



PATIENT	PRESENTING CLINICAL SIGNS
Toby Chimansky	Toby has had a cystotomy in 2019, Presented 10/28/21 with hematuria and trouble urinating.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The bladder was mildly subnormal in size owing to a lack of urine distention. Complete sonographic assessment of the urinary bladder was limited owing to urinary bladder distention, yet generalized mild thickened urinary bladder walls, not consistent with neoplastic criteria, were noted. The urinary bladder wall measured 0.97 cm width. Minimal anechoic urine was present in the bladder.
Pitbull	
SEX	
Male	The prostate exhibited generalized enlargement with nonhomogeneous yet nonmineralized parenchyma. The prostatic capsule exhibited asymmetrical contour with some difficulty discerning the prostatic capsule from surrounding tissue owing to regional inflammation and probable minor periprostatic free fluid. Multifocal, variably sized, thinly walled, intraprostatic cysts were present. In addition, a large, expansive cystic structure appearing to extend cranially into the area of the lateral to the dorsal urinary bladder was present, measuring approximately 8.8 cm x 7.0 cm. This large cystic structure contained anechoic fluid with a nondependent cellular component. The prostate itself measured approximately 10.0 cm in diameter. An example of an intraprostatic cyst measured 3.4 cm x 2.5 cm.
AGE	
9 years	
WEIGHT	
71.8 lbs.	
INTERPRETED BY	The area of the aortic trifurcation was free of pathology and without overt evidence of medial iliac or sublumbar lymphadenopathy.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	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 8.0 cm in length. The right kidney measured 8.6 cm in length.
Kim Liedberg	
HOSPITAL NAME	Adrenal Glands
SVS Imaging WI	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.61 cm width at the caudal pole and 0.80 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.62 cm width at the caudal pole and 1.1 cm width at the cranial pole.
REFERRING VET	Spleen
Dr. Shapiro	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.
INVOICE	
12493	
DATE	
10/30/21	



PATIENT

Liver/ Gallbladder

Toby Chimansky

The liver presented normal size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

SPECIES

Canine

BREED

Pitbull

SEX

Male

AGE

9 years

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering. Mild retained, primarily anechoic fluid was present. The gastric body wall width measured 0.56 cm.

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.

WEIGHT

71.8 lbs.

Pancreas

The left pancreatic limb immediately caudal to the gastric body exhibited mild prominent size with mild asymmetrical contour and hypoechoic to heterogeneous parenchyma compared to the adjacent omentum.

INTERPRETED BY

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

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

IMAGING PERFORMED BY

Kim Liedberg

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Prostatitis with variably sized multifocal intraprostatic cyst along with large probable paraprostatic cyst in the area of the urinary bladder
- Cystitis
- Mild age-related kidneys

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Shapiro

Secondary Findings

- Mildly prominent to hypoechoic left pancreas
- Subjective hypoechoic liver
- Possible gastritis and gastric stasis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for prostatic abscess cannot be excluded. Ultrasound-guided percutaneous drainage of the large paraprostatic cyst, as well as prostatic FNA for fluid analysis, prostatic cytology, +/- C/S, if clinically indicated, is recommended. Neuter, appropriate antibiotic therapy with continued sonographic



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monitoring of prostatic involution would be idea. Potentially, as-needed percutaneous drainage with the paraprostatic cyst in addition to antibiotic therapy may be indicated.

SPECIES

Canine

The pancreas and liver were nonspecific with potential low-grade pancreatitis and reactive hepatopathy possible. Correlation with a full CBC/Chemistry Panel and Spec cPL may be considered.

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HOSPITAL NAME

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REFERRING VET

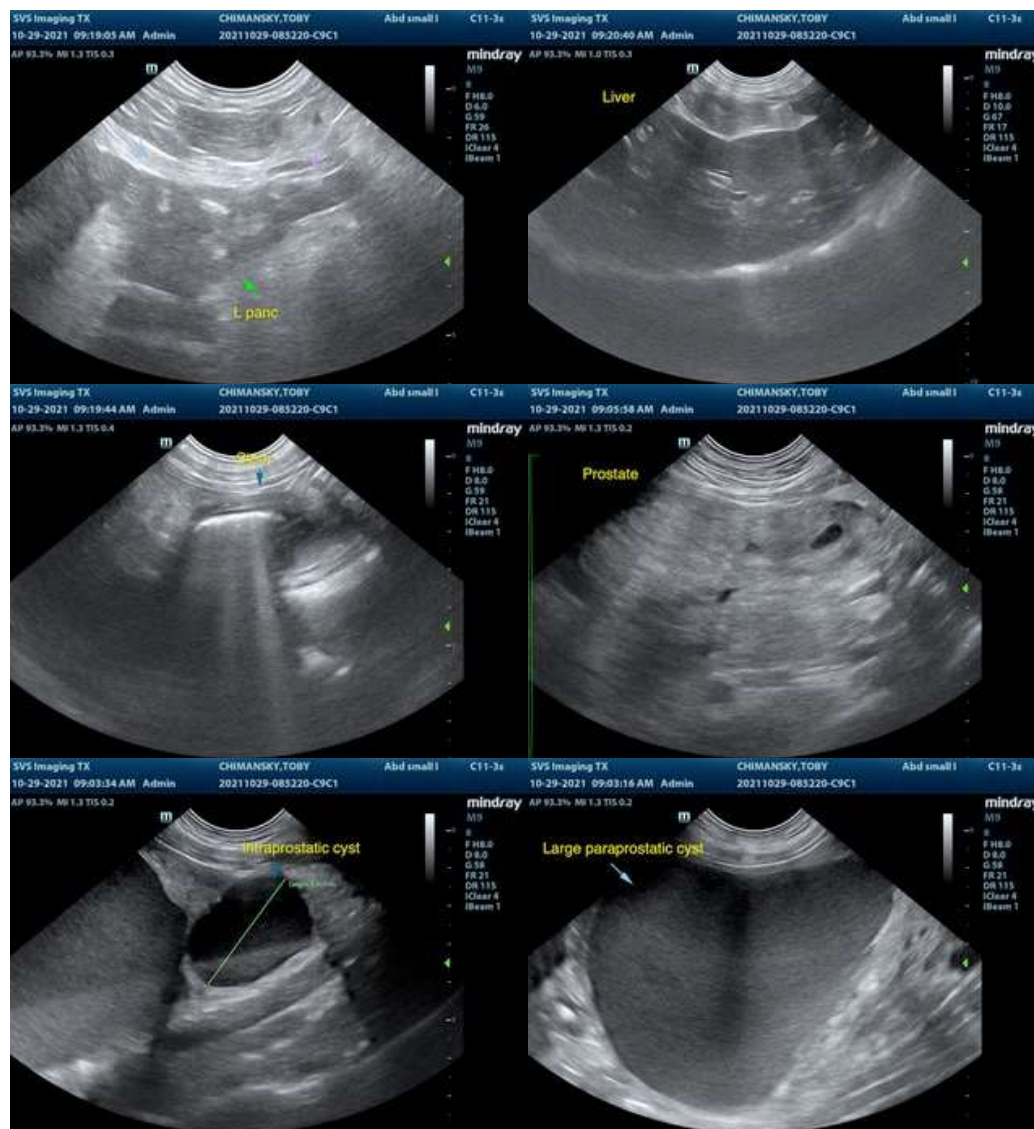
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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