



PATIENT

Wiley Petersen

SPECIES

Canine

BREED

Shetland Sheepdog

SEX

Intact Male

AGE

8 Years

WEIGHT

29 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. Denheyer

INVOICE

13916

DATE

2/14/22

PRESENTING CLINICAL SIGNS

History: Perineal hernia. Access prior to surgery
Abnormal PE/Chem/CBC/UA Results: N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction 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.

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 heteroechogenic without parenchymal mineralization. The prostate measured 5.2 cm x 4.0 cm.

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 5.5 cm in length. The right kidney measured 5.5 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 0.35 cm width at the caudal pole and 0.40 cm width at the cranial pole.

The right adrenal gland was not definitively visualized.

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

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.

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.

The visualized colon exhibited intact wall layering with potential for mildly prominent wall layering, present in the descending colon. Formed stool was present.



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Pancreas

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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.

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Free Abdomen

No overt lymphadenopathy. Moderate volume caudal peritoneal free fluid was present. The free fluid was primarily anechoic and without subjective evidence of significant cellularity. Potential for mild cellular component to the caudal abdominal peritoneal free fluid possible. Regional reactive mesentery was present, primarily in the caudal abdomen and within the area of the free fluid. No overt intraabdominal masses or lymphadenopathy.

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ULTRASONOGRAPHIC FINDINGS

- Moderate benign prostatic hyperplasia, potential for prostatitis
- Nonspecific, caudal, moderate volume, peritoneal free fluid and regional reactive mesentery

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal albumin levels, the etiology of the caudal peritoneal free fluid is unclear. Further assessment may include Caudal abdominocentesis for fluid analysis, cytology +/- culture and sensitivity, if evidence of inflammatory cells.

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Subjectively, the urinary bladder and visualized segments of caudal abdominal small intestine and colon appeared to be within the peritoneal cavity. Otherwise, no overt evidence of abdominal visceral pathology, which would overtly preclude surgery in this case. CT assessment of the caudal abdomen could be considered for further clarification and surgical planning.

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SonoPath CT Services are offered at the [Blairstown Animal Hospital](#). Blairstown animal hospital is just a 30-minute drive west on route 80 from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at:

IMAGING

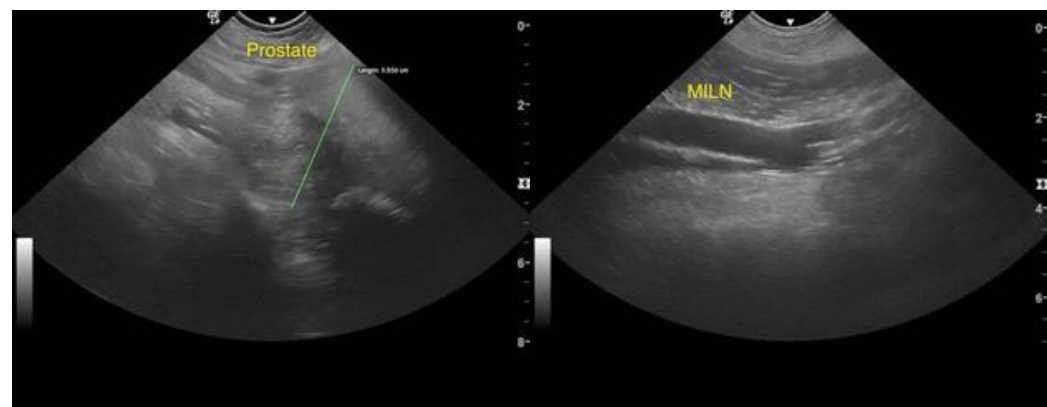
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<https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services>

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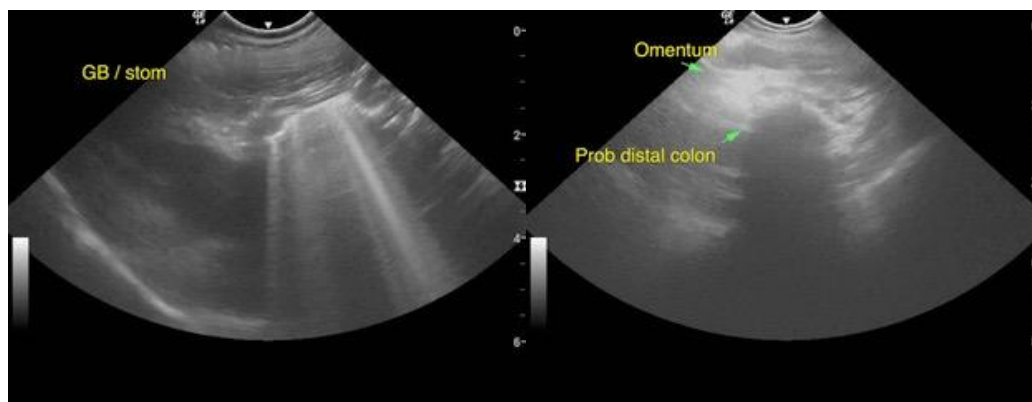
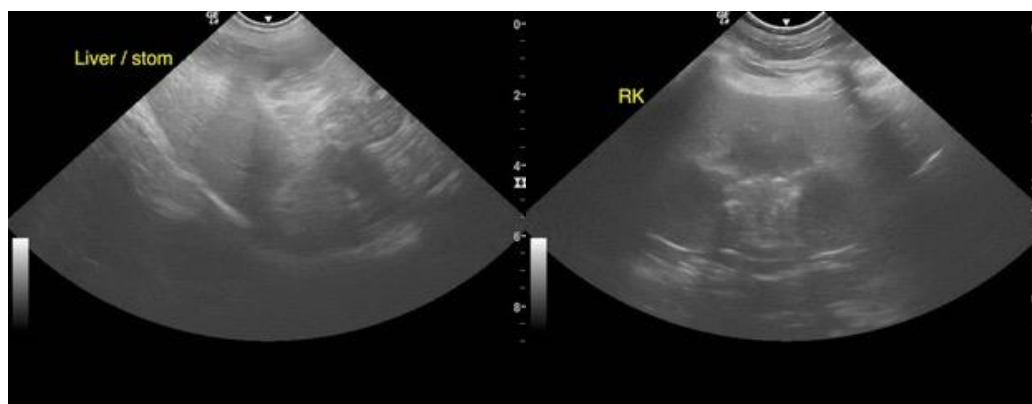
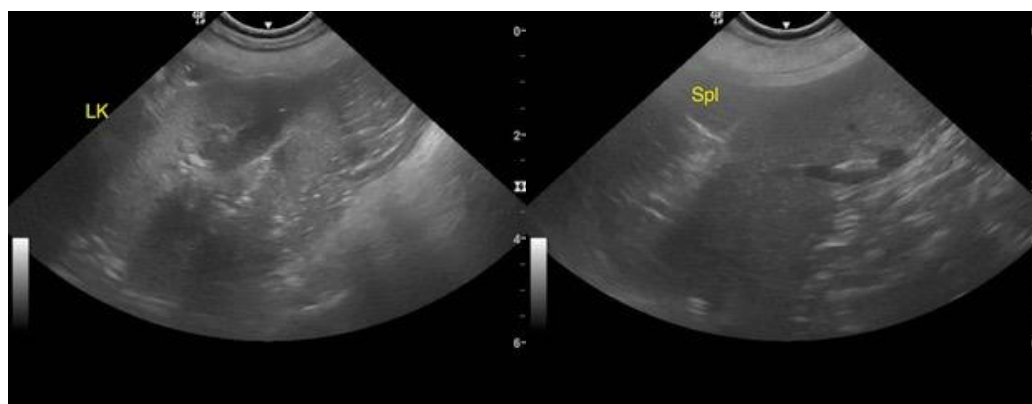
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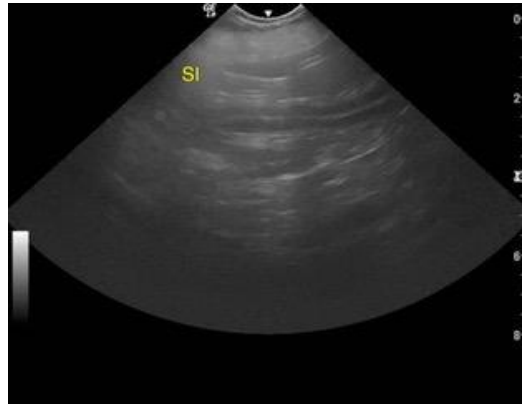
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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