

<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Rocky Romano	Lethargic for 2 weeks , prev hospital treated for UTI, has been vomiting up water, Has suspicious lesions in the lungs on xray Dr palpated an enlarged prostate
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	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.
Cockapoo	
<b>SEX</b>	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. The left kidney measured 5.4 cm in length. The right kidney measured 5.5 cm in length.
MN	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
9	An ill-defined non-homogeneous mass to marked lymphadenopathy was present in the area of the iliac trifurcation dorsal and mildly cranial to the urinary bladder. An example of a potential medial iliac lymph node measured 3.2 cm x 2.2 cm. Subtle evidence of regional inflammation was noted.
<b>WEIGHT</b>	The residual prostate was enlarged in size. The residual prostatic parenchyma was primarily hypoechoic to heterogeneous with multiple areas of parenchyma mineralization. The margins of the gland were distinct compared to surrounding tissue. The residual prostate measured 3.3 cm x 2.0 cm.
30.5	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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 2.2 cm length. No overt pathology in the area of the right adrenal gland.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Jenn	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.
<b>HOSPITAL NAME</b>	<b>Liver</b>
Rockaway Animal Hospital	The liver presented mildly 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 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 and mild echogenic non-organized debris. The cystic and common bile ducts were normal.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Maniar	
<b>INVOICE</b>	
12329ag	
<b>DATE</b>	
11/30/2022	



<b>PATIENT</b>	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.
Rocky Romano	
<b>SPECIES</b>	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained minor segmental ingesta/chyme with no signs of ileus, obstruction or foreign material.
Canine	
<b>BREED</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Cockapoo	
<b>SEX</b>	<b>Pancreas</b>
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 was evident.
<b>AGE</b>	<b>Free Abdomen</b>
9	No omental masses or peritoneal effusion was present.
<b>WEIGHT</b>	Intermittent focally enlarged cranial abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 2 cm in diameter.
30.5	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> <li>• Residual prostatomegaly exhibiting non-homogeneous to mineralized parenchyma</li> <li>• Ill-defined mass vs marked lymphadenopathy area of iliac trifurcation</li> <li>• Intermittent mildly prominent mesenteric lymphadenopathy</li> <li>• Mild chronic renal changes</li> <li>• Mild hepatomegaly-nonspecific subjectively benign</li> <li>• Unremarkable GI tract with possible mild gastric stasis</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Jenn	The residual prostate presentation is most consistent with residual prostate neoplasia i.e. prostatic or urothelial carcinoma. Strong concern for regional medial iliac to sublumbar metastasis with potential emerging generalized lymphatic metastasis. Assuming normal clotting status and using a 25g needle, an enlarged probable medial iliac lymph node FNA for screening cytology is warranted for further assessment. Prostatic sampling via prostatic wash or ultrasound guided FNA for cytology +/- C/S could also be considered. Concern for pulmonary metastasis given suspicious lesions on thoracic radiographs.
<b>HOSPITAL NAME</b>	A very guarded to potentially unfavorable prognosis is indicated.
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**PATIENT**

Rocky Romano

**SPECIES**

Canine

**BREED**

Cockapoo

**SEX**

MN

**AGE**

9

**WEIGHT**

30.5

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway Animal  
Hospital

**REFERRING VET**

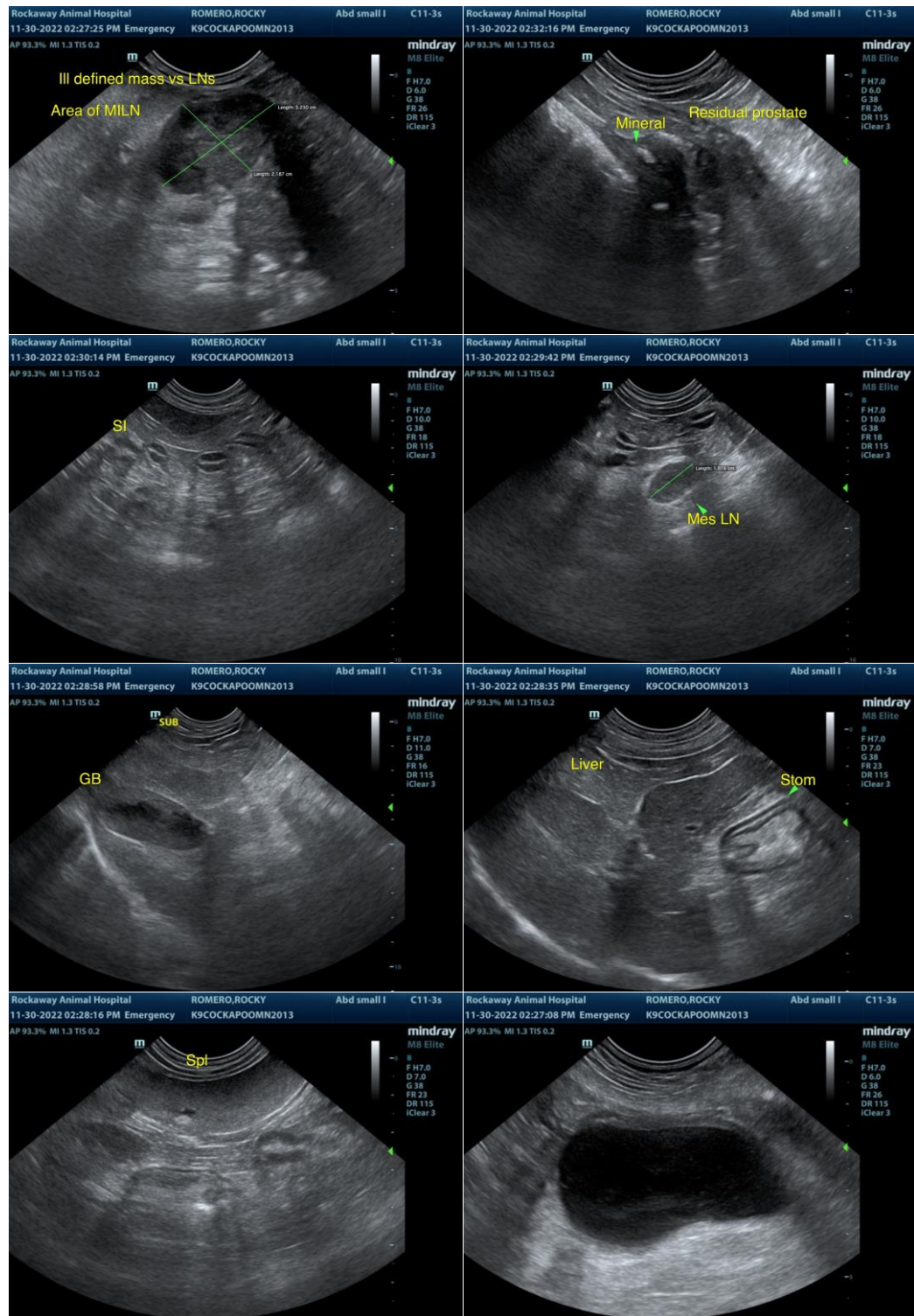
Dr. Maniar

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**PATIENT**

Rocky Romano

**SPECIES**

Canine

**BREED**

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**SEX**

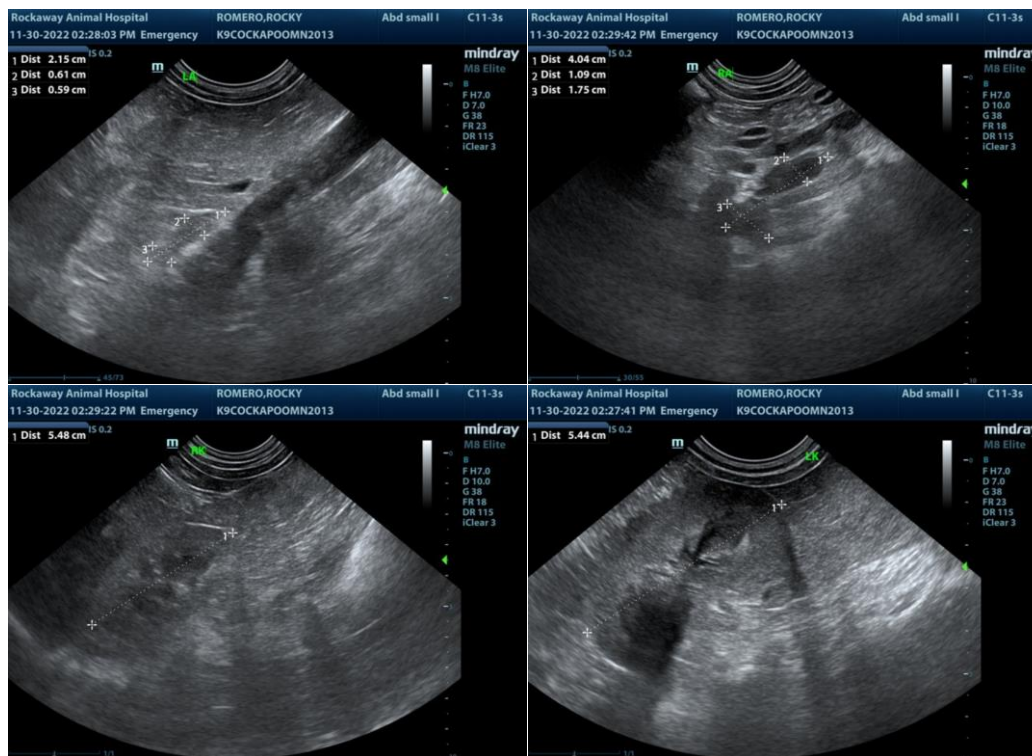
MN

**AGE**

9

**WEIGHT**

30.5



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.

**INTERPRETED BY**

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

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)  
[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

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