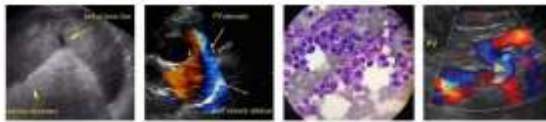




PATIENT	PRESENTING CLINICAL SIGNS
Tucker Raymond	Normal on PE except for hematuria. Prostate does not feel large on rectal, not painful. Sent with Zeniquin and did a lot better, once finished symptoms returned.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Please see attached BW and UA
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Chihuahua X	The urinary bladder presented uniformly 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. The apical urinary bladder wall thickness measured 0.60 cm width. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, and cystourethral junction exhibited normal tone. Anechoic urine was present in the lumen with no uroliths, calculi or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No overt urinary bladder masses were noted.
SEX	
MN	
AGE	
11 years	The residual prostate exhibited mild subjective prominent size yet symmetrical contour. The prostatic capsule was able to be differentiated from surrounding tissue. Subtle nonhomogeneous residual prostate parenchyma without evidence of mineralization was present. The residual prostate measured 1.1 cm in diameter. Sonographic assessment of the post prostatic urethra was limited owing to depth and regional artifact.
WEIGHT	
6 kg	The area of the aortic trifurcation was free of pathology.
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 pyelectasia was present. The left kidney measured 3.7 cm in length. The right kidney measured 4.2 cm in length.
R. McKenzie Daniel, DVM, DABVP	
IMAGING PERFORMED BY	Adrenal Glands
Kelly Reshny, RVT	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.7 cm length x 0.41 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.6 cm length x 0.40 cm width at the caudal pole.
HOSPITAL NAME	
Buck AH	
REFERRING VET	Spleen
Dr. Sommers	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.
INVOICE	
12666	
DATE	
11/25/21	



PATIENT	<i>Liver/ Gallbladder</i>
Tucker Raymond	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.
SPECIES	
Canine	The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.
BREED	<i>Gastrointestinal</i>
Chihuahua X	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.
SEX	
MN	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.
AGE	
11 years	Normal visible colon wall layers were present with apparent formed feces in lumen.
WEIGHT	<i>Pancreas</i>
6 kg	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.
INTERPRETED BY	<i>Free Abdomen</i>
R. McKenzie Daniel, DVM, DABVP	No overt lymphadenopathy or peritoneal effusion was present.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Kelly Reshny, RVT	<i>Primary Findings</i>
HOSPITAL NAME	<ul style="list-style-type: none"> • Mild cystitis pattern • Subjective mild prominent residual prostate - probable patient variant, no evidence of inflammatory or neoplastic prostatic criteria • Mild age-related kidneys, no overt pyelonephritis
Buck AH	<i>Secondary Findings</i>
REFERRING VET	<ul style="list-style-type: none"> • Mild gallbladder debris - incidental
Dr. Sommers	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
INVOICE	No overt evidence of significant upper or lower urinary tract or prostatic pathology as an obvious cause of the mild hematuria was present. The mild hematuria may be potentially arising from mild cystitis. The possibility of very early to arising neoplastic criteria associated with the apical urinary bladder cannot be definitively excluded, yet thought unlikely. A screening BRAF Assay may be considered. If off of antibiotics for >7 days, recheck urine C/S on a sterile urine sample may be considered. Sonographic monitoring of both the urinary bladder and residual prostate may be considered if persistent or worsening hematuria is noted.
12666	
DATE	
11/25/21	



PATIENT

Tucker Raymond

SPECIES

Canine

BREED

Chihuahua X

SEX

MN

AGE

11 years

WEIGHT

6 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

Buck AH

REFERRING VET

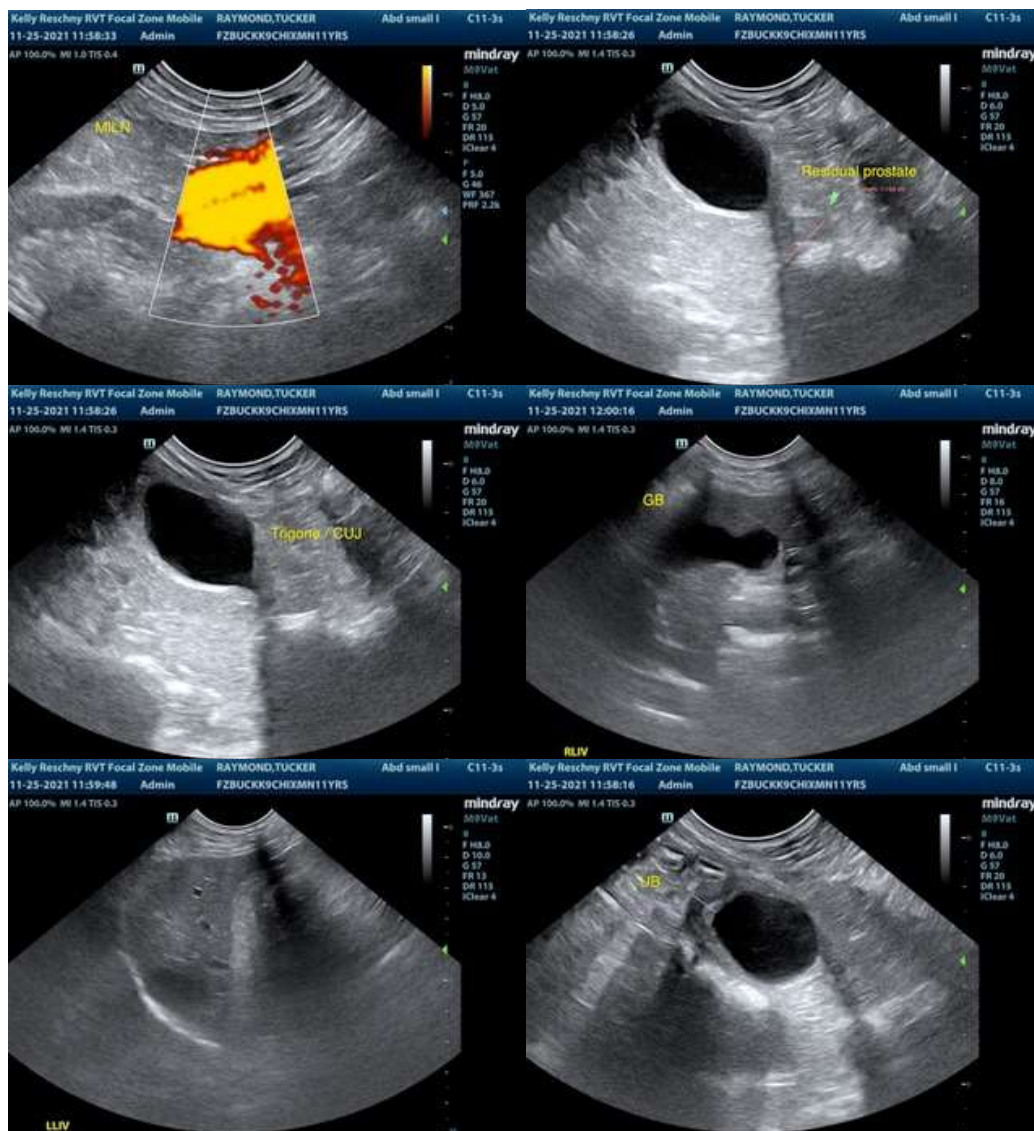
Dr. Sommers

INVOICE

12666

DATE

11/25/21





PATIENT

Tucker Raymond

SPECIES

Canine

BREED

Chihuahua X

SEX

MN

AGE

11 years

WEIGHT

6 kg



INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Buck AH

REFERRING VET

Dr. Sommers

INVOICE

12666

DATE

11/25/21

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