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| PATIENT | PRESENTING CLINICAL SIGNS |
| Finny Harris | Referral. Urination issues. |
| SPECIES | ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN |
| Canine | Urinary System |
| BREED | The urinary bladder presented uniformly mild thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Possible mild concurrent homogeneous wall thickening in the area of the urinary bladder neck was present. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. Overall normal bladder size and tone were noted. Anechoic urine was present in the lumen with mild dependent mineral and nondependent particulate sediment, which may indicate concurrent cellular debris / protein, crystalline debris, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. The apical urinary bladder wall width measured 0.63 cm. No overt evidence of urinary bladder masses was noted. |
| Viszla | |
| SEX | |
| MN | |
| AGE | The residual prostate was enlarged in size with areas of prostatic capsule asymmetry, yet the prostatic capsule was able to be differentiated from surrounding tissue without overt evidence of periprostatic inflammation. Nonhomogeneous parenchyma exhibiting multifocal areas of parenchymal mineralization and moderately sized intraparenchymal cysts measuring 2.0 cm in diameter were present. The overall residual prostate measured approximately 3.0 cm x 3.0 cm. |
| 10 | |
| WEIGHT | No evidence of medial Iliac or sublumbar lymphadenopathy/masses. |
| 60 | |
| INTERPRETED 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 dilatation was present. The left kidney measured 6.9 cm in length. The right kidney measured 6.5 cm in length. |
| R. McKenzie Daniel, DVM, DABVP (Canine and Feline) | |
| IMAGING PERFORMED BY | Adrenal Glands |
| Dr. Hunt | The left adrenal gland was indistinctly visualized, yet overtly normal in size, position, and shape measuring 0.59 cm width at the caudal pole. The right adrenal gland was not definitively visualized. |
| HOSPITAL NAME | Spleen |
| Bayshore VH | 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. |
| REFERRING VET | Liver/ Gallbladder |
| Dr. Hunt | The liver exhibited subjective mild enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild, nondependent, echogenic gallbladder debris. The |
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| PATIENT | gallbladder and peripheral gallbladder were otherwise normal. The cystic and common bile ducts were normal. |
| Finny Harris | |
| SPECIES | <i>Gastrointestinal</i> |
| Canine | The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild ingesta exhibiting progressive distal acoustic shadowing. |
| BREED | 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. |
| Viszla | Normal visible colon wall layers were present with apparent formed feces in lumen. |
| SEX | <i>Pancreas</i> |
| MN | 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. |
| AGE | <i>Free Abdomen</i> |
| 10 | No overt lymphadenopathy or peritoneal effusion was present. |
| WEIGHT | ULTRASONOGRAPHIC FINDINGS |
| 60 | <ul style="list-style-type: none"> • Residual prostatomegaly exhibiting nonhomogeneous mineralized cystic parenchyma • Urinary bladder cystitis pattern with mild dependent mineral and nondependent particulate sediment • Mild chronic renal changes • Subjective vacuolar hepatopathy pattern with mild gallbladder debris (non-mucocele) |
| INTERPRETED BY | <u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u> |
| R. McKenzie Daniel, DVM, DABVP (Canine and Feline) | Although prostatic sampling either via ultrasound-guided FNA or prostatic wash for cytology is required for further assessment, the residual prostatic presentation is sonographically suggestive of neoplastic criteria, i.e., prostatic or urothelial carcinoma, given the presence of parenchymal mineralization. Potential early extension into the urinary bladder neck cannot be definitively excluded. Screening BRAF Assay could be considered. No overt evidence of regional lymphatic metastasis, if prostatic neoplastic process is confirmed. Urine culture and sensitivity ideally on a sterile urine sample is warranted to rule out underlying UTI. |
| IMAGING PERFORMED BY | |
| Dr. Hunt | |
| HOSPITAL NAME | |
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REFERRING VET

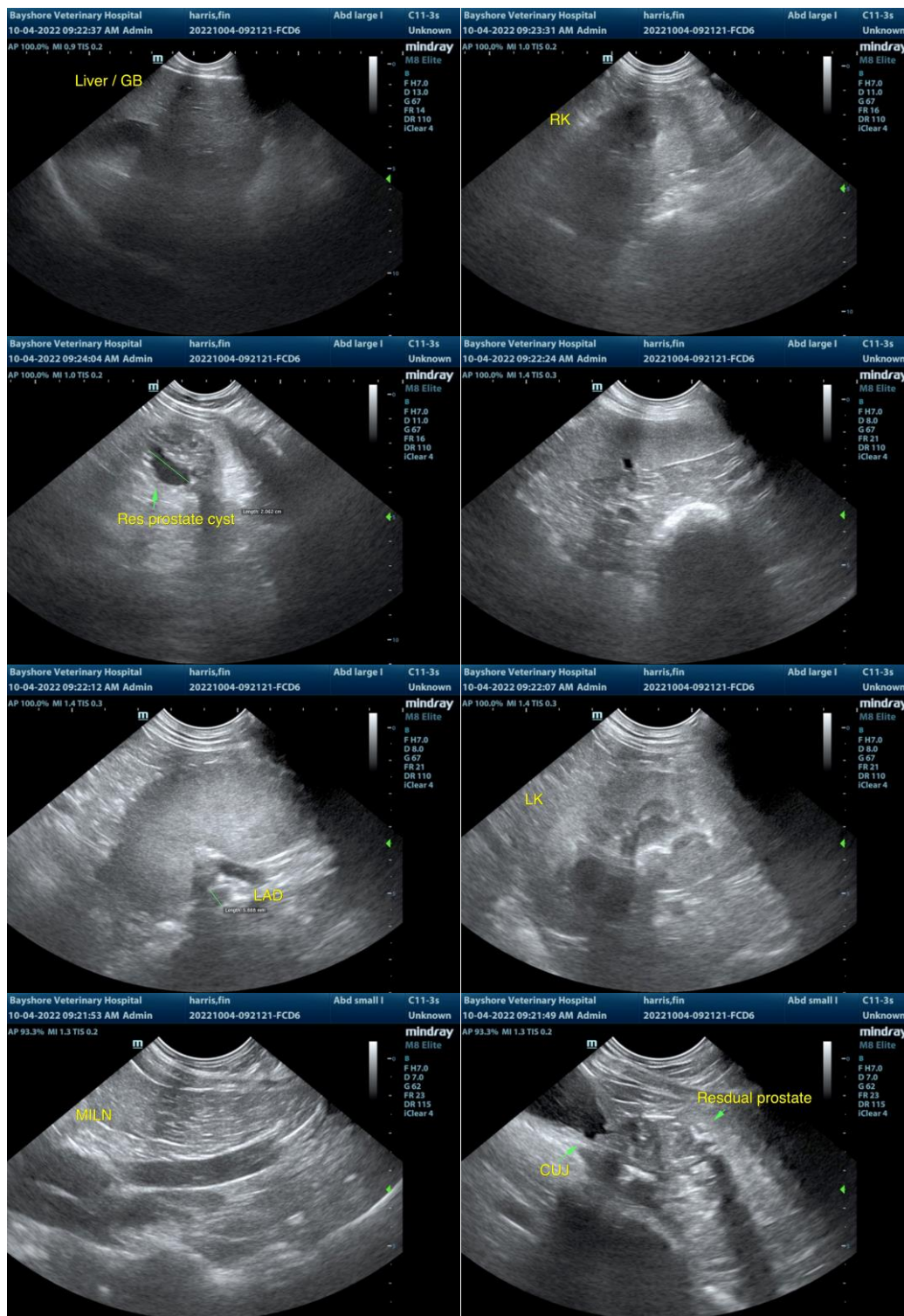
Dr. Hunt

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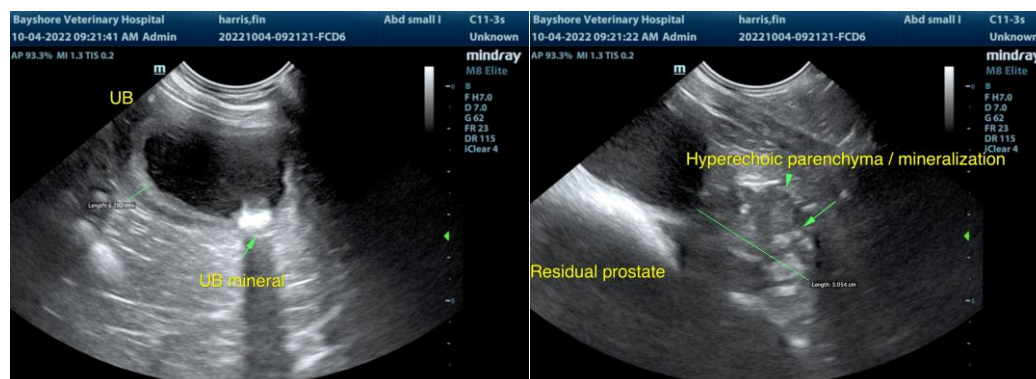
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com