



PATIENT

Diesel Cerna

SPECIES

Canine

BREED

Pitbull

SEX

M

AGE

12y 6m

WEIGHT

65.2 lbs.

PRESENTING CLINICAL SIGNS

12yr 5month (intact male) is presented today b/c this is day 3 of O noticing reddish drops coming from pets penis but P is not straining to urinate. All of pets behaviors are normal & P is not painful. Skin is also getting better.

Abnormal PE/Chem/CBC/UA Results: Mentation: QAR, sweet, calm, laying on floor CV: Normal heart rate and rhythm, no murmur, pulses strong and synchronous Resp: clear lungs bilaterally, normal bronchovesicular sounds. No cough/sneeze. Abd/GI: soft, non painful abdomen, palpation wnl. No obvious masses or organomegaly. EENT: Clear OU, clean AU, no erythema, swelling, odor present. No nasal discharge. Oral cavity: moderate dental tartar, +gingival hyperplasia. Musculoskeletal: Ambulatory x 4, pelvic weakness. Adequate, symmetrical musculature. Hindlimb weakness, splaying out. Stifles and hip ROM wnl. Skin: interdigital moist dermatitis x 4, dry paw pads x4. Scabbed abrasion ventral to OS. Pruritic paws. No ectoparasites noted. Lymph Nodes: small, symmetrical, wnl Uro/Perineum: ~5x3 cm lobulated mass, dorsal perineum at 12 o'clock - historical, but grew in size recently per O. Rectal: nsf, no rectal masses, unable to reach prostate, feels wnl. Neurological: Brief, wnl. Alert and appropriate. Hydration: N 1) CBC: RBC 5.21 (5.39-8.70), HCT 35.6 (38.3-56.5), HGB 12.1 (13.4-20.7) --> suspect blood loss vs. other 2) CHEM: Na/K ratio 27 (28-37), TP 7.6 (5.5-7.5), ALB 2.3- (2.7-3.9), GLOB 5.3 (2.4-4.0), ALB/GLOB ratio 0.4 (0.7-1.5), AMYL 1654 (337-1469) 3) UA (void): SG 1.016, PROT 2+, BLD 3+, WBC 2-5/hpf, RBC's > 100/hpf, rare rods <9/hpf 4) TT4: WNL 5) 4dx: negative

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC VH

REFERRING VET

Dr. Rivera

INVOICE

15339

DATE

11/2/22

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 was moderate to markedly enlarged in size with intact, primarily symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was heterogeneous with a mixed pattern of varying echogenicity without evidence of parenchymal mineralization. Intermittent intraparenchymal cysts containing subjective anechoic fluid were present. The prostate measured approximately 10.0 cm in diameter.

A solitary visualized medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 3.0 cm x 1.3 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 overt pyelectasia was present. The left kidney measured 7.2 cm in length. The right kidney measured 8.3 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.



PATIENT	<i>Spleen</i>
Diesel Cerna	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.
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Pitbull	<i>Liver/ Gallbladder</i>
SEX	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.
M	
AGE	
12y 6m	<i>Gastrointestinal</i>
WEIGHT	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate ingesta exhibiting subtle progressive distal acoustic shadowing.
65.2 lbs.	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental nonshadowing ingesta / chyme.
INTERPRETED BY	Normal visible colon wall layers were present with apparent formed feces in lumen.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Pancreas</i>
IMAGING PERFORMED BY	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.
Dr. Rivera	<i>Free Abdomen</i>
HOSPITAL NAME	No overt lymphadenopathy or peritoneal effusion was present.
DPC VH	ULTRASONOGRAPHIC FINDINGS
REFERRING VET	<i>Primary Findings</i>
Dr. Rivera	<ul style="list-style-type: none"> • Moderate to marked prostatomegaly exhibiting nonhomogeneous to cystic parenchyma - benign prostatic hyperplasia vs. prostatitis with intermittent intraparenchymal cysts, neoplastic criteria is thought less likely yet cannot be definitively excluded
INVOICE	<ul style="list-style-type: none"> • Sonographically unremarkable urinary bladder
15339	<ul style="list-style-type: none"> • Bilateral mild chronic renal changes
DATE	<ul style="list-style-type: none"> • Focal subjective benign / reactive minor medial iliac lymphadenopathy
11/2/22	<i>Secondary Findings</i>
	<ul style="list-style-type: none"> • Gastric ingesta - probable recent meal ingestion



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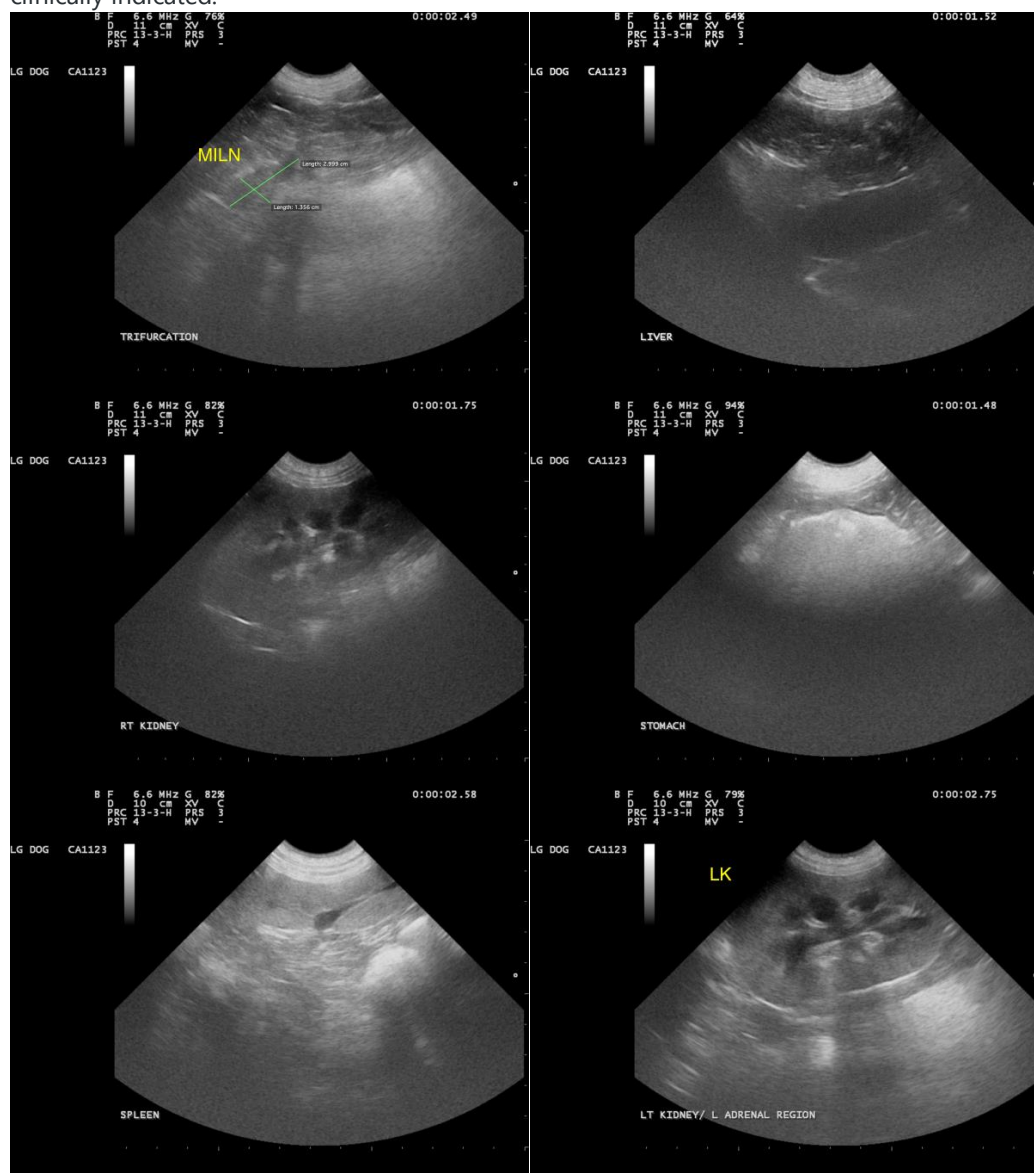
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11/2/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prostatic sampling either via ultrasound guided FNA or prostatic was for cytology +/- C/S is required for further assessment. Neutering or off-label Finasteride could be considered if persistent / progressive hematuria likely deriving from the prostate or if evidence of stranguria.

A definitive cause of the patient's CBC and Chemistry abnormalities was not overtly obvious. A resting cortisol level could be considered, given the low Na/K ratio, mild hypoalbuminemia, and anemia if clinically indicated.





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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)
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