



PATIENT PRESENTING CLINICAL SIGNS

Midnight Smith History: Stranguria and hematuria with enlarged prostate seen on radiographs. UA - many RBCs. On Simplicef 100 mg, 1/2 t SID x 14 d

SPECIES Abnormal PE/Chem/CBC/UA Results:

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Bichon Mix

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.

SEX

Intact Male

The prostate was 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 approximately 4 x 3 cm. The post-prostatic urethra exhibited mild subjective prominent size yet normal tone and normal overall urethral structure. The post-prostatic urethra measured 0.56 cm in width.

AGE

12 Years

Multiple small parenchyma cysts were present. An example measured - cm diameter.

WEIGHT

16 Pounds

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. Pinpoint areas of medullary mineral were present. The left kidney measured 5.2 cm in length. The right kidney measured 5.0 cm in length.

INTERPRETED BY

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

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.58 cm width in the cranial pole and 0.56 cm width in the caudal pole. The right adrenal gland measured 0.40 cm width in the cranial pole and 0.39 cm width in the caudal pole.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

Spleen

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.

HOSPITAL NAME

VCA Palmer AH

REFERRING VET

Dr. Jennifer Chow, DVM

Liver

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.

INVOICE

13051

The gallbladder was non distended in size with mild echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

DATE

12/12/21

Gastrointestinal



PATIENT

Midnight Smith

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. The gastric body wall measured 0.25 cm.

SPECIES

Canine

The duodenum exhibited intact subjectively prominent wall layering with mild duodenal mucosal speckling and minor segmental duodenal corrugation. The jejunum and ileum were sonographically unremarkable.

BREED

Bichon Mix

Normal visible colon wall layers were present with apparent formed feces in lumen.

SEX

Intact Male

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

12 Years

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Prostatomegaly with nonhomogeneous to cystic parenchyma- benign prostatic hyperplasia with parenchymal cysts with warranted concern for prostatitis possible. Possible concurrent proximal urethritis
- Age-related renal changes with pinpoint medullary mineral

WEIGHT

16 Pounds

Secondary Finding

- Possible duodenitis

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of prostatic neoplastic criteria which is considered a less likely differential diagnosis. Neutering is likely ideal in this patient. Prostatic sampling for cytology +/- culture and sensitivity recommended if possible. Empirical therapy for prostatitis recommended with assessment of clinical response as well as sonographic reassessment of the prostate if clinical signs continue.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

VCA Palmer AH



REFERRING VET

Dr. Jennifer Chow,
 DVM

INVOICE

13051

DATE

12/13/21



PATIENT

Midnight Smith

SPECIES

Canine

BREED

Bichon Mix

SEX

Intact Male

AGE

12 Years

WEIGHT

16 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

VCA Palmer AH

REFERRING VET

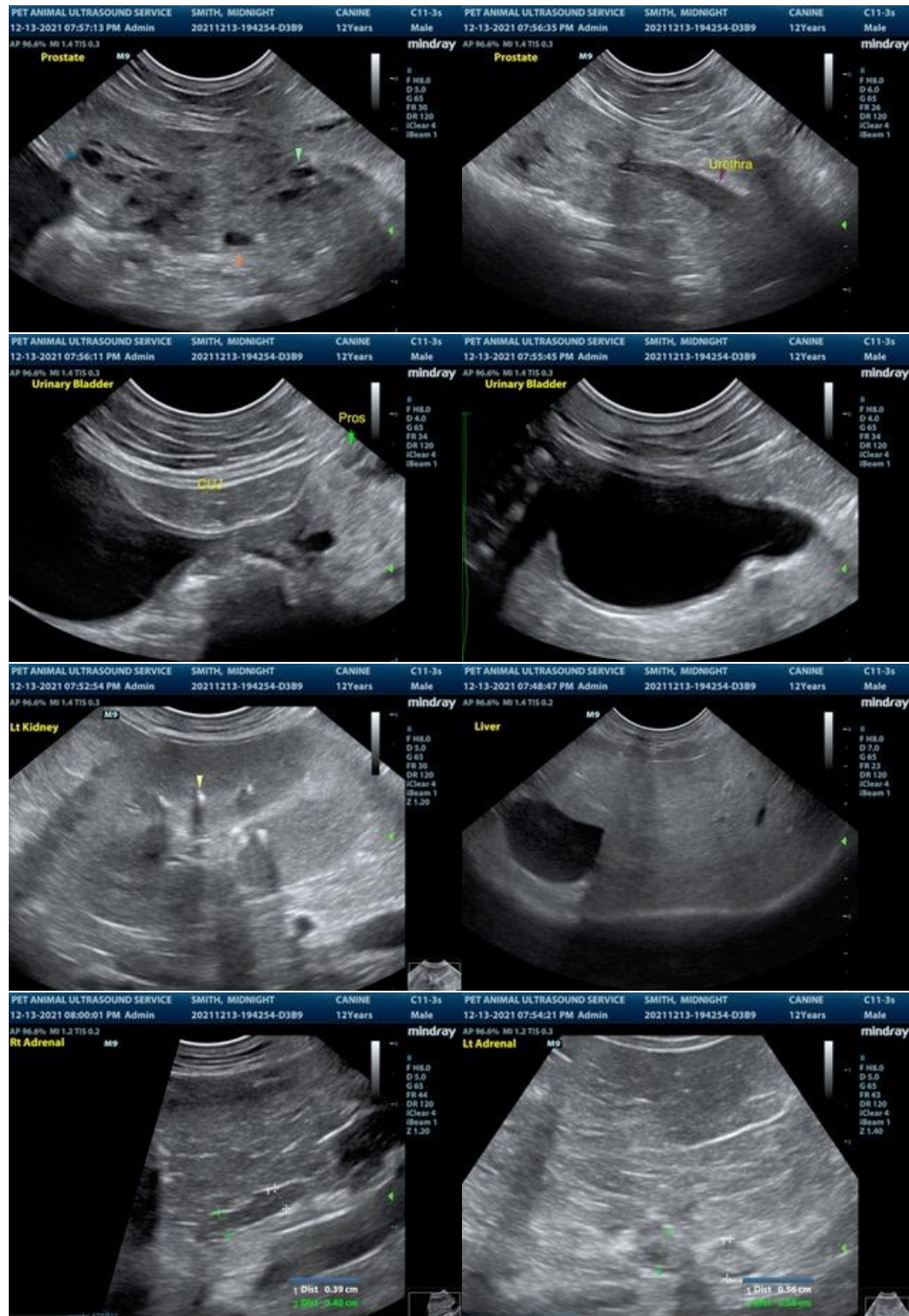
Dr. Jennifer Chow,
 DVM

INVOICE

13051

DATE

12/13/21



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



PATIENT

can be of any further assistance please contact me.

Midnight Smith

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

SPECIES

Canine

BREED

Bichon Mix

SEX

Intact Male

AGE

12 Years

WEIGHT

16 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Pamela Harrigan, RDCS

HOSPITAL NAME

VCA Palmer AH

REFERRING VET

Dr. Jennifer Chow,
DVM

INVOICE

13051

DATE

12/12/21