

PATIENT PRESENTING CLINICAL SIGNS

Rogue Martin follow up ultrasound for prostatic cysts was empirically treated w/ enrofloxacin fir 3 moths . Cystic fluid was cultured and cytology performed in prostatic cells- report not available

SPECIES *Urinary System*

Canine The urinary bladder, trigone, cystourethral junction, and post prostatic urethra to a depth of 3.0 cm 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 was noted.

BREED

Doberman Pinscher

SEX

MI

AGE

3 years 7 months

WEIGHT

91 lbs.

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 4.1 cm x 3.2 cm.

The area of the aortic trifurcation was free of pathology.

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 7.5 cm in length. The right kidney measured 7.8 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 0.44 cm width at the caudal pole and 0.45 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.61 cm width at the caudal pole and 0.85 cm width at the cranial pole.

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.

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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Mountain View

REFERRING VET

Dr. Sarai Kalivoda

INVOICE

12707

DATE

12/3/21



PATIENT *Gastrointestinal*

Rogue Martin 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 width measured 0.40 cm.

SPECIES

Canine 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 jejunum wall width measured 0.28 cm.

BREED

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

Pancreas

SEX 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.
MI

AGE

Free Abdomen

3 years 7 months No overt lymphadenopathy or peritoneal effusion was present.
Both the left and right testicles were sonographically unremarkable in size, echogenicity, and shape.

WEIGHT

91 lbs.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Primary Findings

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

- Benign prostatic hyperplasia, minor potential for persistent prostatitis - no evidence of previous prostatic parenchymal cysts
- Otherwise sonographically unremarkable abdomen

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mountain View

The overall prostate appeared sonographically improved with decreased size compared to the previous ultrasound and without evidence of previously noted parenchymal cysts. This may indicate resolved prostatitis based on previous therapy, although the possibility of mild persistent prostatitis, which may present sonographically similar to prostatic hyperplasia, cannot be excluded. Castration is recommended if possible. If castration is not elected, rectal and/or sonographic monitoring of the prostate for evidence of increasing size or prostatic pain is recommended.

REFERRING VET

Dr. Sarai Kalivoda

INVOICE

12707

DATE

12/3/21



PATIENT

Rogue Martin

SPECIES

Canine

BREED

Doberman Pinscher

SEX

MI

AGE

3 years 7 months

WEIGHT

91 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Mountain View

REFERRING VET

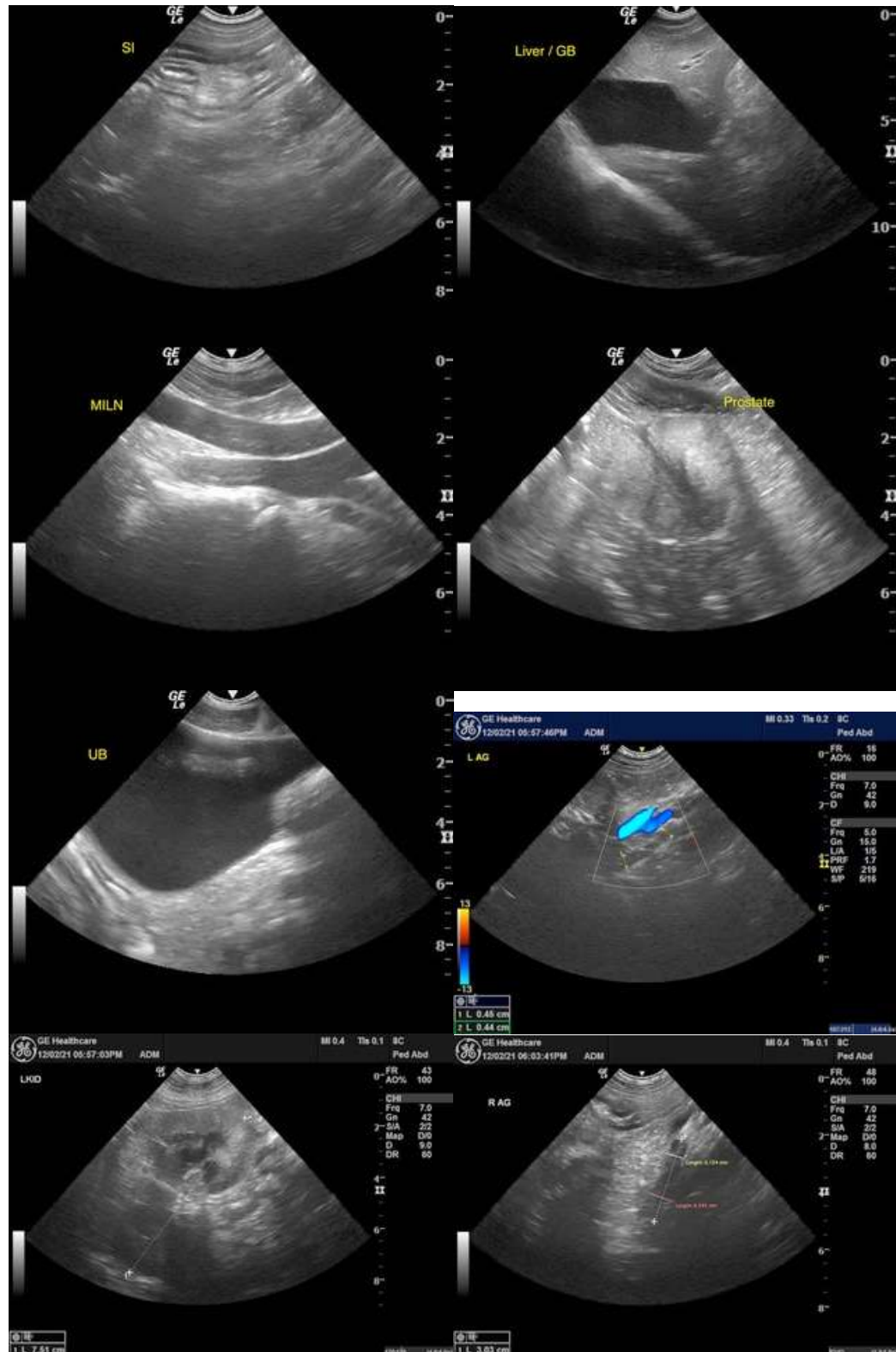
Dr. Sarai Kalivoda

INVOICE

12707

DATE

12/3/21





PATIENT

Rogue Martin

SPECIES

Canine

BREED

Doberman Pinscher

SEX

MI

AGE

3 years 7 months

WEIGHT

91 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Mountain View

REFERRING VET

Dr. Sarai Kalivoda

INVOICE

12707

DATE

12/3/21



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 can be of any further assistance please contact me.

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