



PATIENT PRESENTING CLINICAL SIGNS

Cookie Como Possible prostatic abscess, urinary calculi. Current meds: Baytril

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES

Canine

Urinary System

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.

BREED

Havanese

The prostate was enlarged in size with intact, primarily symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was heterogeneous with a mixed pattern of varying echogenicity without evidence of parenchymal mineralization. The prostate measured approximately 6.0-7.0 cm in length and 3.7 cm in width. Multiple variably sized intraparenchymal cyst-like lesions containing anechoic fluid with concurrent cellular component were present. The largest of the cystic lesions appeared to be within the cranial prostatic parenchyma measuring 3.3 x 2.6 cm. Associated regional periprostatic inflammation and scant periprostatic free fluid were noted.

SEX

M-Intact

AGE

7.5 Years

No evidence of pathology in the area of the aortic trifurcation.

WEIGHT

12.5 lbs

Normal size and margination was 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. Areas of nonobstructive medullary mineral primarily in the lateral diverticuli of both kidneys was present. The left kidney measured 4.7 cm in length. The right kidney measured 4.6 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.4 cm length x 0.39 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 1.4 cm length x 0.51 cm width at the caudal pole.

IMAGING PERFORMED BY

Shari Reffi, CVT

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

HOSPITAL NAME

Newton Vet

REFERRING VET

Dr. Chabora

Liver / Gallbladder

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.

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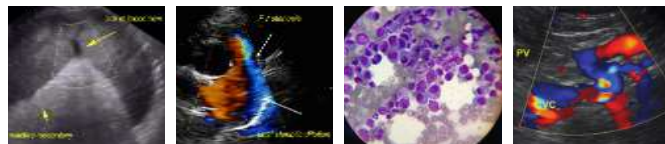
12-27-21

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

Gastrointestinal



PATIENT	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.
Cookie Como	
SPECIES	The small intestine exhibited intact wall layering with maintained 1:3 muscularis/mucosa ratio with segmental areas of minor jejunal ileus. The lumen of the small intestine was empty with no signs of obstruction or foreign material.
Canine	Normal visible colon wall layers were present with apparent formed feces in lumen.
BREED	<i>Pancreas</i>
Havanese	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.
SEX	<i>Free Abdomen</i>
M-Intact	Focal, medial iliac 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 0.63 cm width.
AGE	The right testicle was sonographically normal in size and presentation measuring 2.1 cm length. Nonspecific mildly nonhomogeneous left testicular nodule measuring 1.8 x 1.5 cm was present with mild associated enlarged left testicle compared to the right. The left testicle measured 2.4 cm length.
7.5 Years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
12.5 lbs	Primary
INTERPRETED BY	<ul style="list-style-type: none"> • Prostatitis with multiple variably sized intraparenchymal cysts versus abscess - primary concern for potential multiple intraparenchymal abscesses given presence of cellular fluid. • Associated regional periprostatic inflammation and scant free fluid. • Bilateral mild chronic renal changes with nonobstructive medullary mineral - no overt pyelonephritis. • Suspect minor medial iliac lymphadenitis. • Nonspecific left testicle nodule.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	Secondary
Shari Reffi, CVT	<ul style="list-style-type: none"> • Possible segmental jejunitis.
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Newton Vet	Minor potential for prostatic neoplasia cannot be definitively excluded yet thought less likely given the lack of parenchymal mineralization. Ultrasound guided centesis of the cystic lesion for fluid analysis, cytology, and culture, as well as prostatic parenchymal FNA for cytology, or prostatic wash for cytology warranted for further assessment. Antibiotic use ideally based on culture and sensitivity results with sonographic monitoring of the prostate recommended.
REFERRING VET	Neutering with submission of left testicle for histopathology is strongly recommended. Potential surgical resolution of prostatic abscess, if definitively diagnosed, via omentalization may be required in this patient.
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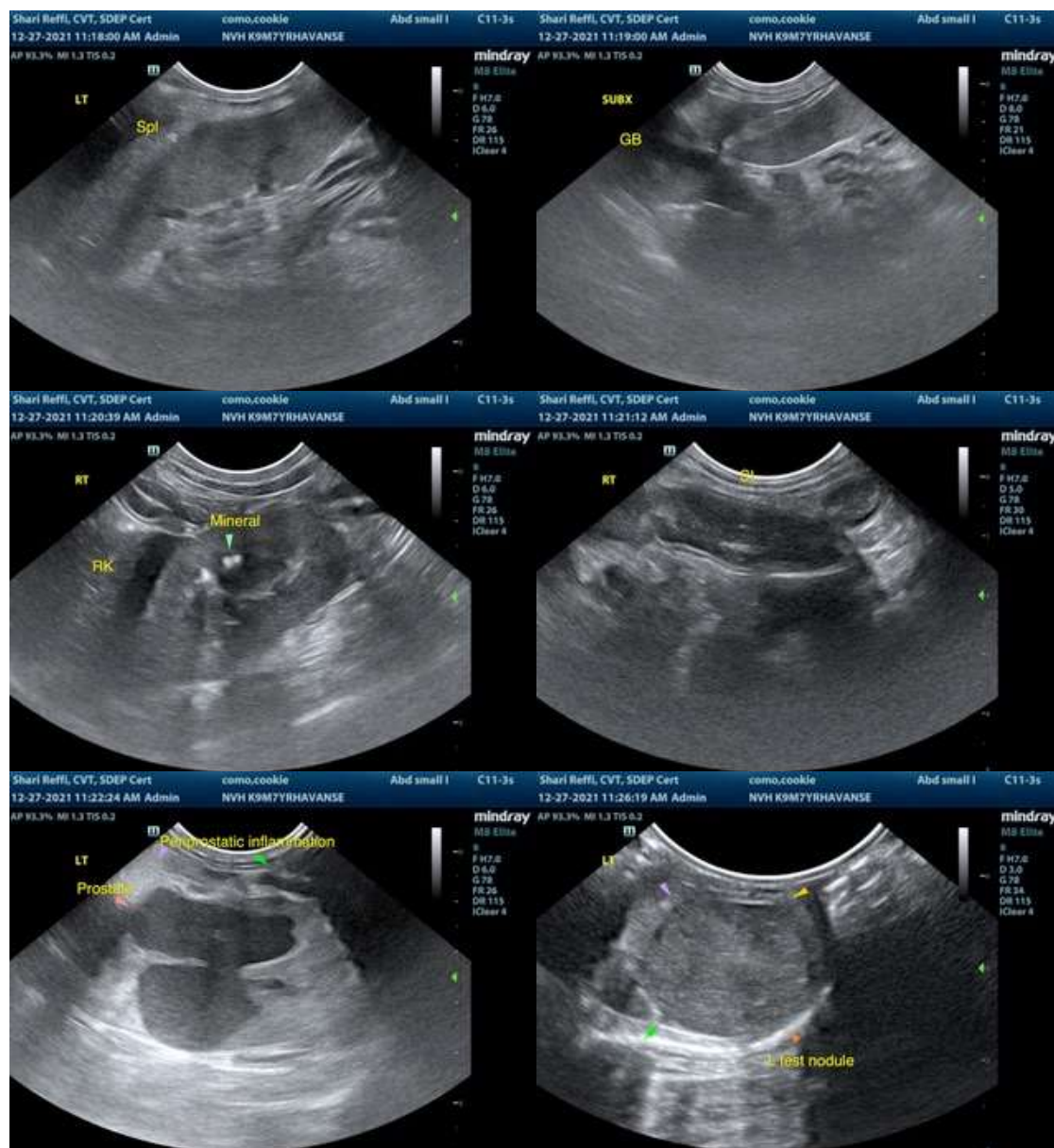
Dr. Chabora

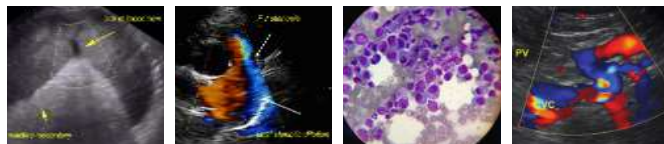
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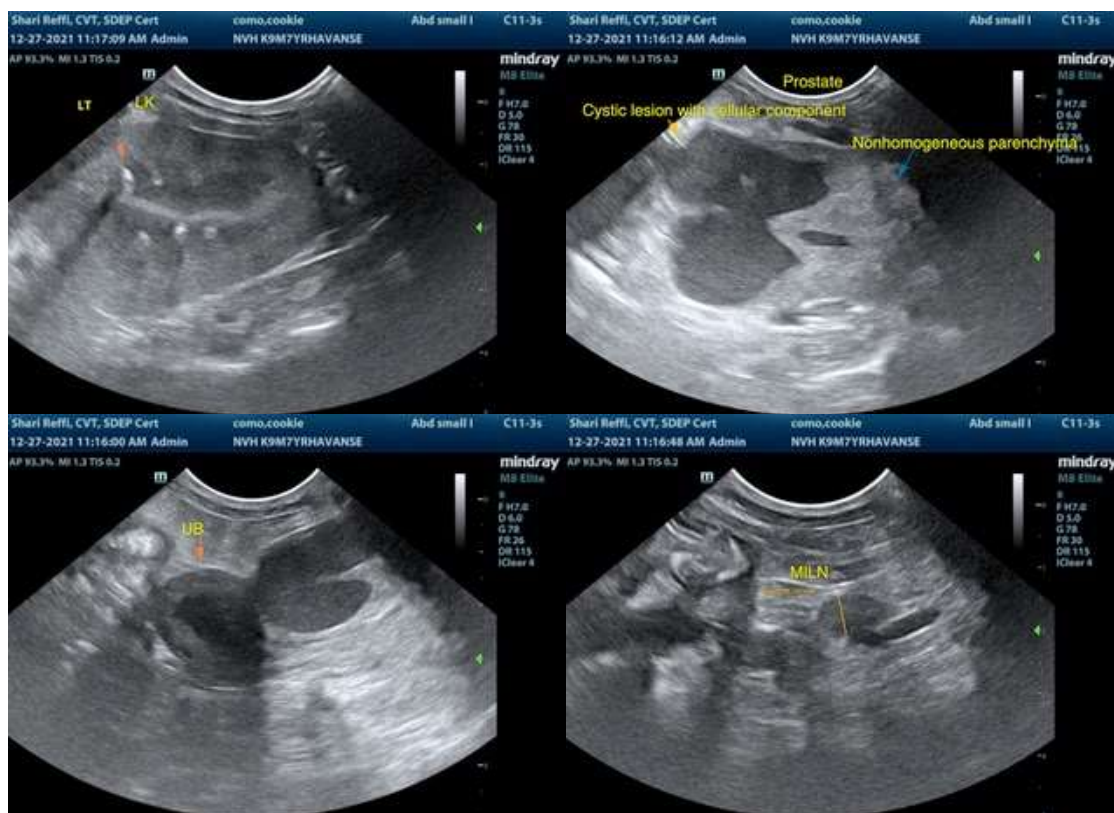
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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