to moderate sediment
- Mild chronic renal changes

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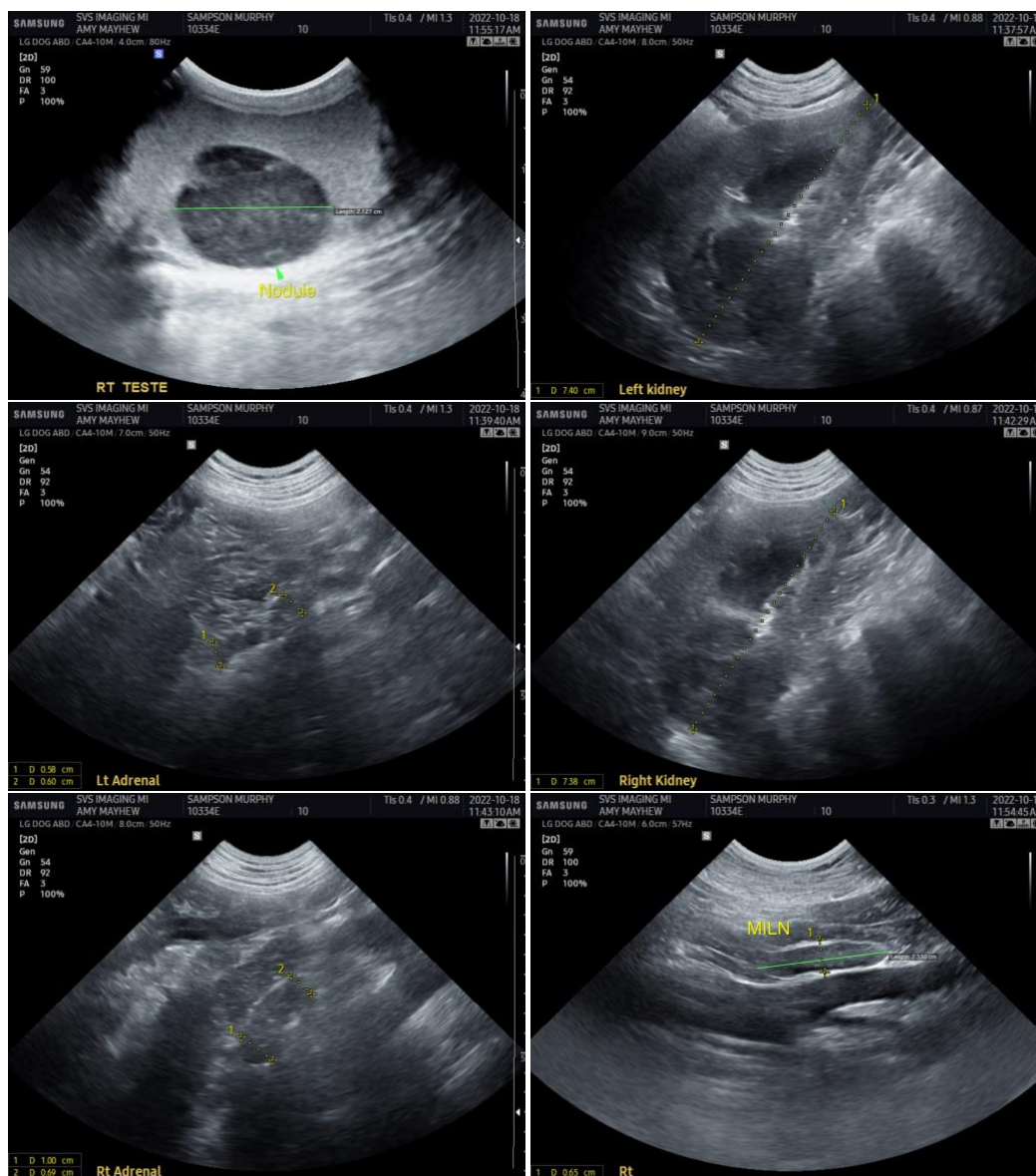
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for nonspecific cystic appearing benign versus neoplastic perianal mass cannot be definitively excluded yet given the sonographic appearance of the perianal swelling in conjunction with intact male status, perianal hernia is suspected. Prostatic sampling is required for further assessment, i.e., ultrasound guided prostatic FNA or prostatic wash for cytology +/- culture and sensitivity if clinically indicated. No obvious evidence of regional metastasis if prostatic neoplastic process is confirmed. Surgical +/- oncology consult may be considered.





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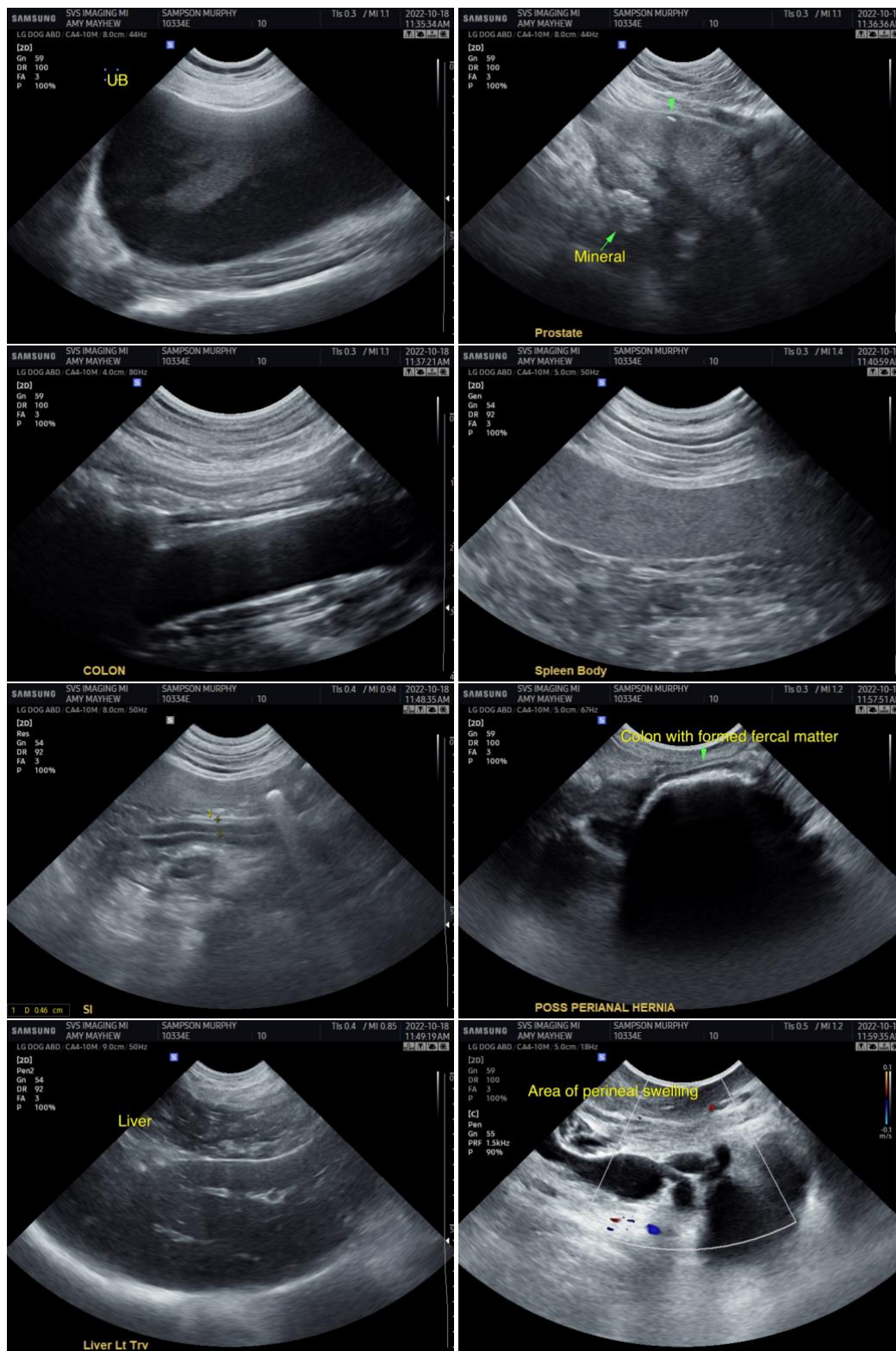
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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