


PATIENT

Billy MacDonald

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

4 years

WEIGHT

25.3 kg

PRESENTING CLINICAL SIGNS

Incontinence, biting at the end of penis, dribbling urine at home. Change began 2 days ago, prazosin 5mg BID, Clavaseptin 375mg BID

Abnormal PE/Chem/CBC/UA Results: n/a

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The urinary bladder exhibited moderate distention yet subjective normal tone. The urinary bladder walls were sonographically unremarkable without evidence of neoplastic or inflammatory criteria. Anechoic urine was present without evidence of sediment or calculi.

The residual prostate exhibited mild prominent size in light of neuter status with subtle asymmetrical prostatic capsule margination. No evidence of periprostatic inflammation was noted. The prostate exhibited generalized nonhomogeneous parenchyma exhibiting focal parenchymal mineralization, as well as a focal parenchymal cyst. The parenchymal cyst was thinly walled containing anechoic fluid, measuring approximately 0.6 cm. in diameter. The overall prostate itself measured approximately 3.7 cm x 2.6 cm. The prostatic urethra was mildly dilated measuring 0.5 cm in diameter. The visualized post prostatic urethra exhibited subjective normal tone and structure without evidence of concurrent dilation to a depth of 4.0 cm.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

 R. McKenzie Daniel,
 DVM, DABVP

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 6.0 cm in length. The right kidney measured 6.2 cm in length.

IMAGING PERFORMED BY

Crystal Hill

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.4 cm length x 0.83 cm width at the caudal pole. The right adrenal gland was indistinctly visualized owing to patient size yet without pathology. The right adrenal gland subjectively measured 0.69 cm width at the caudal pole.

HOSPITAL NAME

 Beatties East Hamilton
 PH

REFERRING VET

Dr. MacDonald

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.

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Liver/ Gallbladder
DATE

12/3/21

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



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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.

Gastrointestinal

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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.

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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.

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

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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

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Moderately distended urinary bladder
- Subjective prominent residual prostate exhibiting nonhomogeneous, focally mineralized to cystic parenchyma
- Sonographically unremarkable bilateral kidneys

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinical significance of the prominent nonhomogeneous, focally mineralized to cystic residual prostate is unclear. The overall size of the residual prostate was not overtly consistent with obstruction to urinary outflow. Potential for residual prostatitis may be possible while the possibility of emerging prostatic neoplasia, given the focal mineralization, is thought less likely yet cannot be definitively excluded. The possibility of non-visualized urethral or penile abnormalities cannot be definitively excluded. Catheter passage to assess urethral patency, if not done, may be considered. Prostatic sampling either via ultrasound-guided FNA or prostatic wash for cytology +/- C/S may be considered. Sonographic monitoring of the residual prostate with initial recheck in 3-4 weeks is recommended.

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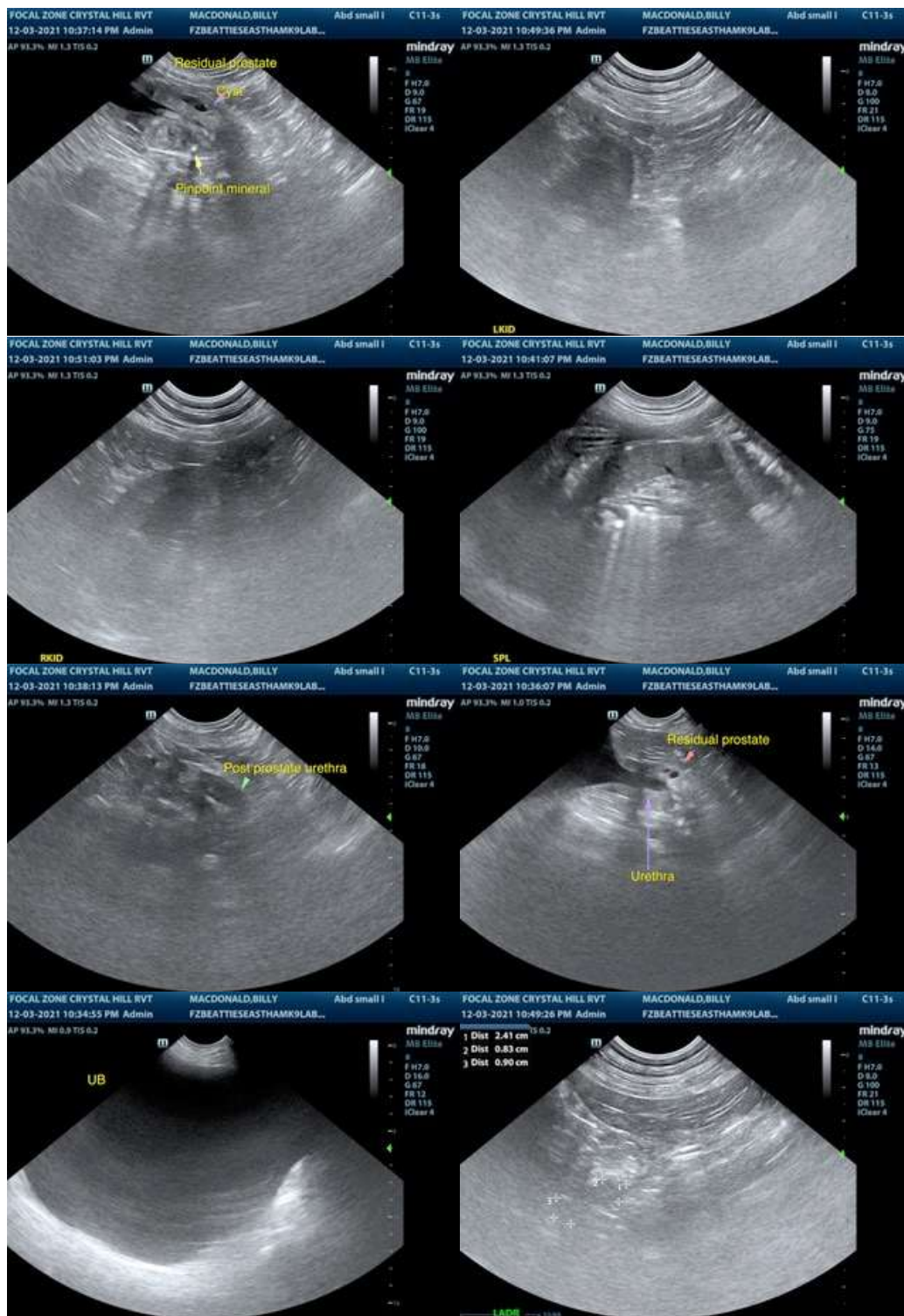
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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