



PATIENT PRESENTING CLINICAL SIGNS

Sam Detina o says licking bum area last few days swollen and licking last few days till now swollen not scooting just licking last few days no paw licking no recent diet changes picky eater not on any meds currently BAR HR 120 MM pink CRT < 2sec tarter on teeth stage 2 bcs 4.5/9 moderate muscle loss nothing felt abdoemn both anal glannnds enlarged. drain.ed Left diluted bloody tinge R same but end very bloody prostate has bi feeling maybe slightly enlarged on R. Started on clavaseptin 375mg BID

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC normal, Chemistry M1 elevation ALT, T4 normal

BREED

Puddlepointer

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

MI

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 were noted.

AGE

11yr

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.6 cm in length. The right kidney measured 6.6 cm in length.

WEIGHT

25.2kg

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.

INTERPRETED BY

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

The prostate was moderately 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 7 cm x 5.5 cm. Small, anechoic, thinly walled parenchyma cysts were present. Subtle evidence of peripancreatic hyperechoic tissue was present. The left and right testicles were sonographically normal.

IMAGING PERFORMED BY

Crystal Hill

Adrenal Glands

HOSPITAL NAME

Hillview Vet Clinic

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 0.65 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 0.83 cm width at the caudal pole and 0.53 cm width at the cranial pole.

REFERRING VET

Dr. Stevenson

Spleen

A solitary moderately sized spherical solid mass involving the mid spleen with secondary asymmetrical capsule expansion and disruption was present and measured ~ 7.0 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. The non-affected spleen exhibited parenchyma heterogeneity with symmetrical contour. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

INVOICE

12301ag

Liver

DATE

11/28/2022

The liver presented enlarged in size. 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



PATIENT

Sam Detina

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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

SPECIES

Canine

Gastrointestinal

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.

BREED

Puddlepointer

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.

SEX

MI

Pancreas

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 was evident.

AGE

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal or perisplenic effusion was present.

WEIGHT

25.2kg

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window. Assessment of the heart was somewhat obscured by overlaying aerated lung.

ULTRASONOGRAPHIC FINDINGS

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- Prostatomegaly with diffuse cystic parenchyma-benign prostatic hyperplasia, potential for prostatitis possible
- Solid non-homogeneous splenic mass-hyperplasia, hematopoiesis, hematoma, splenitis, neoplastic criteria possible
- Mild age-related kidney changes
- Low grade hepatopathy with minor parenchymal remodeling-benign

IMAGING PERFORMED BY

Crystal Hill

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based on sonographic appearance the splenic mass may be benign although potential for emerging neoplastic criteria cannot be definitively excluded. No overt evidence of intra-abdominal or cardiac metastasis was noted. Prostatic sampling is required for further assessment. Assuming no evidence of pathology on three view chest radiographs, splenectomy with concurrent neuter could be considered. Sonographic monitoring of the splenic mass with initial recheck in 4 weeks would be a more conservative approach.

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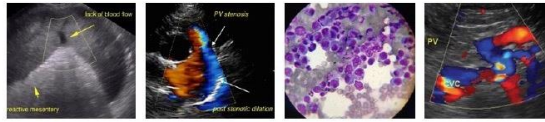
Dr. Stevenson

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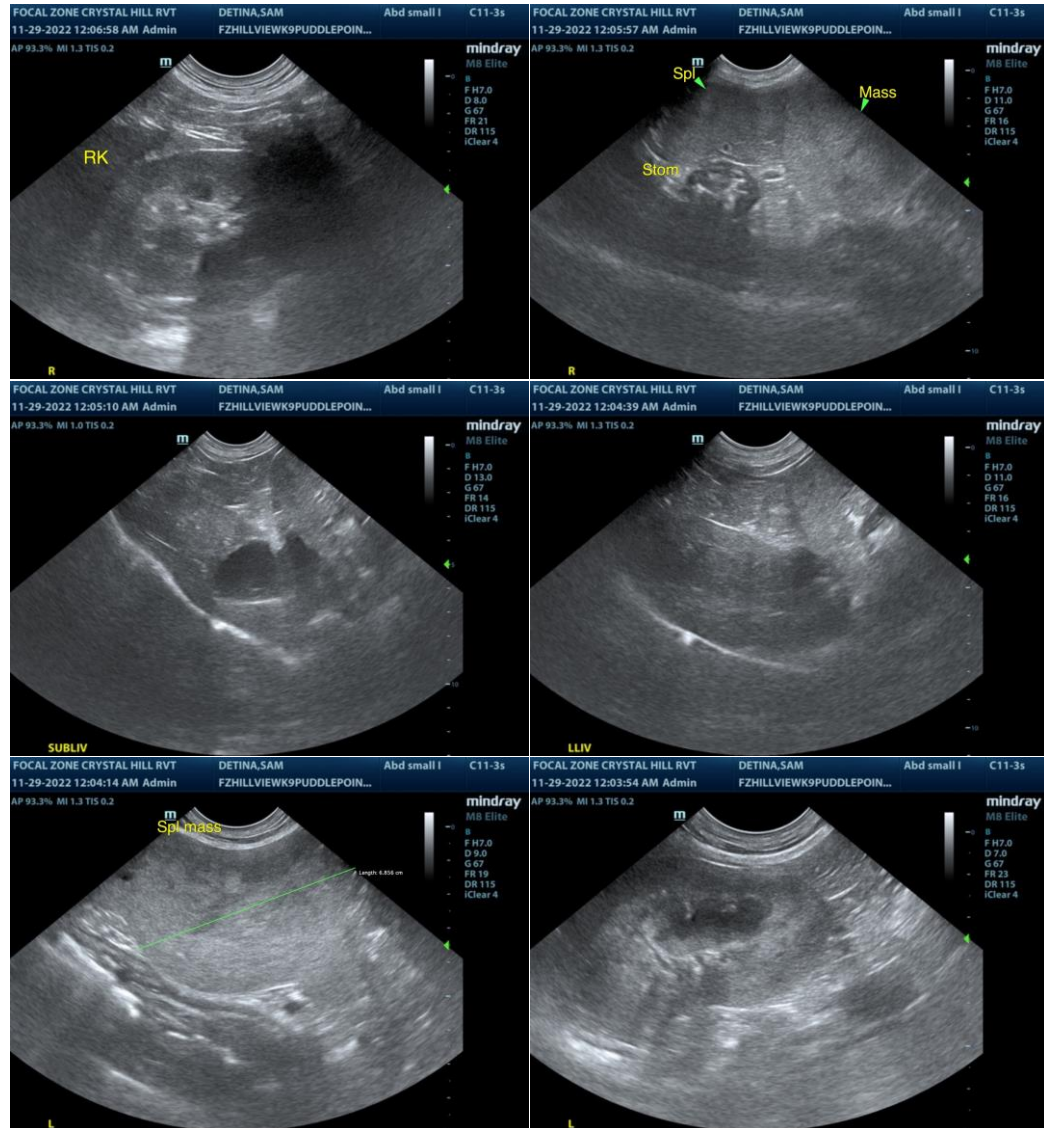
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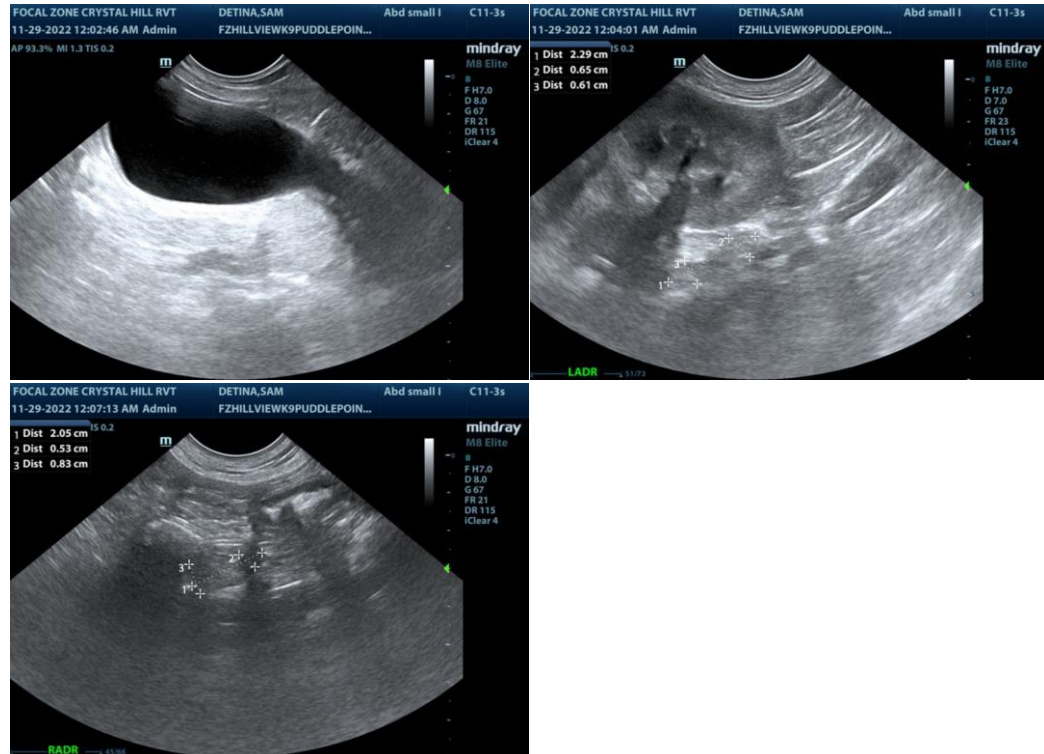
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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