

**PATIENT**

Whiskey Billings

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Intact Male

**AGE**

2 years

**WEIGHT**

80 lbs

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**IMAGING  
PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Kelli Rutyher

**INVOICE**

13442

**DATE**

2/25/22

**PRESENTING CLINICAL SIGNS**

Intermittent hematuria, otherwise doing well at home- no pain/no stranguria/no PU/PD

Abnormal PE/Chem/CBC/UA Results: CBC: RBC 9.37; Eos 1.62 Chem: ALP 19 L UA: cysto sample: brown, cloudy, USG 1.044; pH 8.0; protein 500; blood 250; leukocyte 500 Some sperm cells identified on sedivue, no crystals detected/identified, no bacteria identified on sedivue or culture plate

Abdominal radiographs: unremarkable, no bladder or kidney stones identified. Has had 2 rounds of Enrofloxacin FNA of prostate done at time of scan

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder was normal in overall size and tone. The urinary bladder walls were sonographically normal without evidence of inflammatory criteria. Moderate, nondependent, primarily particulate to pinpoint hyperechoic sediment was present. No evidence of calculi was noted. No overt evidence of congenital abnormalities such as urachal remnant or overt ectopic ureter.

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 5.4 cm x 4.7 cm. Parenchyma cysts were present. The cysts appeared to be thinly walled and to contain anechoic to mildly cellular fluid. At least two cysts were visualized. An example measured 1.7 cm in diameter.

The area of the aortic trifurcation was free of pathology and without evidence of sublumbar or medial iliac lymphadenopathy.

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 pyelectasia. The left kidney measured 7.8 cm in length. The right kidney measured 7.5 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 2.7 cm length x 0.60 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 3.7 cm length x 0.52 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.

**PATIENT*****Liver/ Gallbladder***

Whiskey Billings

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.

**SPECIES**

Canine

***Gastrointestinal*****BREED**

German Shepherd

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.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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***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.

**WEIGHT**

80 lbs

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS*****Primary Findings***

- Structurally normal urinary bladder with moderate, nondependent, particulate to pinpoint hyperechoic sediment
- Benign prostatic hyperplasia with parenchymal cysts, potential for prostatitis
- Sonographically unremarkable bilateral kidneys - no evidence of pyelonephritis

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****HOSPITAL NAME**

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If not recently done and off antibiotics at least 7 days, recheck full urinalysis with submission of a sterile urine sample to an outside lab for culture and sensitivity to definitively rule out an underlying infection. It is recommended. However, the underlying clinical signs in this patient may be owing to the prostatomegaly. The degree of prostatomegaly does not appear to be obstructing urinary outflow, given the lack of reported stranguria. Further assessment including prostatic cytology +/- culture and sensitivity is suggested. Neutering, if possible, may be in this patient's best interest if no evidence of underlying infection and persistent hematuria.

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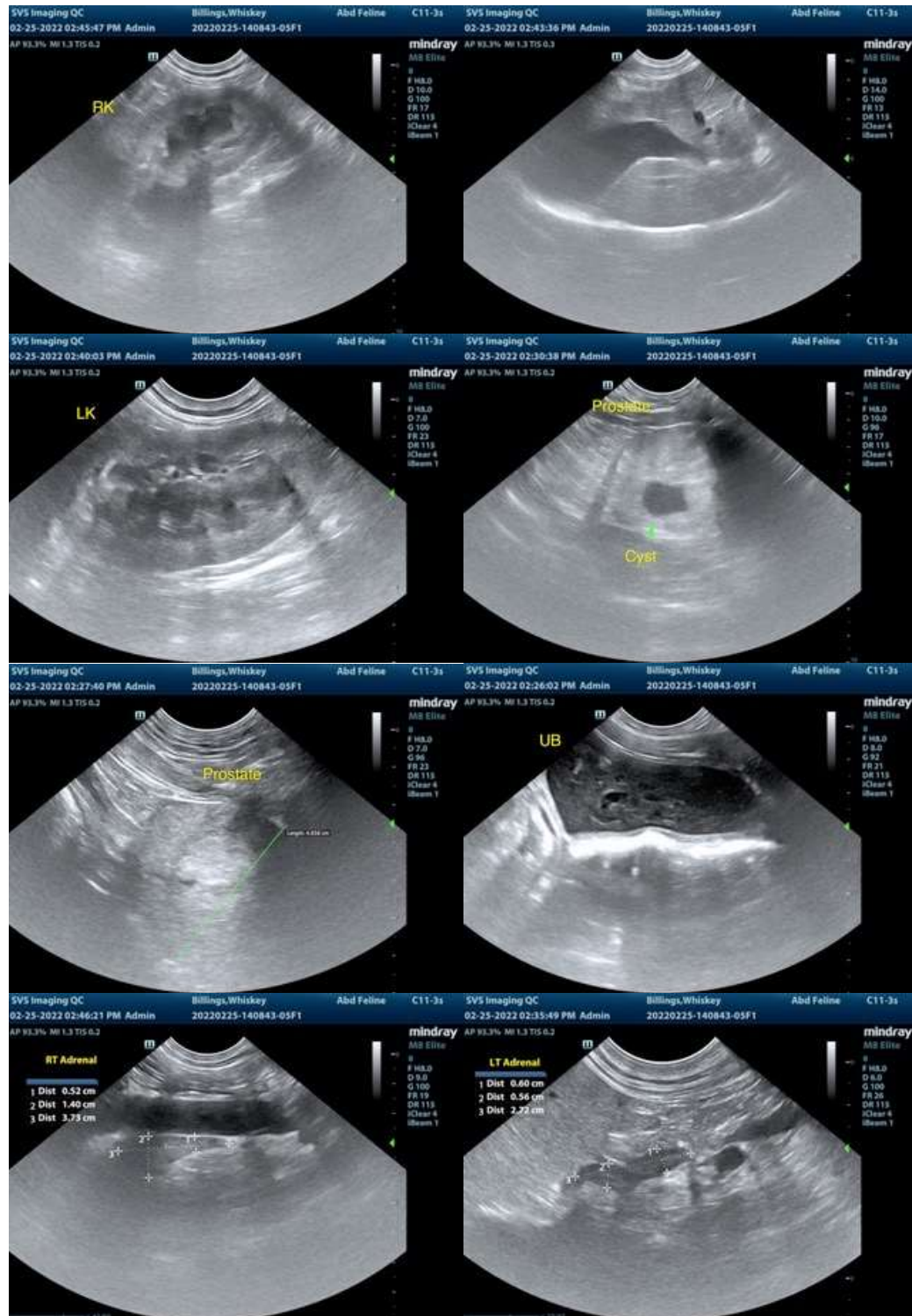
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology

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[www.svsmobilityimaging.com](http://www.svsmobilityimaging.com) 309-337-3070



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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**