



**PATIENT**

Rocky Salay

**SPECIES**

Canine

**BREED**

Pit Bull Mix

**SEX**

Neutered Male

**AGE**

9/8/08

**WEIGHT**

77 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Jenni Tudini,  
MRCVS

**HOSPITAL NAME**

East Aurora VH

**REFERRING VET**

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MRCVS

**INVOICE**

21235

**DATE**

2/22/23

**PRESENTING CLINICAL SIGNS**

History: Patient has had a very chronic LUTI with E.coli and Enterococcus Faecalis cultured. Adapted antibiotic therapy to Enrofloxacin upon return of culture & sensitivity results following a course of cefpodoxime. Clinically patient improved (but not fully resolved) during therapy but 6 days out (today) he is as symptomatic as he was before starting medication. Senior panel (biochem/CBC/4Dx/U/a/fecal) pending. Historically chronic elevations of ALKP (300-500) over the past few years. Patient appears chronically PU/PD to clients. He wears diapers as he produces a large volume of urine and is dysuric often voiding urine in spurts even when laying resting, or with minimal abdomen touching. The sediment noted on this ultrasound was noted to the same degree 3 weeks ago and hasn't improved with the use of NSAID or AB therapy.

Abnormal PE/Chem/CBC/UA Results: Pending but chronic LUTI (SG 1.031, pH 6.5, Protein 2+, Blood 1+, WBC > 100HPF, RBC's 50-75 HPF, 3+ epithelial cells) as noted above and ALKP (300-500) over the past few years.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was normal in size and tone with overtly normal urinary bladder walls. No urinary bladder tumors were noted. The ventral apical urinary bladder wall measured 0.70 cm. Anechoic urine was present with moderate, primarily dependent particulate sediment. The urethra was normal to a depth of 3.0 cm. Aortic trifurcation was normal.

The residual prostate exhibited normal size with symmetrical contour and homogenous, mildly hypoechoic parenchyma. Focal discrete hyperechoic parenchyma foci were noted within the residual prostate. The residual prostate measured 3.2 cm in diameter.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. The left kidney measured 7.2 cm in length. The right kidney measured 7.8 cm in length. Pinpoint dystrophic medullary mineral was present. Left and right solitary cortical cysts were present.

**Adrenal Glands**

The right adrenal gland was overtly normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.85 cm width in the cranial pole and 0.70 cm width in the caudal pole.

The left adrenal gland was mildly enlarged, exhibiting mild asymmetrical contour and nonhomogenous parenchyma. No evidence of left adrenal mineralization. The left adrenal gland measured 1.4 cm width in the cranial pole and 0.81 cm width in 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**



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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 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.

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The gallbladder was non distended in size with moderate nonorganized nondependent gallbladder debris, primarily along the inner luminal surface. No evidence of peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

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**Gastrointestinal**

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained nonshadowing ingesta, which was sonographically consistent with food. The stomach was otherwise normal.

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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**

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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.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

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- Moderate, primarily dependent to mildly nondependent urinary bladder sediment- pattern is consistent with pyuria.
- Moderate chronic renal changes with cortical cysts- no overt pyelonephritis
- Prominent symmetrical homogenous residual prostate, exhibiting indistinct pinpoint hyperechoic parenchyma foci- patient variant, mild residual prostatitis, potential for emerging prostatic neoplastic criteria are all potentials.
- Vacuolar hepatopathy pattern- subjectively benign
- Gallbladder debris (non-mucocele)
- Mildly prominent to irregular left adrenal gland

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A higher dose/shorter frequency antibiotic regimen, ideally based on culture and sensitivity results, i.e., Enrofloxacin 20 mg/kg PO SID for 5 days with recheck culture and sensitivity 7 days post completion of antibiotics, may prove more effective at eliminating recurrent infection. Residual prostatic sampling is warranted for further assessment vs sonographic monitoring. Full adrenal work up, given the reported chronic PU/PD and left adrenal presentation, which may include LDDST, may

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be considered. Consideration for possible neurological disease, i.e., reflex, dyssynergia, may be indicated given urination pattern and pending additional work up of the residual prostatomegaly. Screening BRAF assay is suggested.

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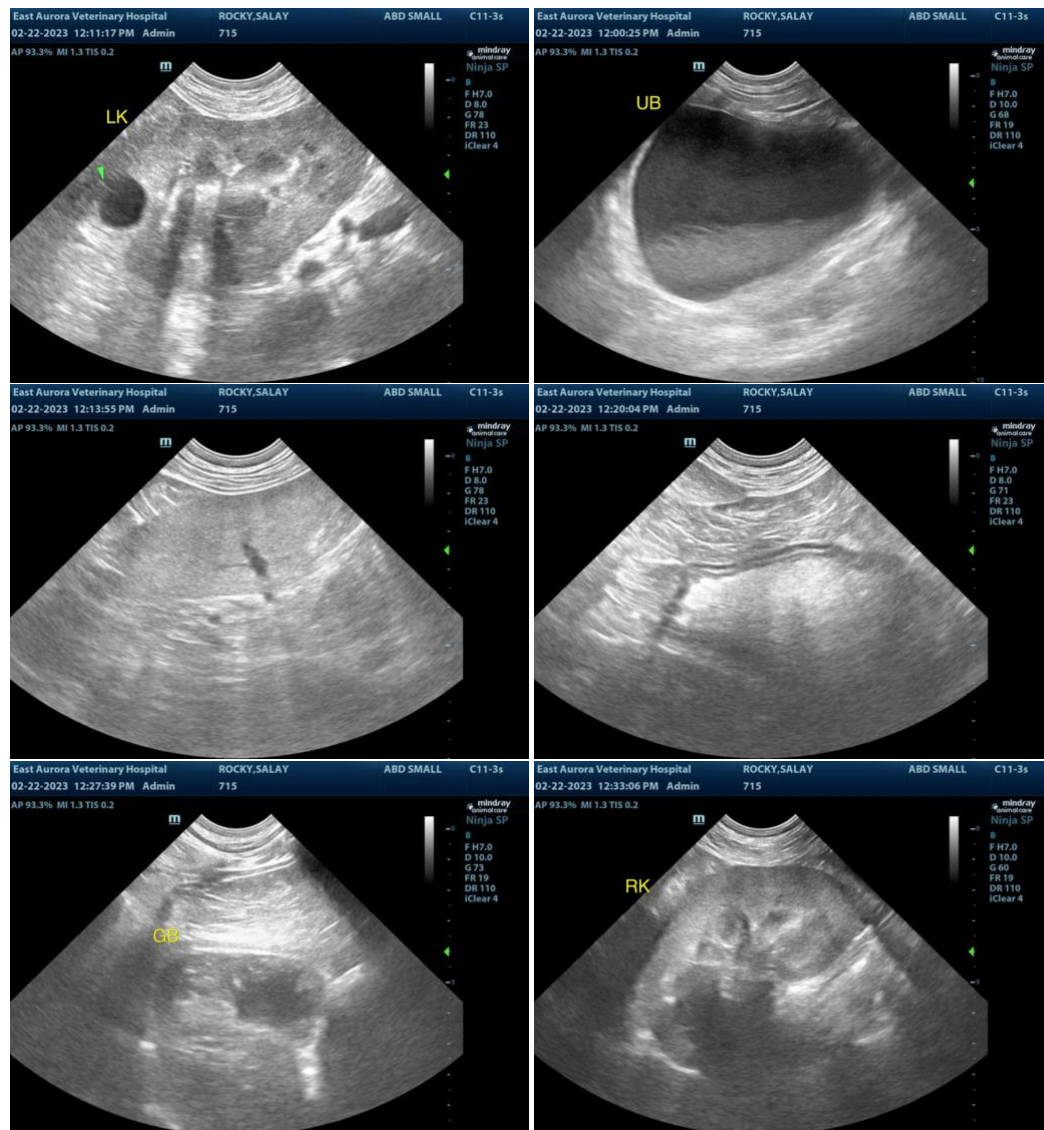
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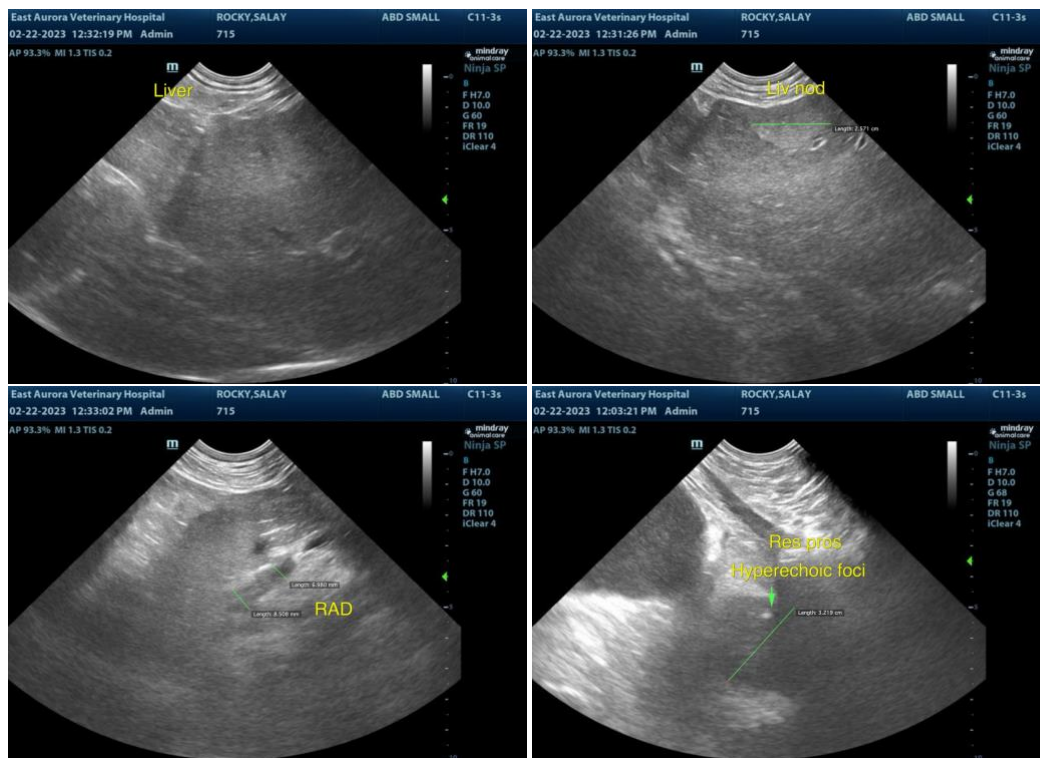
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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