



**PATIENT**

Robby Martinez

**SPECIES**

Canine

**BREED**

Poodle

**SEX**

MN

**AGE**

10 years

**WEIGHT**

4.2 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Wendy Turner

**HOSPITAL NAME**

Pennsauken Animal  
Hospital and Urgent Care

**REFERRING VET**

Dr. Michael Roppolo

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**DATE**

11/15/22

**PRESENTING CLINICAL SIGNS**

Elevated LE's but otherwise asymptomatic

Abnormal PE/Chem/CBC/UA Results: Unremarkable exam. CBC NSF. ALT average 175 U/L, AST slightly elevated avg 60 U/L. Remainder of BW WNL, T4 WNL. USG 1.052, bilirubin 1+, protein 1+, inactive sediment.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 2.6 cm in diameter.

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including 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 was present. Pinpoint medullary mineral was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.8 cm in length

**Adrenal Glands**

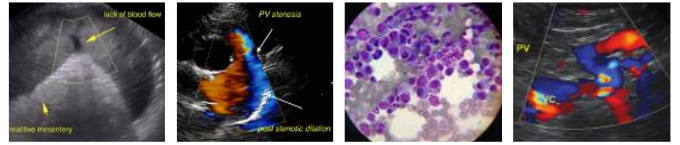
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole and 1.6 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.59 cm width at the caudal pole and 1.6 cm length.

**Spleen**

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.

**Liver/ Gallbladder**

The liver presented mildly enlarged in size. Mild medial lobar swelling was present. 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. Subtle increased indistinct portal vascular borders were present. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild non-



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dependent hyperechoic debris. The gallbladder exhibited non-thickened to mildly hyperechoic walls. The cystic and common bile ducts were normal.

**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.

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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 with non-homogeneous hyperechoic parenchyma.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Prostatomegaly exhibiting non-homogenous to echogenic parenchyma
- Mild chronic renal changes with pinpoint medullary mineral
- Mild hepatopathy with mild medial lobar swelling-subjectively benign
- Mild to moderate gallbladder debris (non-mucocele)-potential for chronic low-grade cholecystitis
- Pancreatic remodeling

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The prostatic presentation is of unclear clinical significance given reported neuter status. Rectal palpation to assess for evidence of prostatic discomfort or asymmetry is recommended. Potential for unknown benign prostatic hyperplasia, prostatitis possible. Emerging neoplastic criteria cannot be definitively excluded. Prostatic sampling via prostatic wash or ultrasound guided FNA for cytology +/- C/S is recommended.

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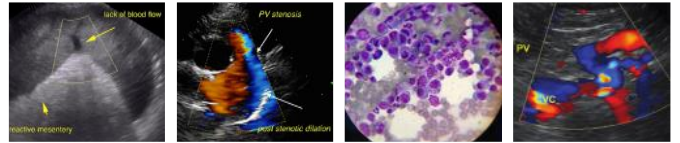
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Given the mild AST elevation, low grade inflammatory hepatopathy is suspected. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted for further assessment, primarily to assess for inflammatory cells. Hepatosupportive medications such as Denamarin or Vitamin E as well as Ursodiol due to its antioxidant and immunomodulatory effects within the liver would be warranted, although these medications may not result in decreased hepatic enzyme levels.



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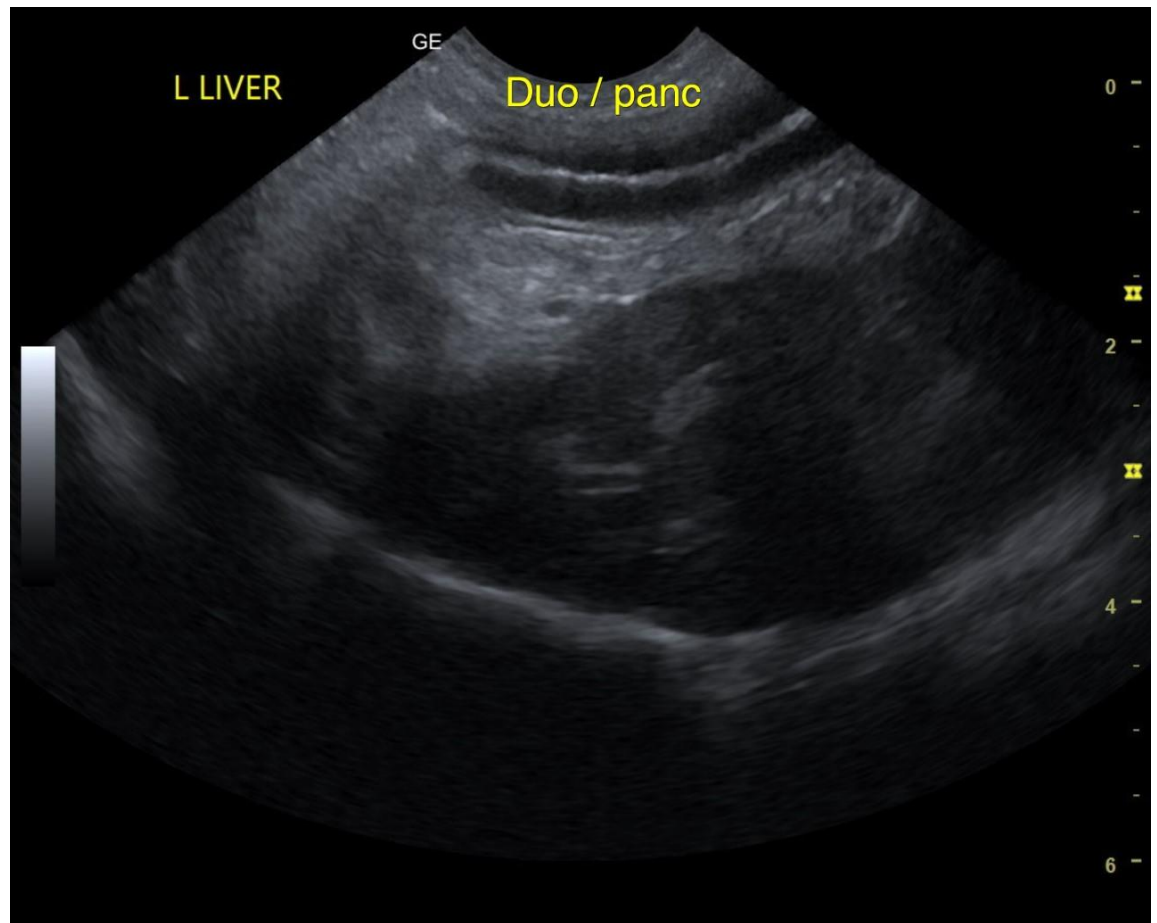
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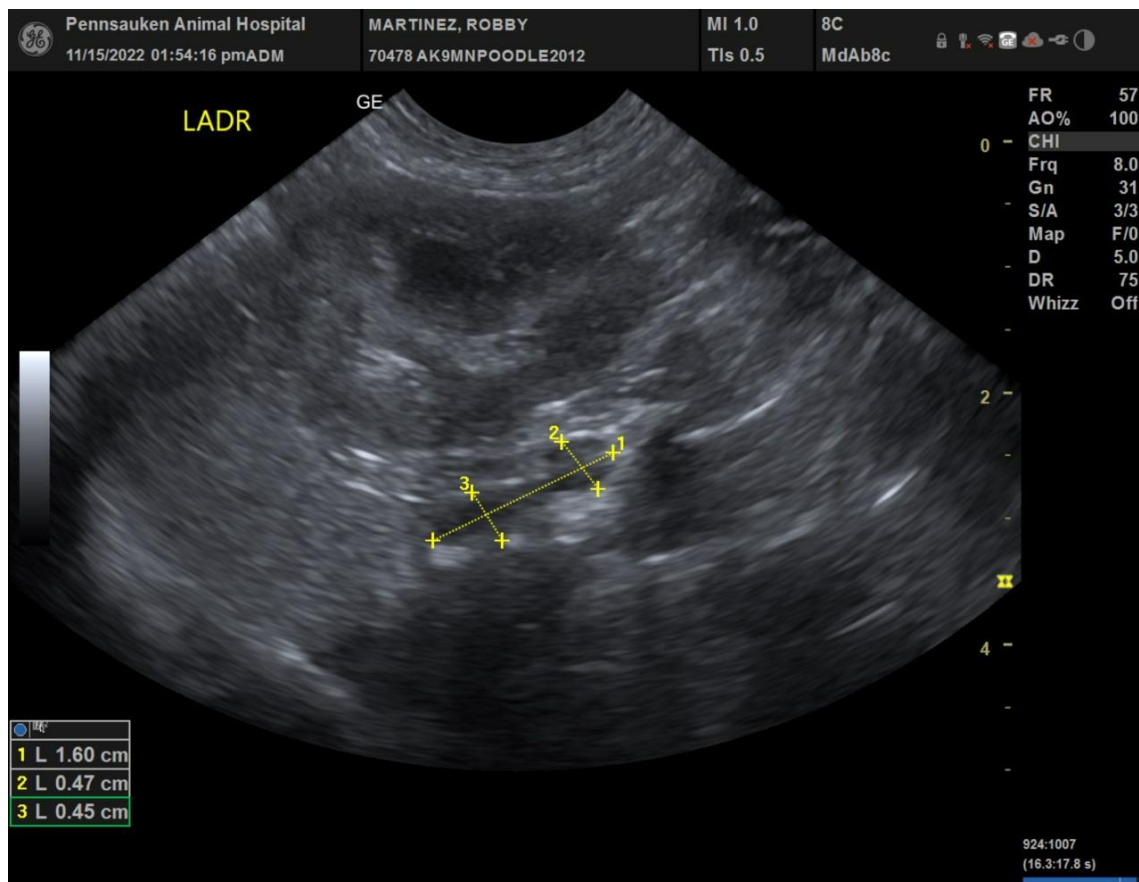
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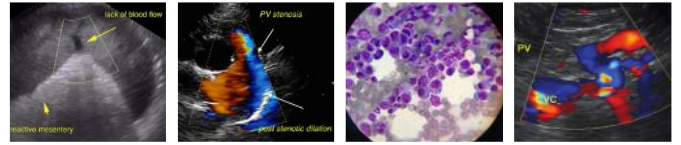
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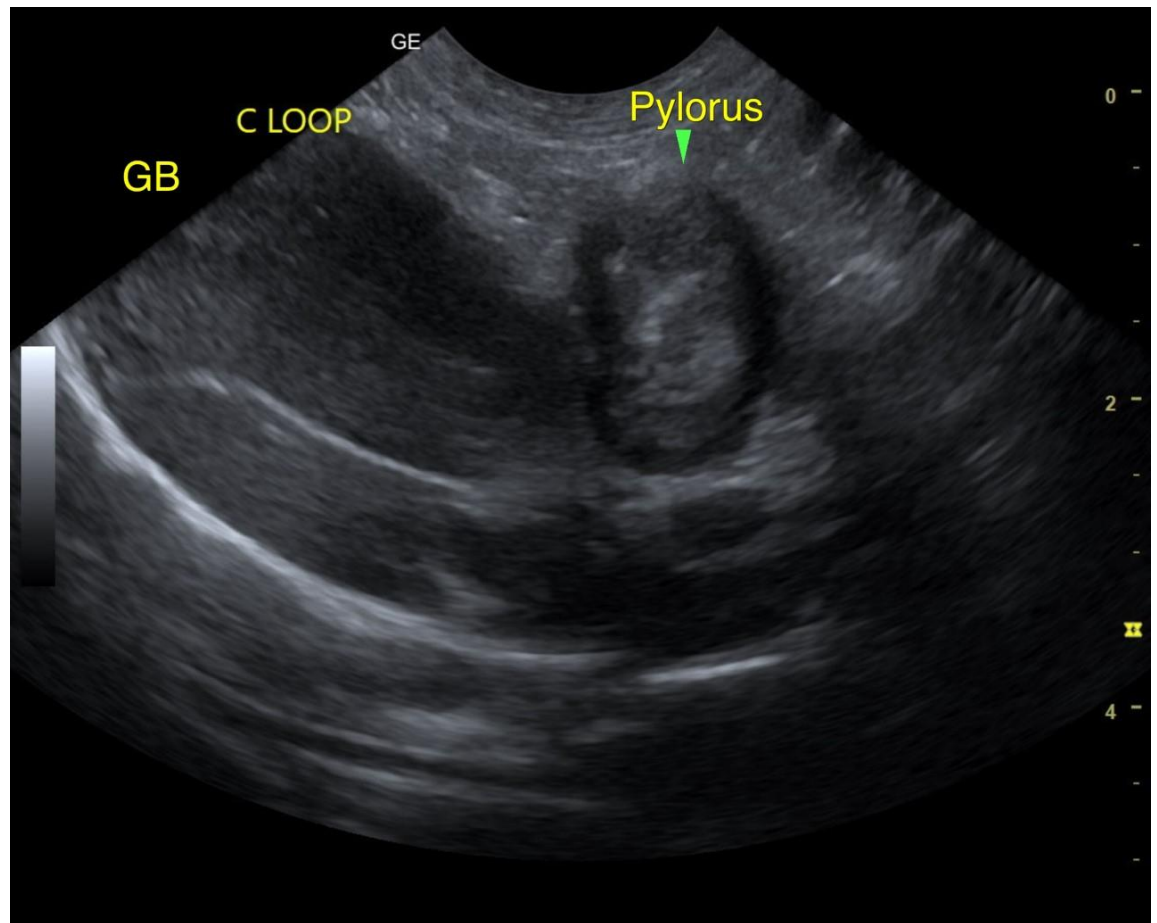
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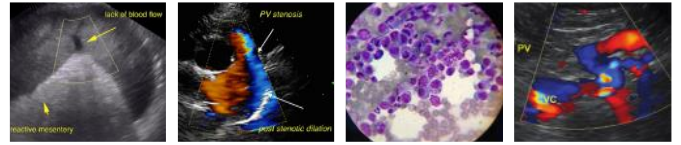
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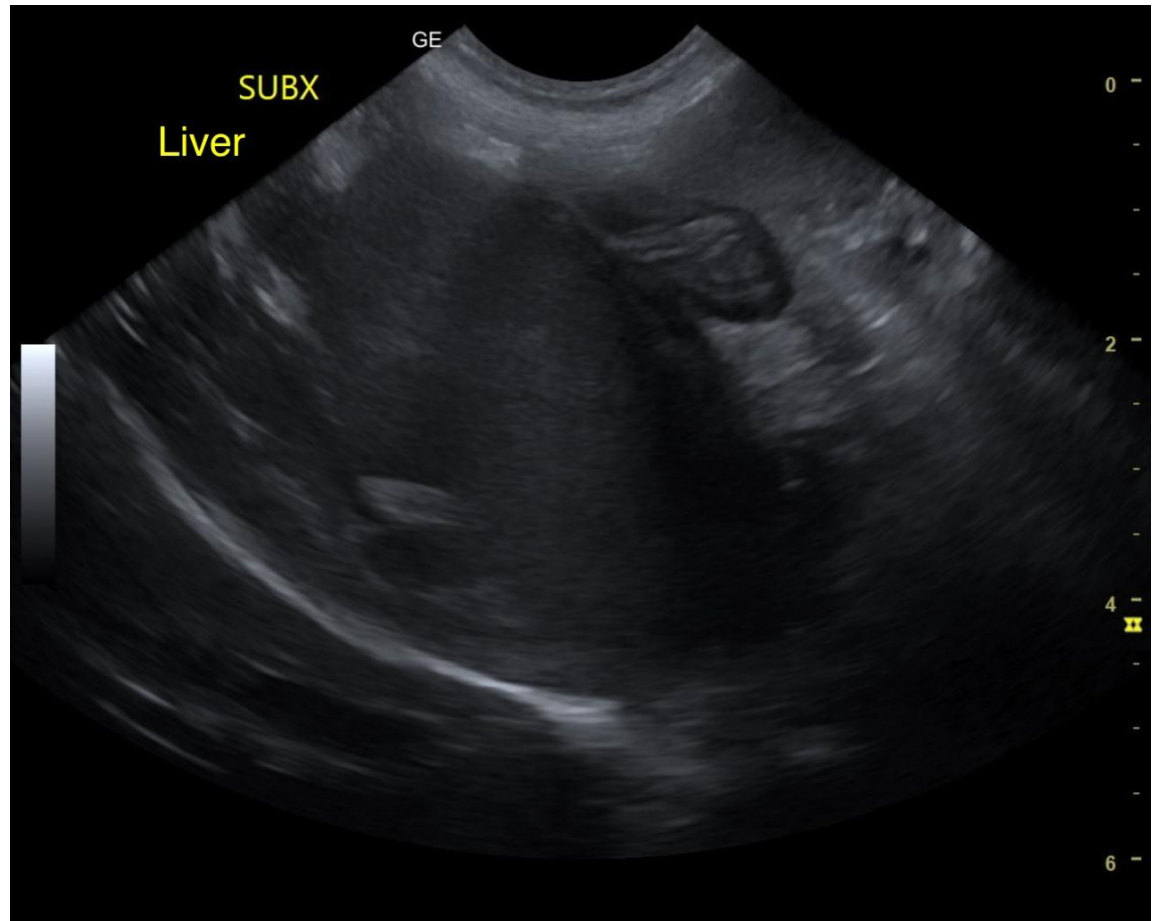
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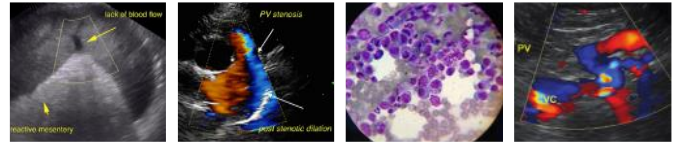
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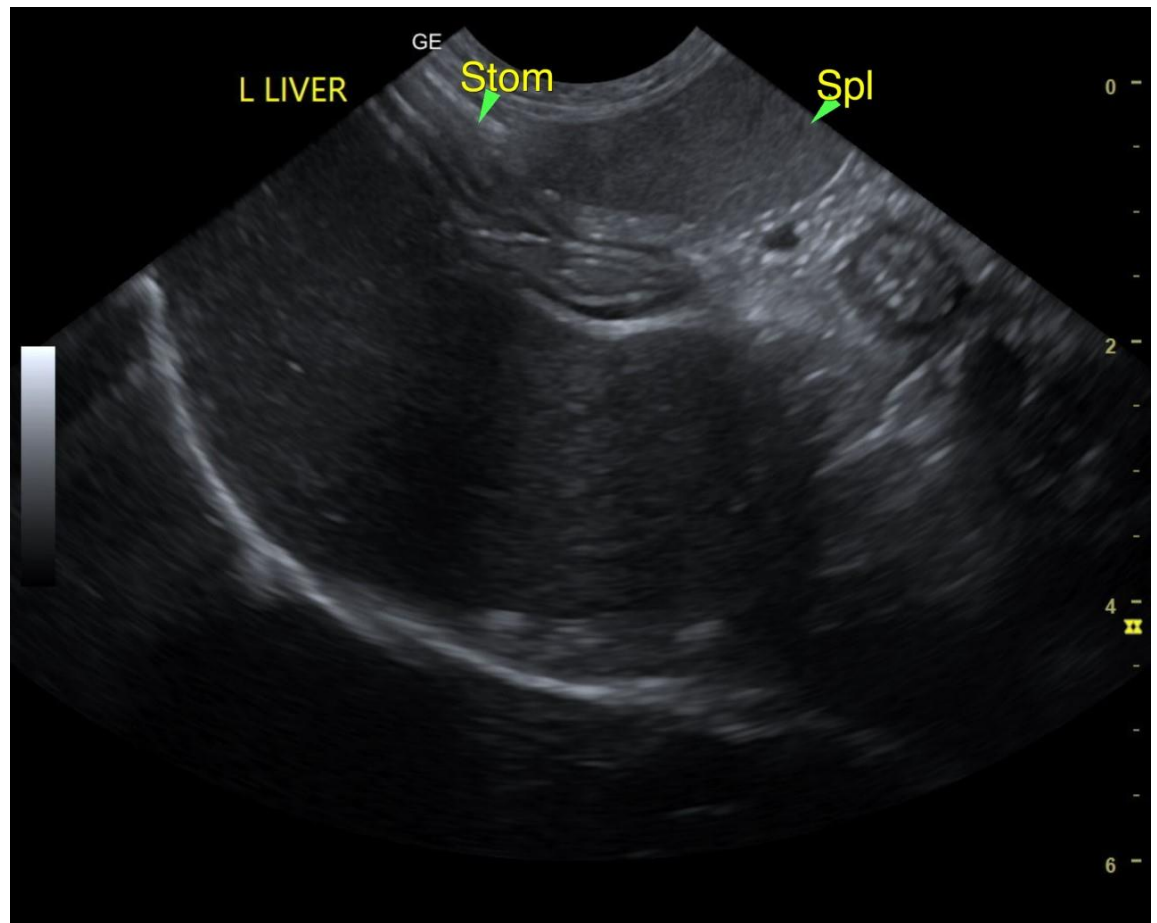
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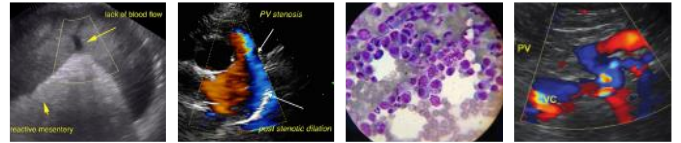
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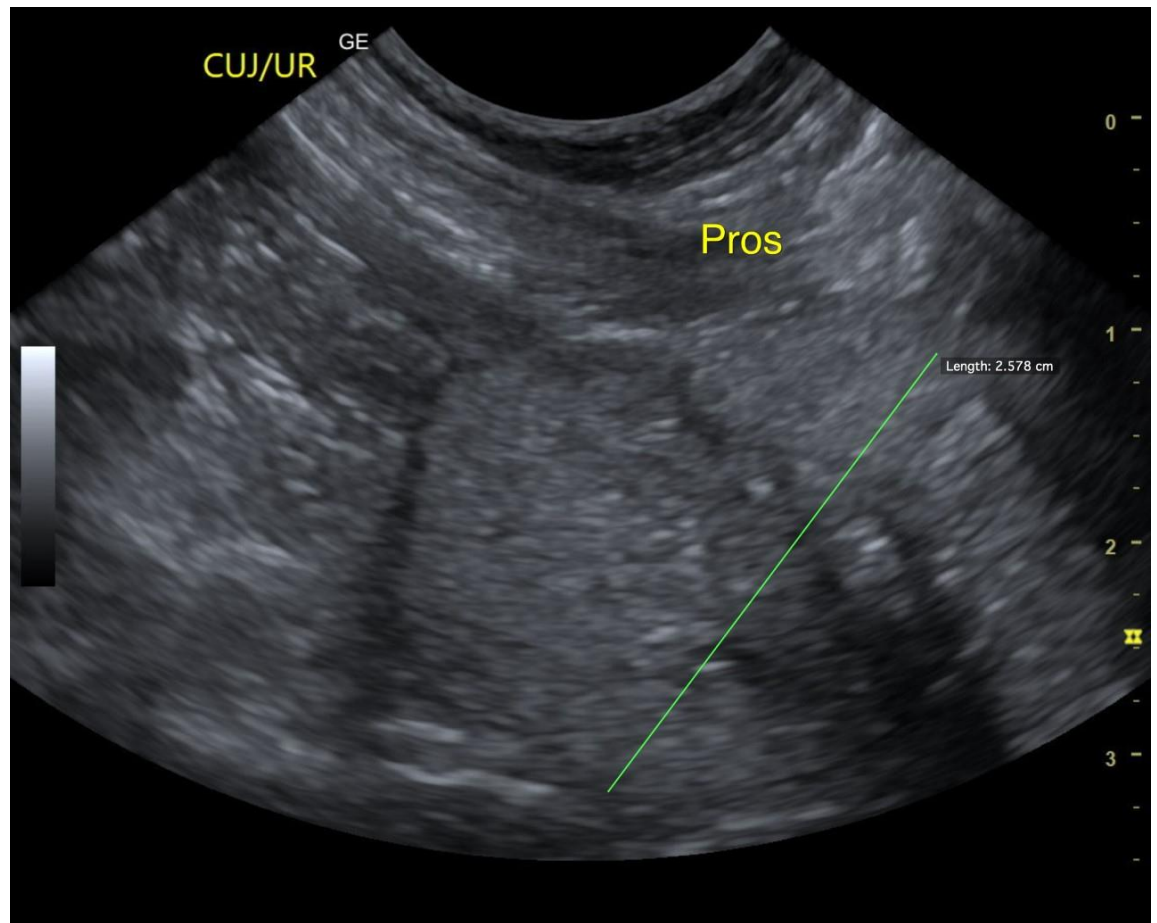
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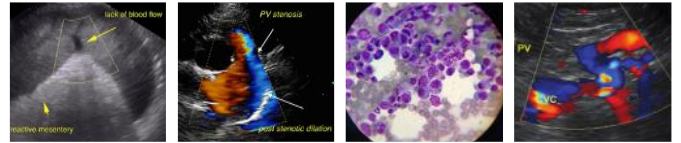
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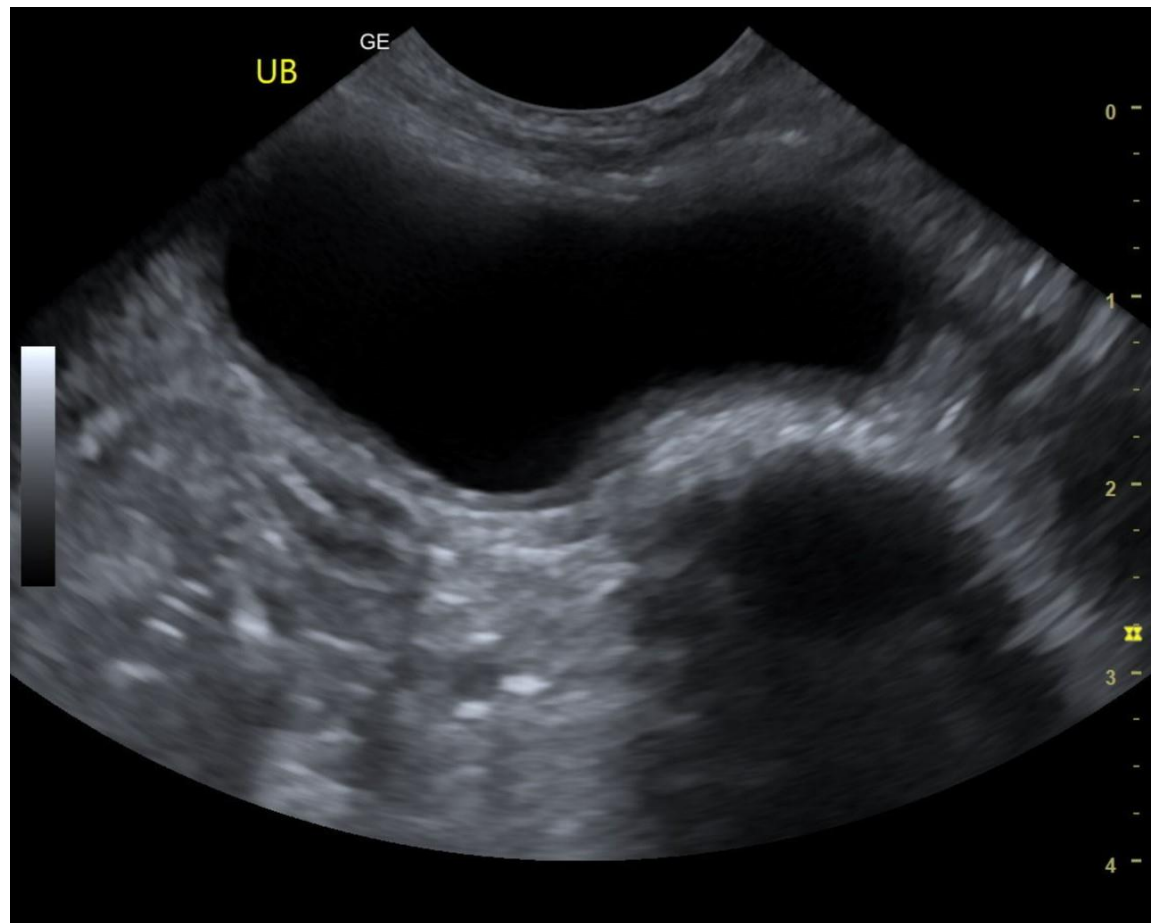
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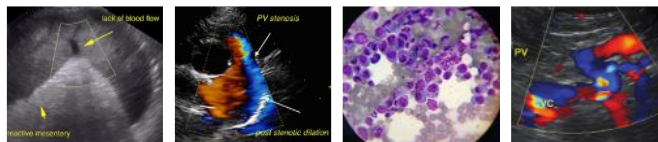
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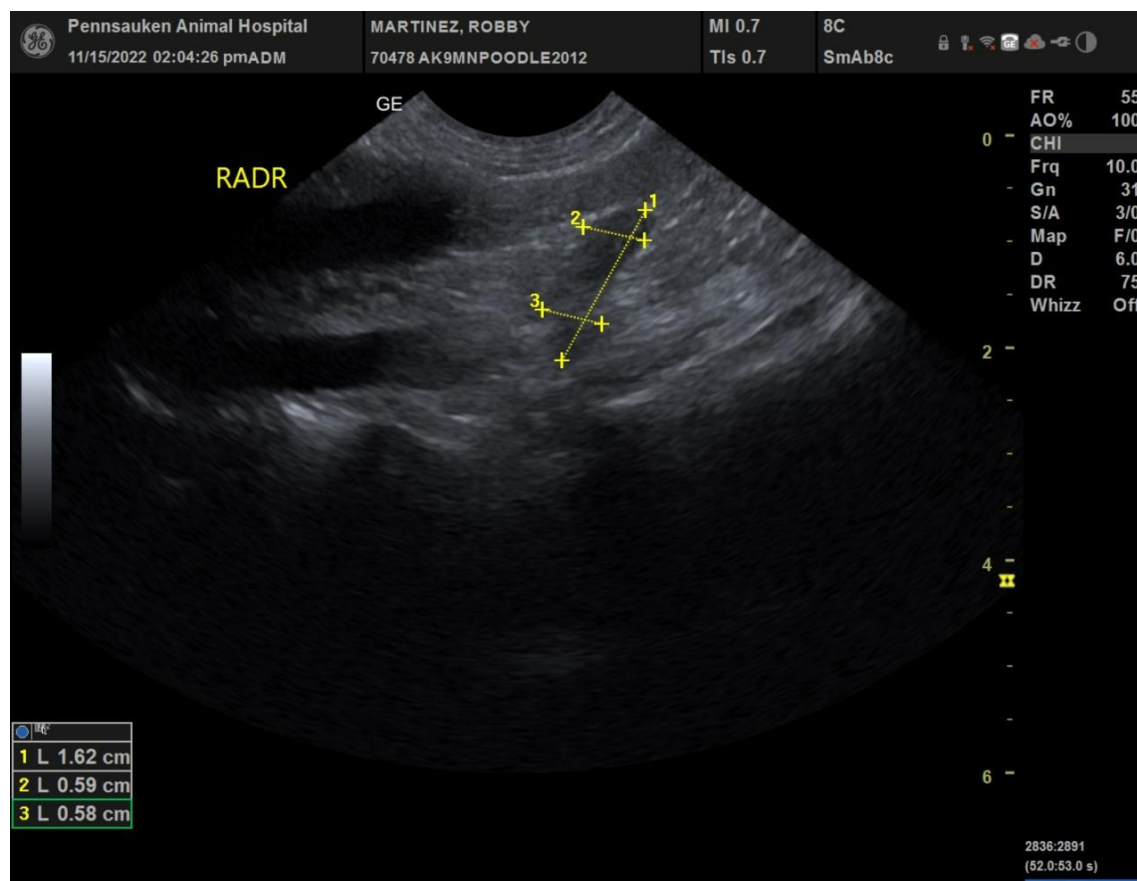
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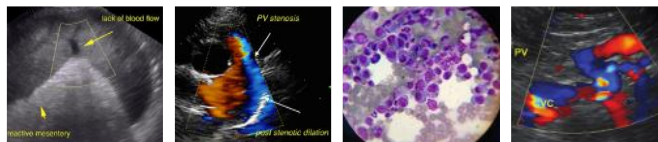
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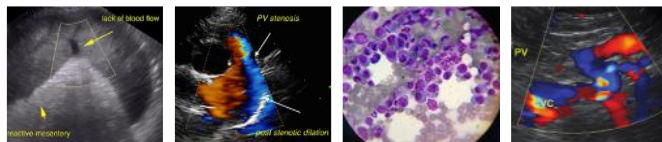
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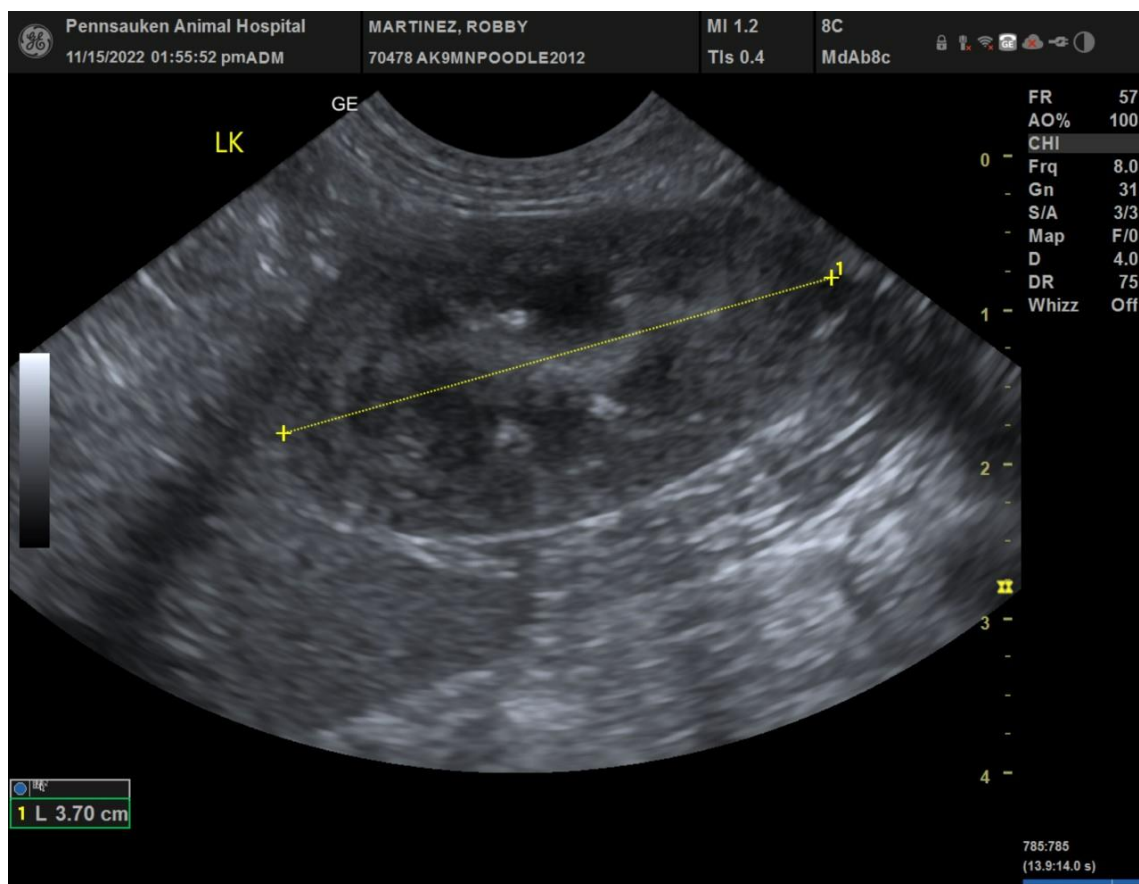
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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