

PATIENT

Toto Chopra

SPECIES

Canine

BREED

JRT

SEX

Neutered Male

AGE

12 Years

WEIGHT

8.36 kg

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP (Canine /
 Feline Practice)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Dundas AH

REFERRING VET

Crystal Hill

INVOICE

36096

DATE

3/3/26

PRESENTING CLINICAL SIGNS

- PE confined to urinary tract - Toto was catheterized and pure blood was extracted (he had previously urinated on the floor which had blood clots present)
- Rectal performed and bladder seems "meaty" and painful (8/10 pain response)
- Has been on Zeniquin SID for 10 days and Metacam SID
- Abnormal PE/Chem/CBC/UA Results: U/A - pH 6.0, WBCs and RBCs 4+, Protein 3+ no calculus evident.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented normal in size and tone. Mildly thickened ventral and apical dorsal wall was noted with maintained symmetrical lumen surface contour. Apical wall measured 0.42 cm wall width. Primary anechoic urine was present with minor nondependent particulate urine sediment. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal tone. The ureteral papillae were normal. The ureters were not visible which is normal.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.36 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild indistinct loss of corticomedullary border demarcation was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.3 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

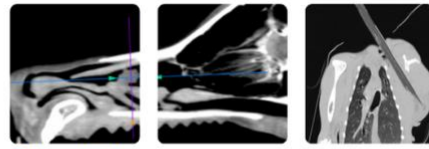
The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.63 cm width in the caudal pole. The right adrenal gland measured 0.54cm width in the caudal pole.

Spleen

A mildly expansive nonhomogenous to variably hypoechoic solid mass involving the spleen was noted with secondary capsule expansion and disruption, measuring approximately 3.0 cm – 3.5 cm in diameter. No evidence of cavitation. The remainder of the spleen exhibited mild enlargement with folding and asymmetrical contour and mild parenchyma heterogeneity. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver

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.



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The gallbladder was non distended in size with mild nonorganized debris. 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 was empty with no signs of ileus, obstruction or foreign material.

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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.

JRT

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

SEX

Pancreas

Neutered Male

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.

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Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

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Other

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

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ULTRASONOGRAPHIC FINDINGS

- Mild cystitis pattern with mild urine sediment
- Normal residual prostate
- Bilateral chronic renal changes
- Splenic mass
- Normal liver with mild nonorganized gallbladder debris (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of a urinary bladder residual prostate or proximal urethra neoplastic criteria. Correlation with urine culture and sensitivity 7 days post-completion of current antibiotic +/- screening BRAF assay.

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The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Neoplastic criteria, given sonographic appearance, is favored.

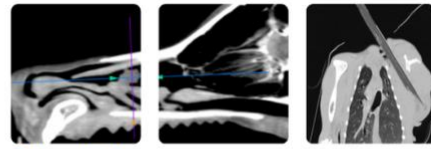
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Obvious sonographic evidence of major organ or cardiac metastasis was not overtly evident. Non sonographically evident metastasis / micrometastasis cannot be definitively excluded. If no pathology on thoracic radiographs, splenectomy with gross inspection of the perisplenic omentum, abdominal cavity and consideration for bladder biopsy is recommended.



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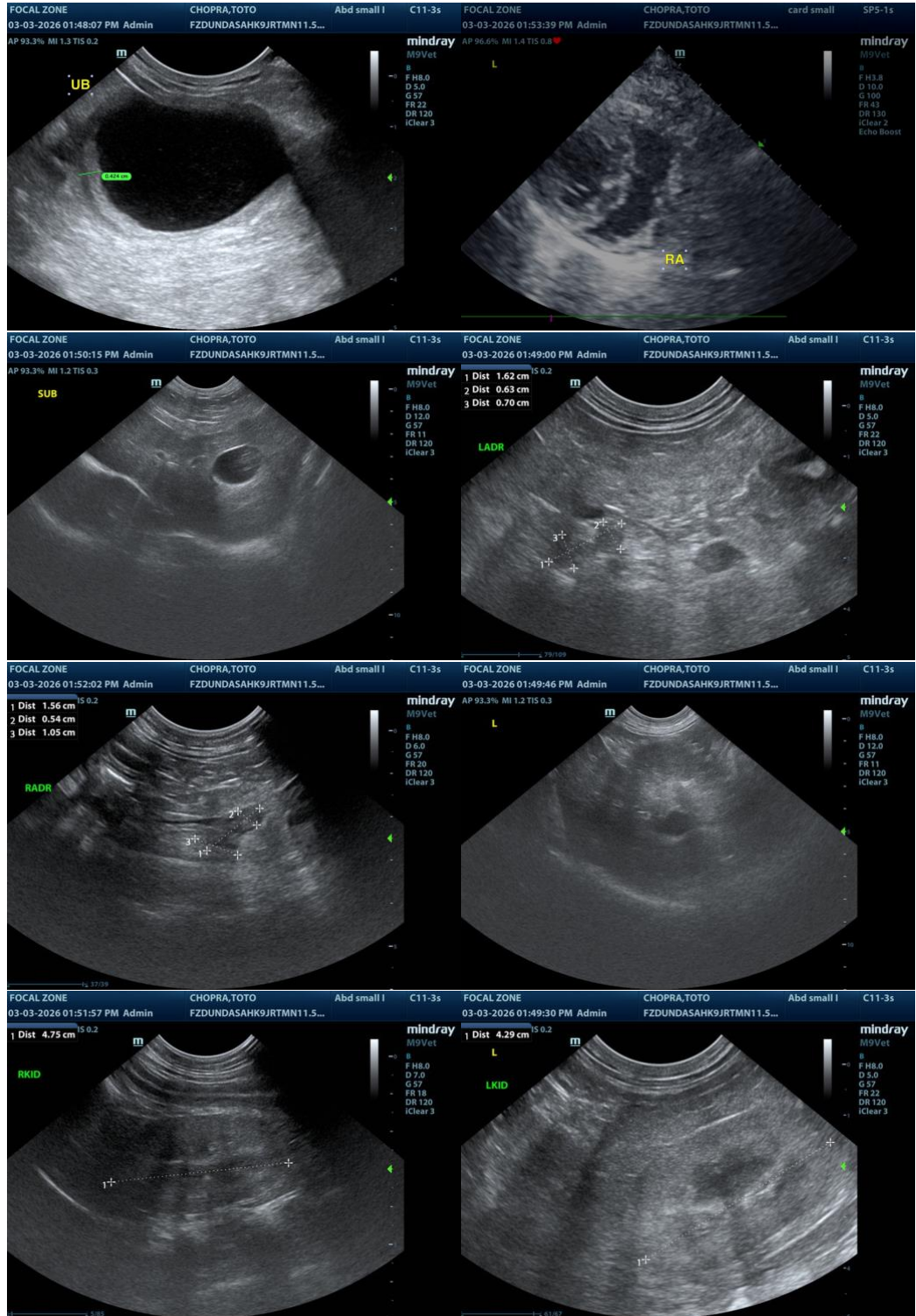
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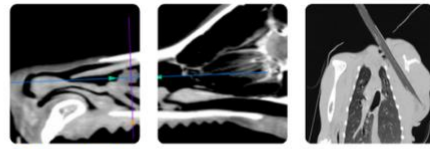
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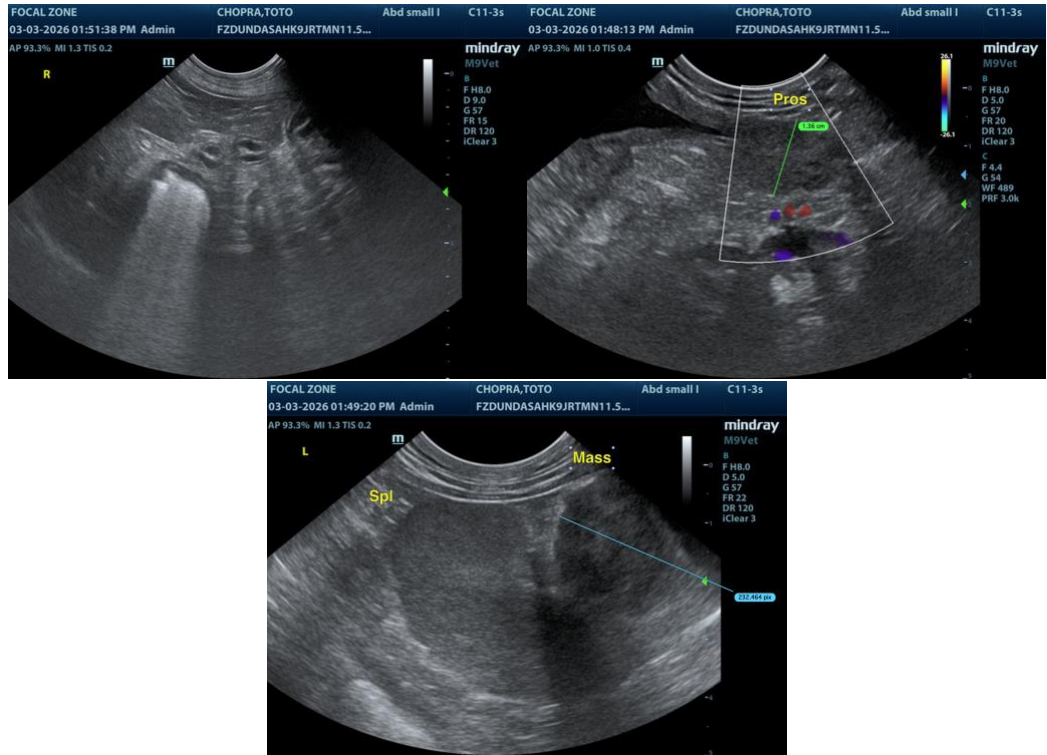
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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