**PATIENT**

Chestnut Collier

SPECIES

Canine

BREED

Dalmation Mix

SEX

MN

AGE

10.5 years

WEIGHT

78 lbs.

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

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Family Pet Practice

INVOICE

13573

DATE

3/29/22

PRESENTING CLINICAL SIGNS

Presented in Dec 2021: Grade II heart murmur, lungs clear. Prev rec Cardio no hx of cardio work-up rec echo, chest rads superficial excoriations right dorsocaudal hip with mild erythema, loose crusts caudal dorsal trunk and tail- not exudative like prev exam Tense pendulous abdomen with cranial organomegaly- recommended AUS. Progressive weight loss -rule-out endocrinopathy, metabolic disease, neoplasia. Recently began urinating more.

Abnormal PE/Chem/CBC/UA Results: Also low total T4. No supplement started as no clinical signs present at the time

Unremarkable CBC, WBC 15.5 with mild neutrophilia, ALP 198, normal ALT

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder was mildly subnormal in size owing to lack of urine distention. No overt evidence of inflammatory or neoplastic urinary bladder criteria was noted. No sediment or calculi was noted. The urethra was overtly normal in structure and tone to a depth of 4.0 cm.

The residual prostate exhibited mild to moderate enlargement with discernable capsule contour compared to adjacent periprostatic tissue, yet with areas of mild capsule asymmetry. Nonhomogeneous parenchyma exhibiting pinpoint parenchymal mineral was present. The residual prostate measured approximately 3.3 cm x 3.0 cm.

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 6.8 cm in length. The right kidney measured 7.2 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 0.78 cm width at the caudal pole and 0.83 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.75 cm width at the caudal pole and 0.60 cm width at the cranial 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

The liver presented enlarged in size. The hepatic parenchyma was primarily uniform exhibiting moderate coarse echotexture and evidence of minor parenchymal remodeling. 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. The gallbladder was non-distended in size with primarily anechoic luminal content. 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 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

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

No omental masses, lymphadenopathy, or effusion were noted.

ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Mild to moderate residual prostatomegaly exhibiting nonhomogeneous to pinpoint mineralized parenchyma
- Mild age-related kidneys
- Vacuolar hepatopathy pattern - subjectively benign
- Overtly normal gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the residual prostatomegaly including pinpoint parenchymal mineralization, is suggestive of prostatic neoplastic criteria i.e., primary prostatic carcinoma or urothelial carcinoma. No overt evidence of regional metastasis was noted. Prostatic FNA vs. biopsy or prostatic wash for cytology is recommended for further assessment.

Aside from the prostatic presentation, no overt evidence of significant visceral pathology was noted. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

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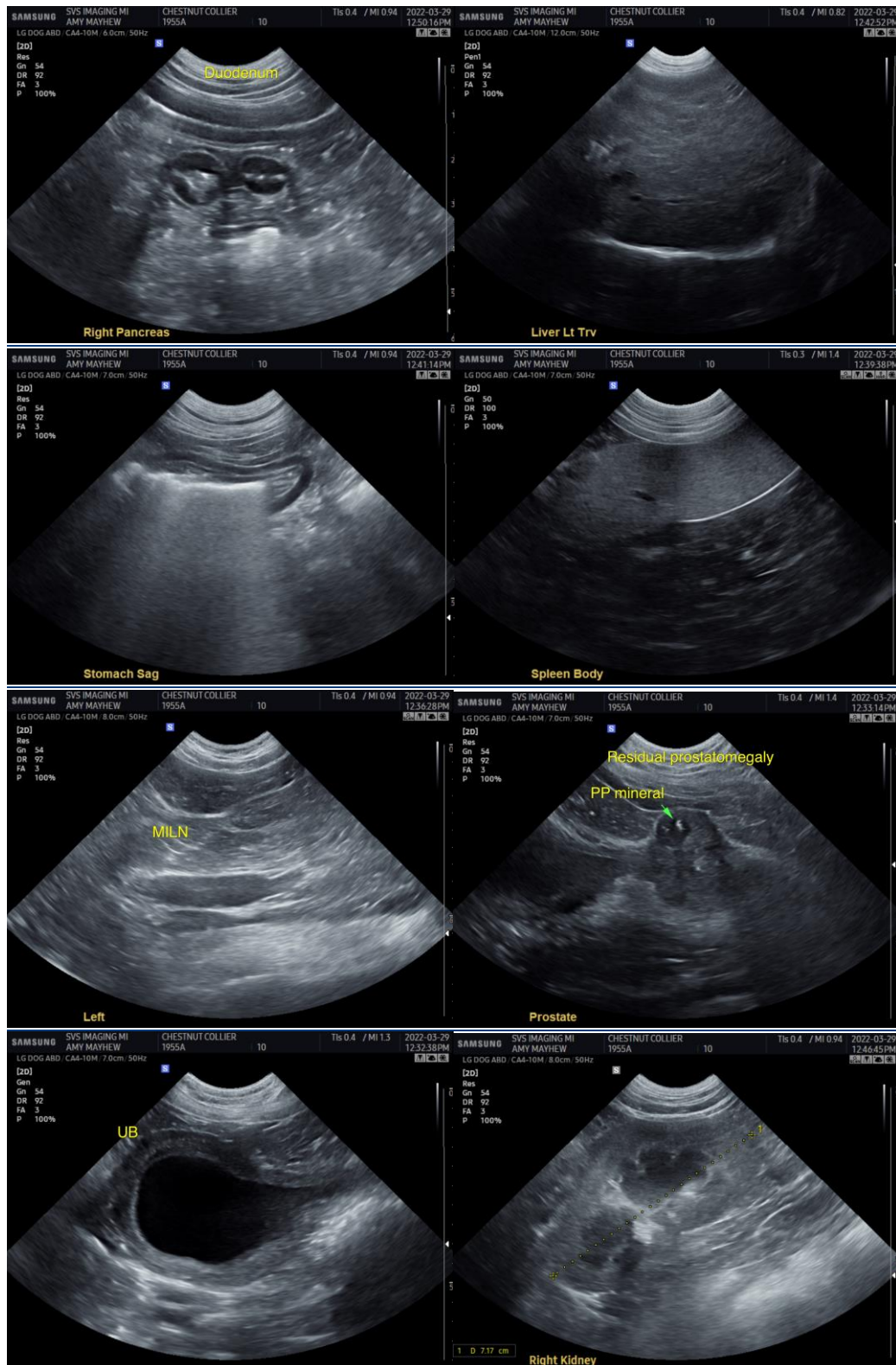
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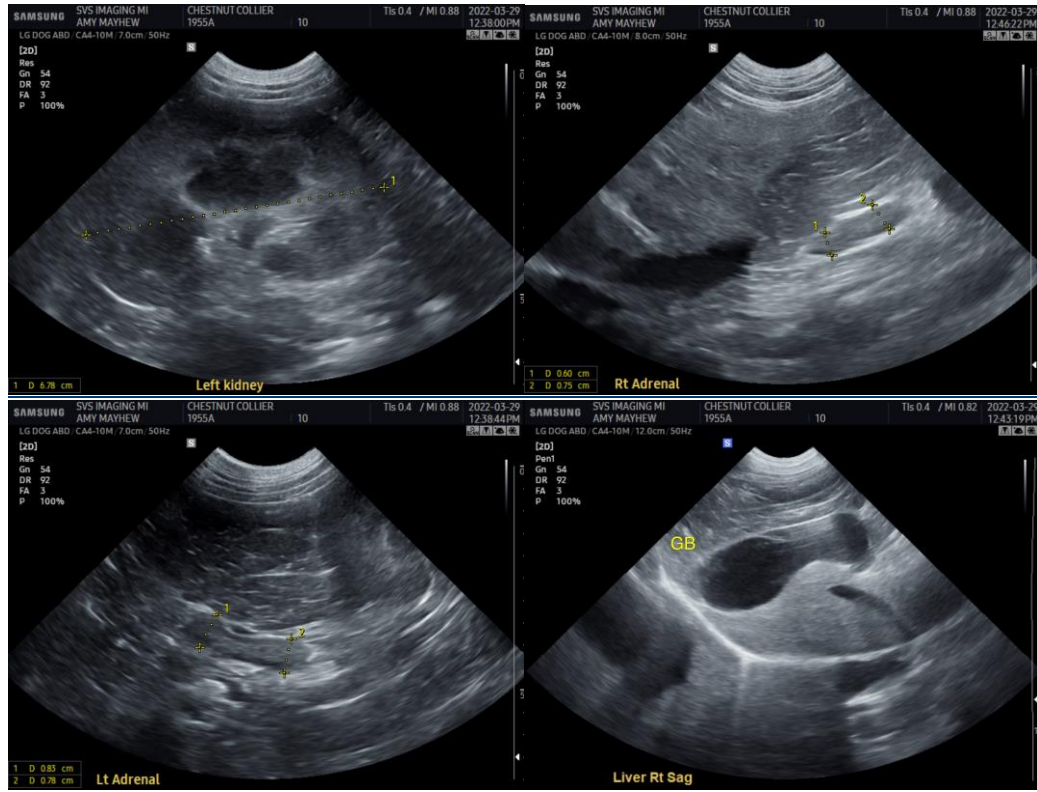
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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