



**PATIENT**

Chief Char- Will  
Rescue

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Neutered Male

**AGE**

8 years

**WEIGHT**

80 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Adrienne Ligenza

**HOSPITAL NAME**

Rush VC

**REFERRING VET**

Dr. Lori Milot

**INVOICE**

12746

**DATE**

12/6/21

**PRESENTING CLINICAL SIGNS**

-neutered 3-4 weeks ago - was cryptorchid, since having issues urinating and having bowel movements - thinks straining, no perianal fistulas upon exam

CBC- unremarkable, Chemistry Panel- Albumin 2.5, Amylase 1463, Precision PSL 21, Urine Specific Gravity- 1.051, 2+ Protein, Negative blood

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction exhibited normal structure and tone, without evidence of overdistention. Anechoic urine was present in the lumen with no uroliths, calculi, or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural criteria was noted.

The residual prostate was mildly prominent in size yet exhibited symmetrical capsule contour which was able to be differentiated from surrounding tissue. Subtle nonhomogeneous yet nonmineralized prostatic parenchyma was noted. The residual prostate measured 3.9 cm x 2.1 cm. No overt impingement upon the ventral colon by the residual prostate was noted.

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 8.0 cm in length. The right kidney measured 8.4 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 2.2 cm length x 0.54 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 3.1 cm length x 0.72 cm width at the caudal 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.



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**Gastrointestinal**

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 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.

**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.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

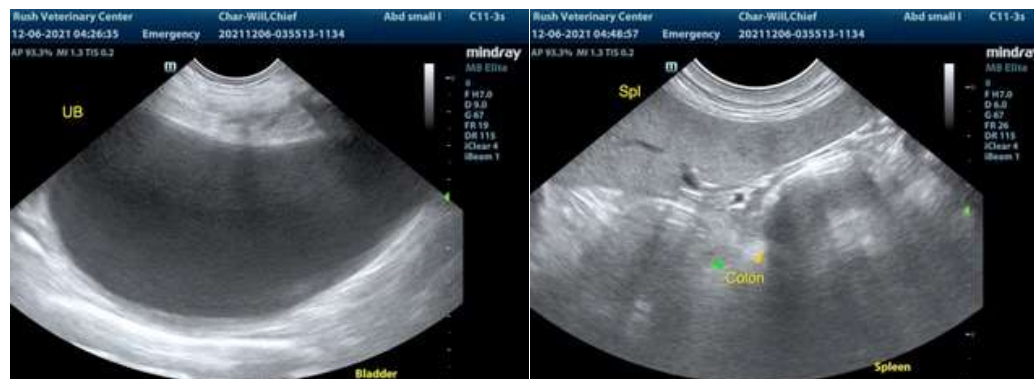
**Primary Findings**

- Sonographically unremarkable urinary bladder and visible post prostatic urethra
- Mildly prominent to nonhomogeneous residual prostate with normal prostatic capsule contour - likely consistent with patient variant or normal prostatic Involution, not overtly pathologic
- Sonographically unremarkable colon with formed feces

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, sonographically unremarkable abdomen without overt pathology and in light of recent neuter. An obvious cause of the patient's clinical signs was not definitively evident without overtly present or significant prostatomegaly, as well as no evidence of urinary bladder or colonic pathology.

Catheterization to assess urethral patency may be considered. If possible, prostatic palpation to assess for residual discomfort or pain possibly associated with low-grade to resolving prostatitis may be considered.





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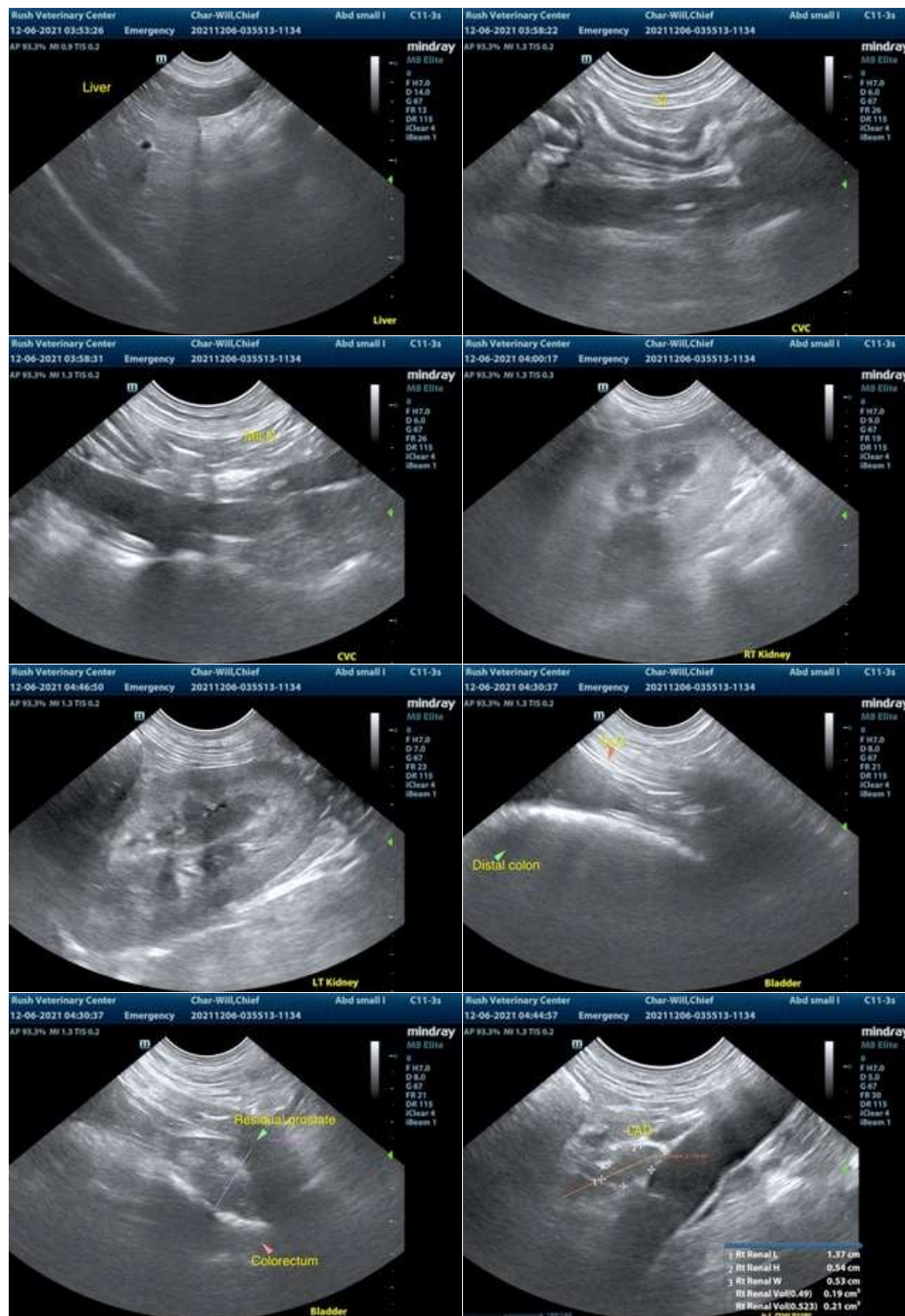
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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