



**PATIENT**

Dakota Panich

**SPECIES**

Canine

**BREED**

Cockapoo

**SEX**

Intact Male

**AGE**

12 years

**WEIGHT**

25.5 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Northvale Veterinary

**REFERRING VET**

Dr. Stefanie Simon

**INVOICE**

16065

**DATE**

2/8/23

**PRESENTING CLINICAL SIGNS**

Patient with previous history of malignant melanoma on lip (excised with deep margins and no recurrence; under the care of an oncologist), presents for difficulty defecating - intact male, concerned about prostate.

Current meds: Flagyl, probiotics, and Rimadyl.  
Abnormal PE/Chem/CBC/UA Results: HCT 36%, rest WNL.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and 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 was noted.

The prostate was enlarged in size with an 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 evidence of prostatic parenchymal mineralization. The prostate measured 4.2 cm diameter. Anechoic, thinly walled intraparenchymal cysts were present with an example measuring 1.2 cm diameter. The dorsal aspect of the prostate appeared to mildly impinge upon the associated ventral colon.

The left and right testicles were sonographically normal.

The area of the aortic trifurcation was free of pathology.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.0 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 2.1 cm length x 0.68 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 1.7 cm length x 0.64 cm width at the caudal pole.

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.



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***Liver/ Gallbladder***

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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.

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Cockapoo

***Gastrointestinal***

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The stomach exhibited generalized intact, mildly prominent wall layering with minor retained anechoic fluid primarily in the pylorus. Within the gastric lumen, subjectively in the area of the gastric fundus, a primarily spherical homogeneous luminal mass lesion was present measuring approximately 2.5 cm diameter. The mass lesion was noted adjacent to the gastroesophageal junction, yet did not overtly involve the gastroesophageal junction, without evidence of obstruction to esophageal inflow. The pylorus wall width measured 0.46 cm. No evidence of mechanical pyloric outflow obstruction was noted.

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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.

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The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. The colon contained subjective semi-formed to possible soft fecal matter. The descending colon wall width measured 0.24 cm.

***Pancreas***

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The pancreas was normal in size and contour with mild heterogeneous parenchyma compared to adjacent omentum, consistent with mild, age-related changes and incidental. No sonographic evidence of active pancreatitis or neoplasia.

***Free Abdomen***

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No evidence of omental masses, lymphadenopathy, or peritoneal effusion was noted.

**ULTRASONOGRAPHIC FINDINGS**

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- Benign prostatic hyperplasia with intraparenchymal cysts, potential for prostatitis
- Sonographically normal urinary bladder
- Mild chronic renal changes
- Gastric luminal mass lesion subjective area of the gastric fundus
- Sonographically unremarkable small bowel, possible mild colitis pattern

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of prostatic neoplastic criteria, which is considered unlikely. Subjectively, the degree of prostatomegaly with potential mild impingement upon the associated ventral colon did not appear



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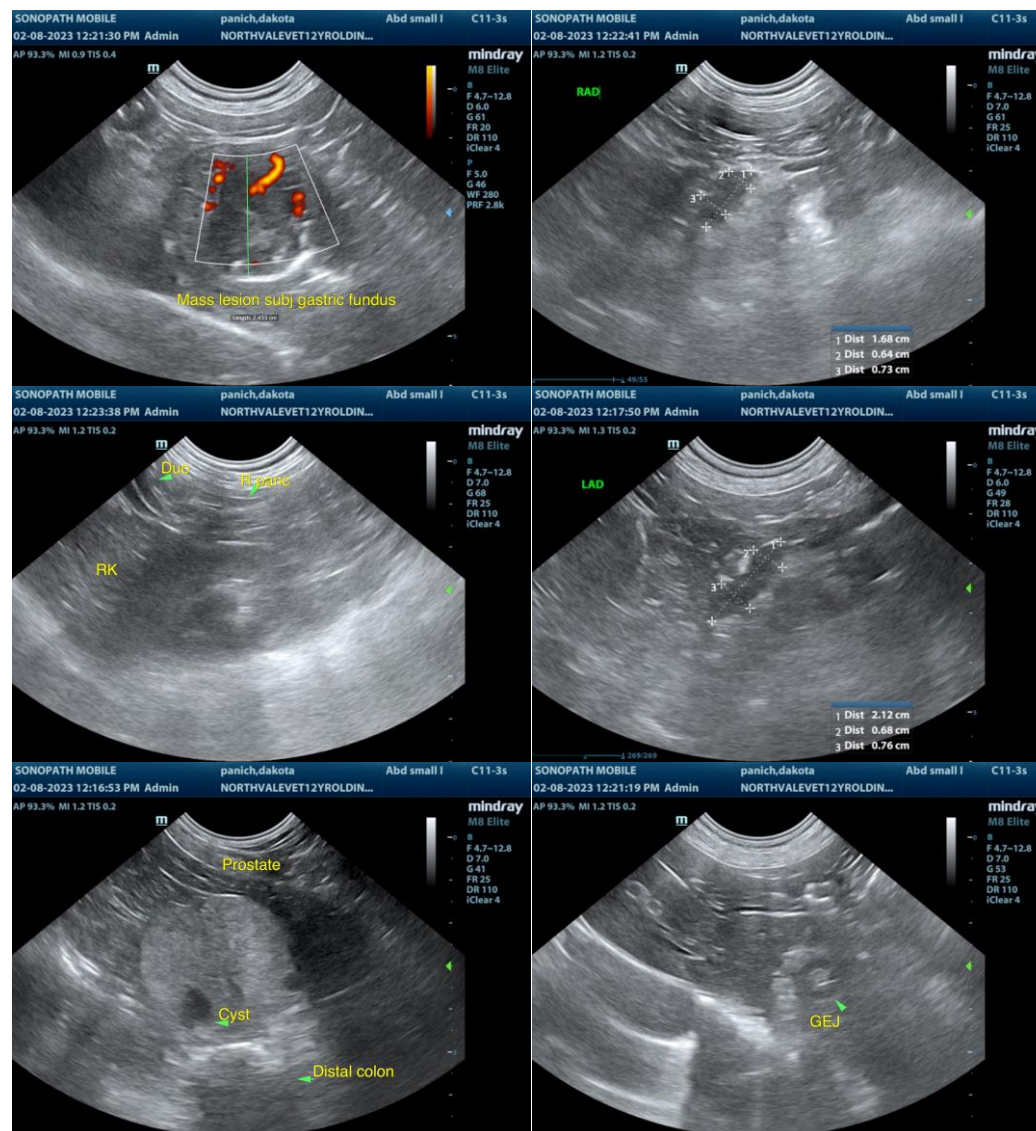
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to be to the degree that would completely obstruct fecal outflow. If not done, rectal palpation is suggested to assess for or rule out non-visualized colorectal pathology.

The gastric luminal mass lesion may be further evaluated with endoscopy and potential for biopsy, which is recommended if available. Continued monitoring for inappetence, vomiting, etc., going forward is suggested. Three-view chest radiographs are recommended if not done.





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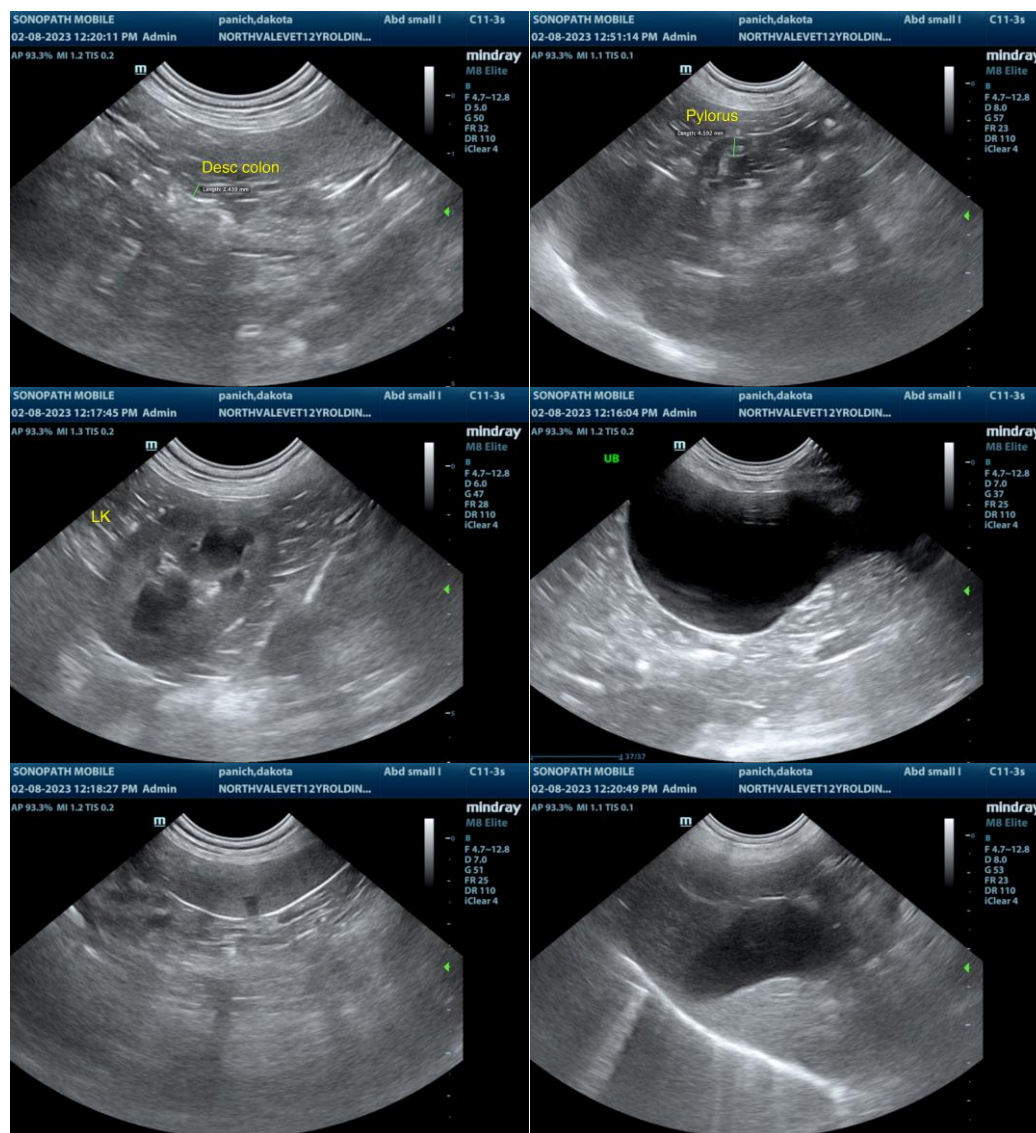
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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