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|--|---|
| <b>PATIENT</b>   | <b>PRESENTING CLINICAL SIGNS</b>  |
| Jax Westover   | No clinical issues; Jax had a sibling that died of neoplasia so owner would like a wellness screening   |
| <b>SPECIES</b>   | Abnormal PE/Chem/CBC/UA Results: n/a  |
| Canine   | <b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>  |
| <b>BREED</b>   | <i>Urinary System</i>   |
| German Shepherd  | The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.  |
| <b>SEX</b>   | 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 8.9 cm in length. The right kidney measured 7.9 cm in length.                          |
| MI   |   |
| <b>AGE</b>   | The area of the aortic trifurcation was free of pathology.  |
| 7yr  | The bilateral testicles were normal in size exhibiting primarily uniform intact parenchyma. The right testicle measured 4.0 cm in length. The left testicle measured 4.3 cm in length. A small well demarcated uniform non-disruptive left testicle nodule was present measuring 1.0 cm in diameter. The nodule did not appear to distort the surrounding parenchyma or periphery.  |
| <b>WEIGHT</b>  |   |
| NA   | 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 6.0 cm x 5.0 cm.  |
| <b>INTERPRETED BY</b>                                    | <i>Adrenal Glands</i>   |
| R. McKenzie Daniel,<br>DVM, DABVP<br>(Canine and Feline) | The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.68 cm width at the caudal pole and 2.7 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.86 cm width at the caudal pole and 3.9 cm length.   |
| <b>IMAGING PERFORMED BY</b>                              | <i>Spleen</i>   |
| Diane McFadden   | 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.   |
| <b>HOSPITAL NAME</b>                                     | <i>Liver/Gallbladder</i>  |
| Dr. T's Vet Care   | 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 with minor incidental hyperechoic non-organized debris. The cystic and common bile ducts were normal. |
| <b>REFERRING VET</b>                                     |   |
| Dr. Turk   |   |
| <b>INVOICE</b>   |   |
| 13018ag  |   |
| <b>DATE</b>  |   |
| 02/19/2023   |   |



**PATIENT**

**Gastrointestinal**

Jax Westover

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained subtle shadowing ingesta, likely suggestive of recent meal ingestion with no signs of ileus, obstruction or foreign material.

**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.

**BREED**

German Shepherd

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**

7yr

**Free Abdomen**

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

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

**WEIGHT**

NA

**ULTRASONOGRAPHIC FINDINGS**

- Benign prostatic hyperplasia, minor potential for prostatitis
- Non-specific non-disruptive left testicle nodule
- Minor incidental gallbladder debris

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Aside from the non-specific small left testicular nodule as well as expected prostatic presentation for an intact male canine no evidence of intra-abdominal visceral pathology present. Neuter with submission of left testicle for histopathology could be considered. Sonographic monitoring of the left testicle or reassessment if evidence of left testicular enlargement would be a more conservative approach.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Dr. T's Vet Care

**REFERRING VET**

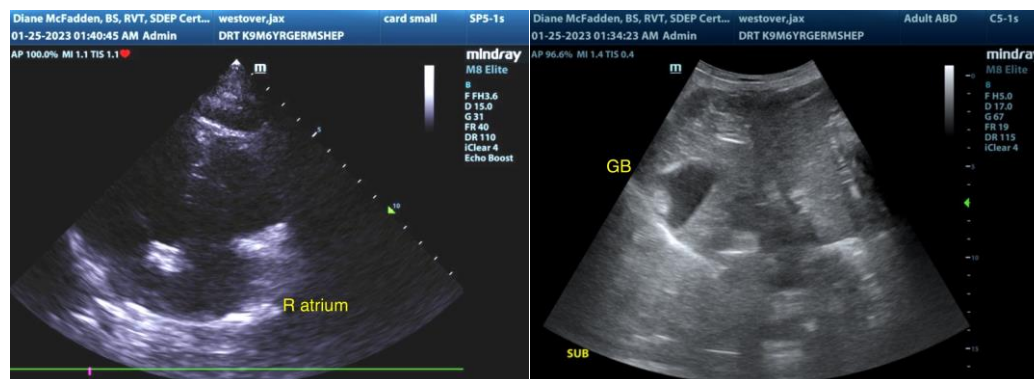
Dr. Turk

**INVOICE**

13018ag

**DATE**

02/19/2023





**PATIENT**

Jax Westover

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

MI

**AGE**

7yr

**WEIGHT**

NA

**INTERPRETED BY**

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DVM, DABVP  
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Diane McFadden

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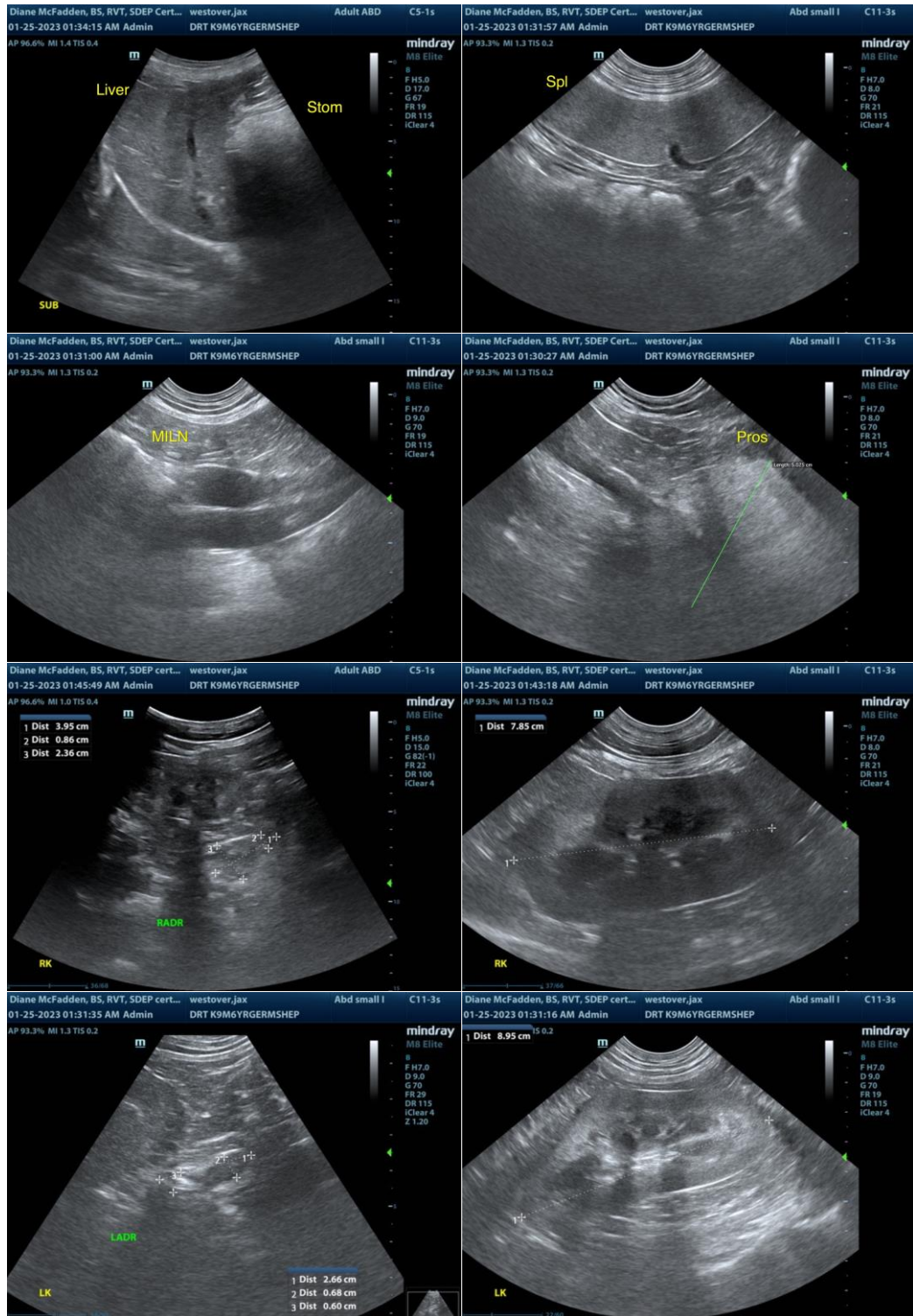
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**PATIENT**

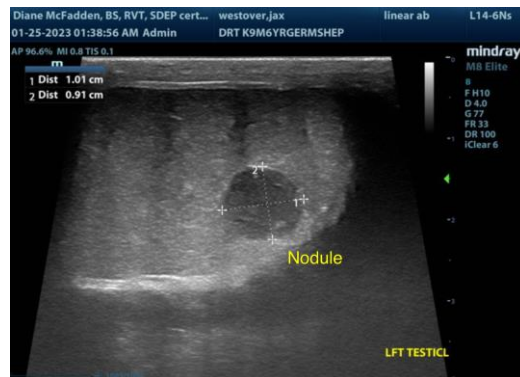
Jax Westover

**SPECIES**

Canine

**BREED**

German Shepherd



**SEX**

MI

**AGE**

7yr

**WEIGHT**

NA

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**IMAGING PERFORMED BY**

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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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)