



**PATIENT PRESENTING CLINICAL SIGNS**

Milo Rajeshwaran

Seizure or possible stroke, fine yesterday morning and then went outside but wasn't pulling on walk like normal, more lethargic, didn't move as much and wasn't marking on the walk like normal. Legs shaky, some twitching, laying around and seems uncomfortable. Increased panting. Owner doesn't think he really slept last night. Today walking slanted to the left, very weak. BMs softer but formed. No vomiting. Cannot do stairs. Hasn't eaten today. Urinating on his own legs now. Concerns re degree of lethargy and lack of appetite and weight loss.

**SPECIES**

Canine

**BREED**

Abnormal PE/Chem/CBC/UA Results: Bloodwork unremarkable.

Labrador Retriever

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

MI

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**AGE**

13yr

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Intermittent small cortical cysts were present along with discrete medullary mineralization. The left kidney measured 6.7 cm in length. The right kidney measured 7.6 cm in length.

**WEIGHT**

27.3kg

**INTERPRETED BY**

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

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

**IMAGING PERFORMED BY**

Crystal Hill

The prostate was moderately 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 potential for small to emerging periprostatic cyst along the dorsal periphery was present. The prostate measured 9.0 cm x 5.2 cm.

**HOSPITAL NAME**

Beatties PH Stoney  
Creek

**Adrenal Glands**

The left adrenal gland was indistinctly visualized and was overtly normal in size position and shape. The left adrenal gland measured 0.64 cm width at the caudal pole and 2.0 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

**REFERRING VET**

Dr. Baskin

**Spleen**

The spleen exhibited potential mild enlargement, areas of minor capsule asymmetry with generalized mild parenchyma heterogeneity. A solitary non-disruptive ill-defined isoechoic to non-homogenous macronodule was present in the mid to caudal spleen measuring 3.5 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

**INVOICE**

12979ag

**Liver/Gallbladder**

**DATE**

02/15/2023

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a



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Milo Rajeshwaran

mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

**SPECIES**

Canine

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild progressively shadowing ingesta with no signs of ileus, obstruction or foreign material.

**BREED**

Labrador Retriever

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.

**SEX**

MI

**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 was evident.

**AGE**

13yr

**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

27.3kg

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

**ULTRASONOGRAPHIC FINDINGS**

- Irregular prostatomegaly with non-homogenous to cystic parenchyma-benign prostatic hyperplasia with intraparenchymal cysts, potential for prostatitis, neoplastic criteria thought less likely
- Bilateral moderate chronic renal changes
- Subjective borderline to mild splenomegaly with non-specific non-disruptive non-homogenous macronodule-hyperplasia, hematopoiesis, focal splenitis, lipogranuloma or similar suspected, potential for emerging neoplastic criteria thought less likely yet cannot be definitively excluded
- Hepatic parenchymal remodeling-benign
- Overtly normal GI tract with mild gastric ingesta-sonographic appearance of the ingesta consistent with food

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Largely a geriatric abdomen without sonographic evidence of significant visceral pathology. A definitive cause of the patient's clinical signs was not obvious. Assuming normal clotting status and using a 25g needle, a splenic parenchyma and macronodule FNA for screening cytology could be considered for further assessment.

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A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Given possible neurologic signs, a thorough neurological exam is warranted.

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Labrador Retriever

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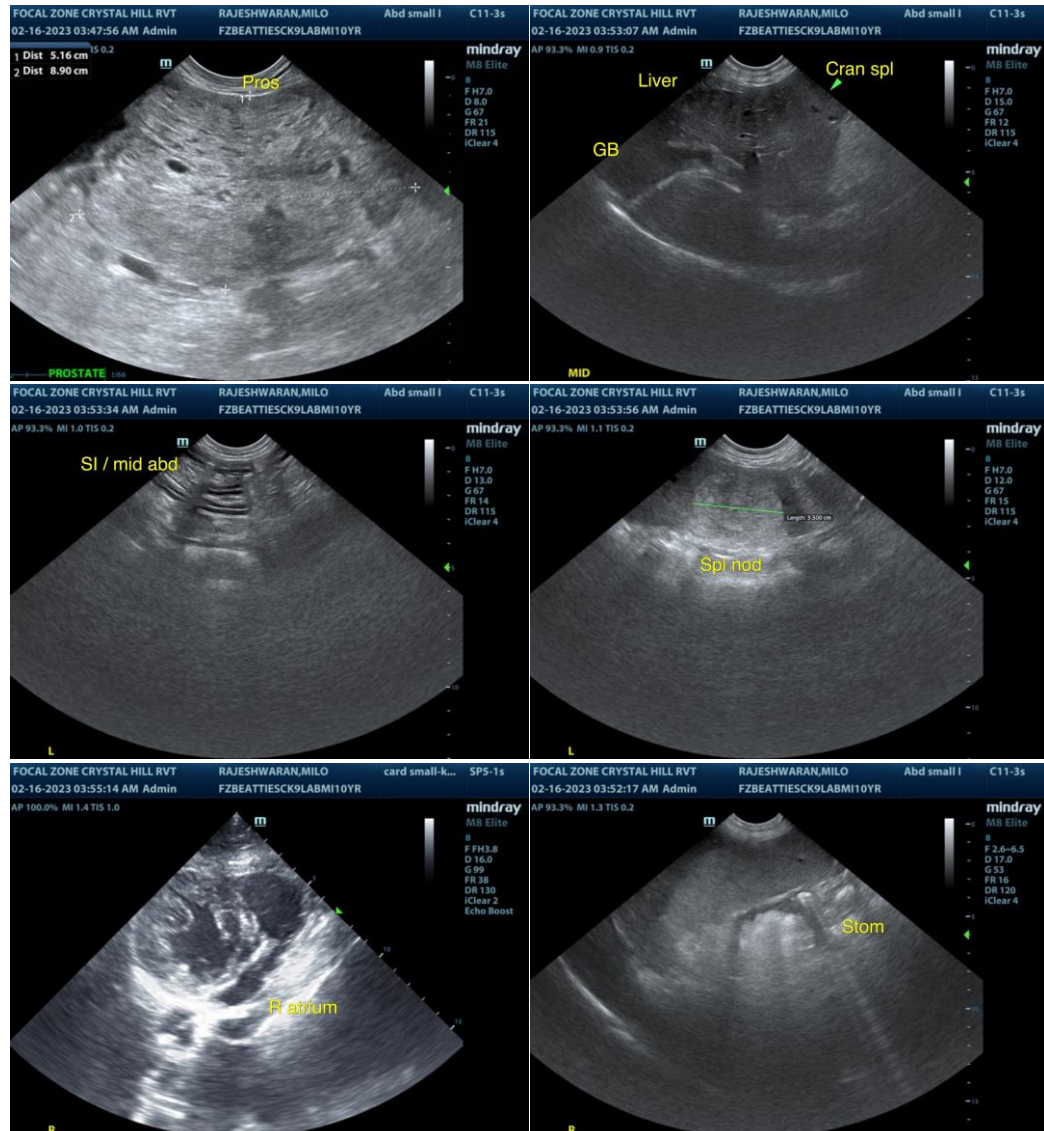
Dr. Baskin

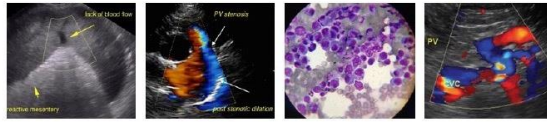
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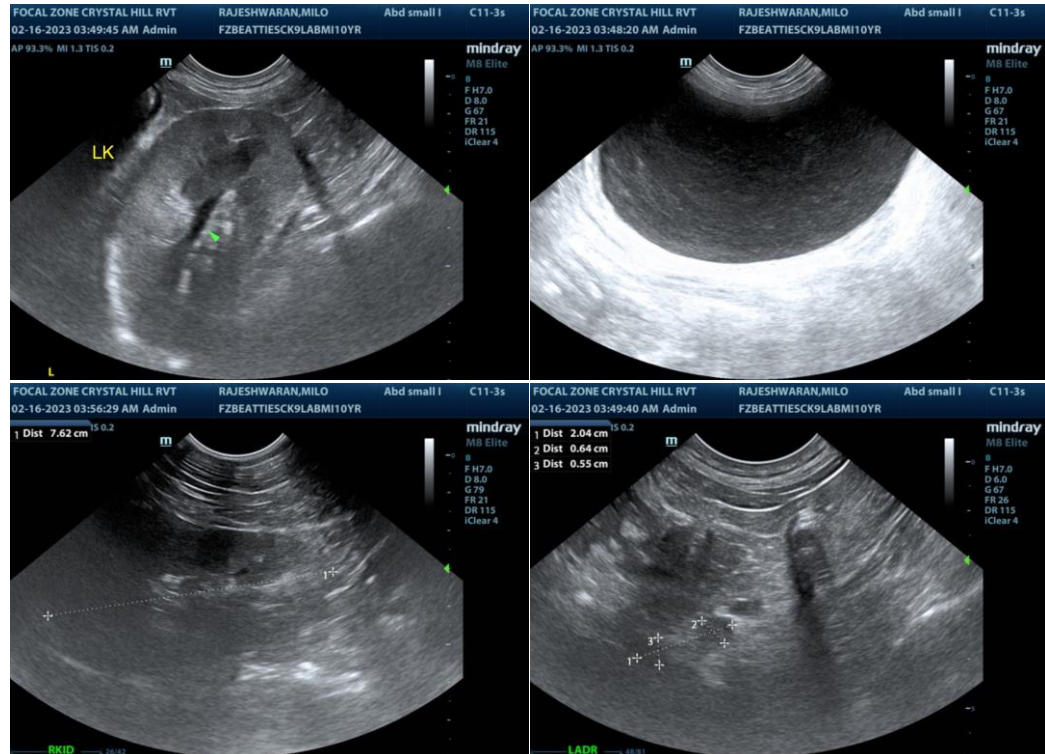
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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