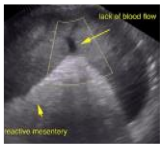
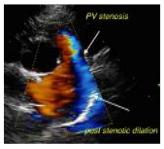
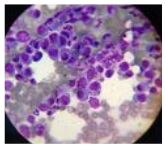
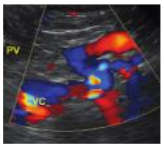
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Murphy Falconi

SPECIES

Canine

BREED

Cocker Spaniel

SEX

M/N

AGE

12 years

WEIGHT

27.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Animal Hospital of Roxbury

REFERRING VET

Dr. Hickenbottom

INVOICE

16066

DATE

2/8/23

PRESENTING CLINICAL SIGNS

anemia, recurrent UTIs
Abnormal PE/Chem/CBC/UA Results: ALB - 2.1, A/g ratio - 0.6, BUN/CREA - 30, RBC 4.1, HGB 9.2, HCT 29%, Polychromasia- mod, NRBC - 5, abs mono - 1242 UA: Pro. - 1+ , wbc 11-20, Ca ox crystals - 21-50, Bacteria - rods > 100, SG 1.035

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone containing anechoic urine primarily with minor particulate sediment, which may indicate cellular debris / protein, crystalline debris, or mucus. A small tubular structure in the area of the urinary bladder neck and potentially within the area of the ureteral papilla measuring approximately 0.75 cm in diameter was indistinctly visualized.

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 overt evidence of prostatic parenchymal mineralization. The prostate measured approximately 4.4 cm in diameter. Multifocal, primarily small, parenchyma cysts were present.

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 pelvic dilation was present. Right kidney small cortical cyst was present. The left kidney measured 5.4 cm in length. The right kidney measured 5.1 cm in length.

Adrenal Glands

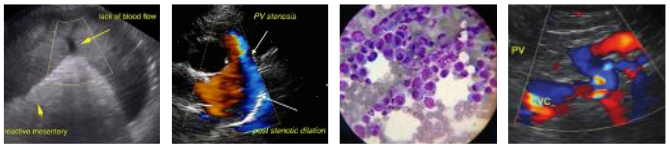
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.2 cm length x 0.53 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.1 cm length x 0.60 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.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Murphy Falconi

SPECIES

Canine

BREED

Cocker Spaniel

SEX

M/N

AGE

12 years

WEIGHT

27.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Animal Hospital of Roxbury

REFERRING VET

Dr. Hickenbottom

INVOICE

16066

DATE

2/8/23

without signs of congestion. The gallbladder was non-distended containing anechoic content with mild, primarily dependent, echogenic, nonorganized debris. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

Gastrointestinal

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 primarily intact wall layering with a maintained 1:3 muscularis/mucosa ratio. Focal to segmental intestinal mural thickening exhibiting decreased mural echogenicity and loss of distinct wall layering was present in the caudal abdominal intestinal segment, likely consistent with a jejunal location. Thickened intestinal wall width measured up to 1.0 cm. By comparison, normal intact adjacent small intestinal wall width measured 0.35 cm.

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

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.

Free Abdomen

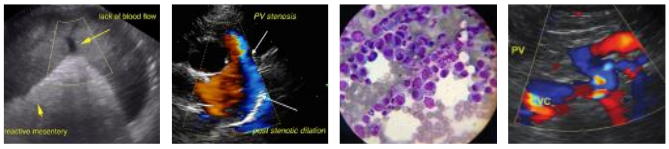
An unspecified mild irregular, nonhomogeneous, subjective focally cystic mass lesion in the caudal abdomen potentially within the area of the medial iliac or caudal omental lymph nodes was present. The unspecified mass lesion measured approximately 4.0 cm in diameter. Possible concurrent mild regional caudal mesenteric lymphadenopathy was noted. At least (1) potential lymph node exhibited an indistinct central hyperechoic linear opacity, which may potentially suggest a retained testicle with indistinct mediastinum testis. No evidence of peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Prostatomegaly exhibiting nonhomogeneous to cystic parenchyma - benign prostatic hyperplasia, prostatitis, prostatic neoplasia, all potentials
- Possible, although not definitive, small ureterocele
- Unspecified mass lesion in the caudal abdomen with possible regional mesenteric lymphadenopathy, potential for retained testicle or possible testicular tumor vs. unspecified lymphadenopathy or other, all potentials
- Segmental caudal abdominal small intestinal mural mass - suspect jejunal location
- Mild chronic renal changes with right kidney cortical cyst - no evidence of pyelonephritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture on a sterile urine sample is recommended if not recently done. Correlation with possible etiologies in this case with pending cytology is recommended. Hormonal testing may be considered for



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Murphy Falconi

SPECIES

Canine

BREED

Cocker Spaniel

SEX

M/N

AGE

12 years

WEIGHT

27.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Animal Hospital of Roxbury

REFERRING VET

Dr. Hickenbottom

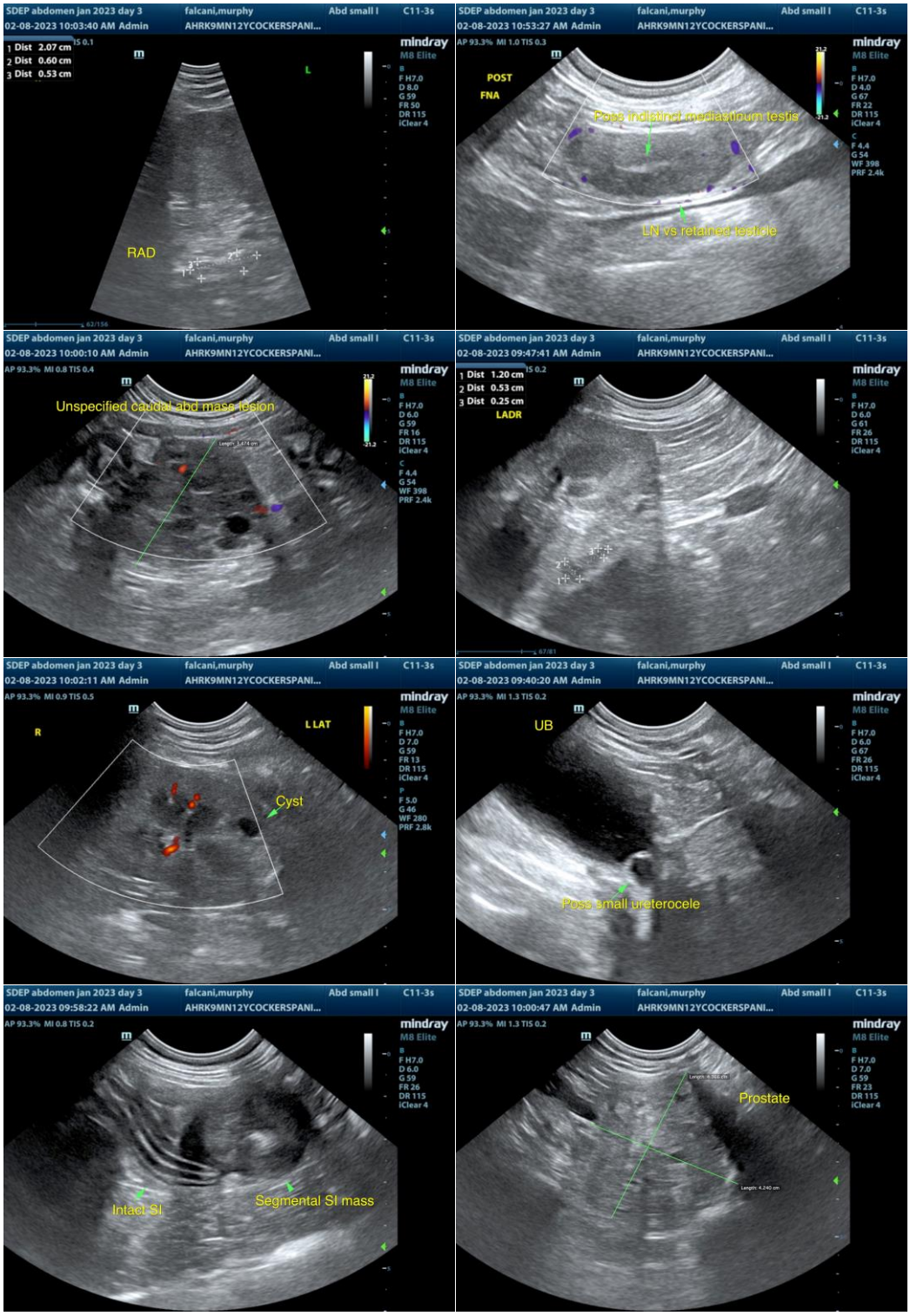
INVOICE

16066

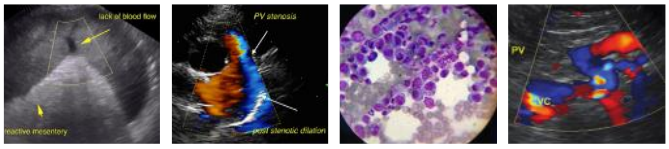
DATE

2/8/23

further clarification if prostatic or mass / lymph node cytology is suggestive of benign prostatic hyperplasia, prostatitis, or other non-neoplastic etiology. Abdominal CT, if possible, is likely ideal given the sonographic findings.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Murphy Falconi

SPECIES

Canine

BREED

Cocker Spaniel

SEX

M/N

AGE

12 years

WEIGHT

27.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Animal Hospital of Roxbury

REFERRING VET

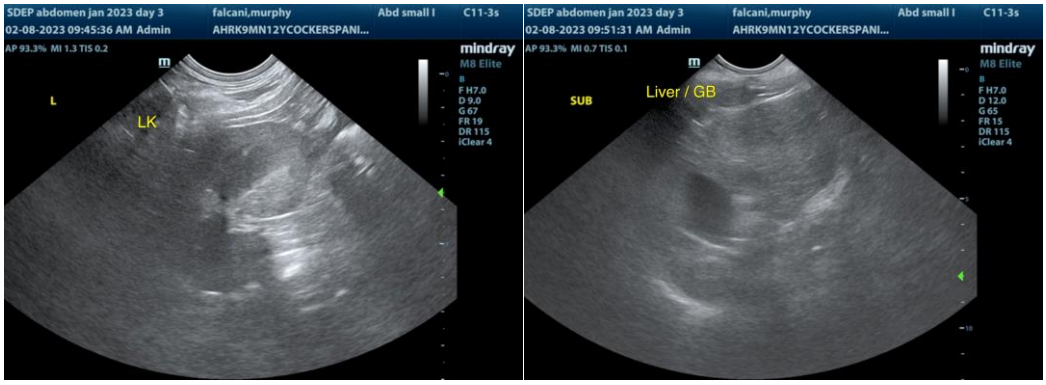
Dr. Hickenbottom

INVOICE

16066

DATE

2/8/23



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