



PATIENT

Larry Schillaci

SPECIES

Canine

BREED

Maltese X

SEX

MN

AGE

3 years

WEIGHT

11.3 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Beatties PH Stoney
Creek

REFERRING VET

Dr. Baskin

INVOICE

12548

DATE

11/8/21

PRESENTING CLINICAL SIGNS

Presented 11/3 for no BM or urine for 3 days. Seems in pain, not drinking much. PE - very large bladder even though P had urinated 2 hours ago. Not able to palpate prostate. Placed urinary catheter and drained 250ml of urine, unsure of cause of blockage. 11/6 - O called to state that P is not eating or drinking since yesterday. Currently on Baytril.

Abnormal PE/Chem/CBC/UA Results: FINDINGS: The urinary bladder is moderately distended. No definitive urethral or cystic calculi are seen on this exam. The kidneys are difficult to fully discern due to summation of bowel, however no significant or definitive renal abnormalities are noted. There is a moderate amount of fecal material within the colon. There is a small amount of gas and fluid seen within the small intestines. There is mineralized disc material in situ at L3 through L7. No additional abnormalities are seen on this study. CONCLUSIONS: There is distention of the urinary bladder which is consistent with the patient's history of urinary signs. There may be radiolucent cystic calculi or urethral calculi contributing to the clinical symptoms. A stricture or mass cannot be entirely ruled out. Neurologic dysfunction of the urinary bladder could be present although this is considered less likely given the lack of other clinical symptoms.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder exhibited normal subjective size and tone at the time of the ultrasound. Anechoic urine was noted without evidence of inflammatory or neoplastic mural criteria. No sediment or calculi was visualized. No evidence of post-prostatic urethral abnormalities to a depth of 2.0 cm.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.6 cm in diameter.

No evidence of pathology in the area of the aortic trifurcation, 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.2 cm in length. The right kidney measured 4.2 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 1.6 cm length x 0.34 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 1.5 cm length x 0.73 cm width at the caudal pole.


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Spleen

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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.

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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.

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Liver/ Gallbladder

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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The present of minor ingesta likely indicates recent meal ingestion, without evidence of gastric mural pathology.

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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.

The colon was sonographically unremarkable, containing generalized formed feces.

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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 were evident.

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Free Abdomen

A solitary, midventral, mesenteric 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 1.7 cm x 0.7 cm, not consistent with inflammatory or neoplastic criteria and likely incidental. No peritoneal effusion was noted. Normal uniform mesentery was present.

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ULTRASONOGRAPHIC FINDINGS
Primary Findings
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- Sonographically unremarkable urinary bladder and residual prostate
- Solitary nonspecific yet subjectively benign, minor mesenteric lymphadenopathy
- Normal bilateral kidneys

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely sonographically unremarkable abdomen without evidence of visceral pathology, specifically no evidence of colonic or lower urinary tract pathology as an obvious cause of the patient's clinical signs. Thorough muscular / skeletal and neurological examination is recommended. If not done, rectal palpation may also be considered with as-needed conservative therapy for constipation, if clinically indicated.



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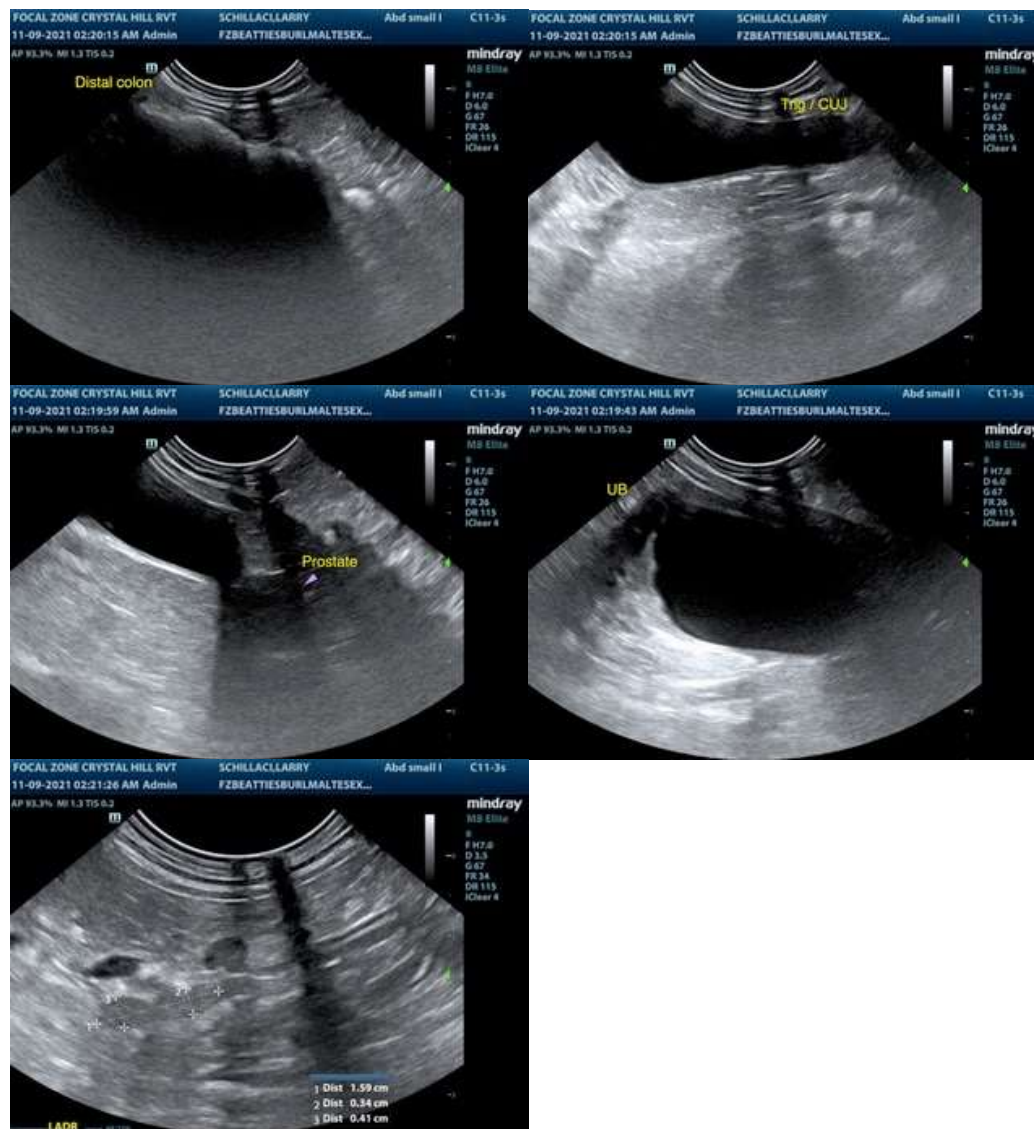
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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