



PATIENT

Prince Raju

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

13

WEIGHT

10.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkawy

HOSPITAL NAME

Union Vet Animal
Hospital

REFERRING VET

Dr. Sharkawy

INVOICE

14112

DATE

03/06/26

PRESENTING CLINICAL SIGNS

- Straining to urinate hematuria
- Discomfort
- History of cyst on the right kidney

Abnormal PE/Chem/CBC/UA Results: Recent Bw- mild elevated ALT, High normal Cr. UA- normal spgr, Transitional cells. BRAF- pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was nondistended with urine prohibiting full evaluation of the urinary bladder wall. Mild asymmetrical wall lumen surface contour with mild nonhomogenous mural echogenicity. No definitive tumors were evident. Minimal to mild urine presence with dependent to nondependent accumulated hypoechoic lumen sand/mineral measuring approximately 1.0 cm in diameter. Potential for mineral or sand adherence to the luminal surface is likely.

The residual prostate was mildly enlarged in size exhibiting evidence of parenchymal mineralization. No obvious evidence of obstruction to urine outflow. The prostate measured 1.2 cm in diameter.

No obvious medial iliac or sublumbar lymphadenopathy or masses.

Normal size and margination was present in the right kidney. 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. Medullary renoliths, mild pyelectasia and large cranial cyst was present in the right kidney measuring 3.9 cm in diameter. The right kidney measured 6.4 cm in length.

The left kidney was not definitively visualized.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A small noncapsule deforming perihilar hyperechoic nodule was present. 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 or neoplastic changes were not noted. The echogenic nodule tends to trend benign and is most consistent with benign hyperplasia or myelolipoma.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Subjective adequate vascular volume without signs of congestion.



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The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nondistended urinary bladder with accumulated to adhered lumen sand/mineral.
- Mildly enlarged focally mineralized residual prostate.
- Right kidney chronic renal changes exhibiting renolithiasis, mild pyelectasia and cranial cyst.
- Hepatic remodeling with adequate vascular volume.
- Nonorganized gallbladder debris (non-mucocele).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although not definitive evidence of residual prostatic parenchymal mineralization, highly suspicious for neoplasia i.e. transitional cell or prostatic carcinoma. A definitive urinary bladder tumor was not visualized yet lack of urine distention prohibited full evaluation of the urinary bladder wall.

Correlation with pending BRAF assay as well as urine culture and sensitivity ideally on sterile urine sample is recommended. No obvious evidence of regional lymphatic metastasis if neoplasia is confirmed. No obvious evidence of intrahepatic or extrahepatic macroscopic shunt.

Correlation with bile acid profile could be considered. Initial therapy for cystitis and urinary bladder mineral which may include dietary therapy +/- empirical UTI protocol pending urine culture and sensitivity is recommended.



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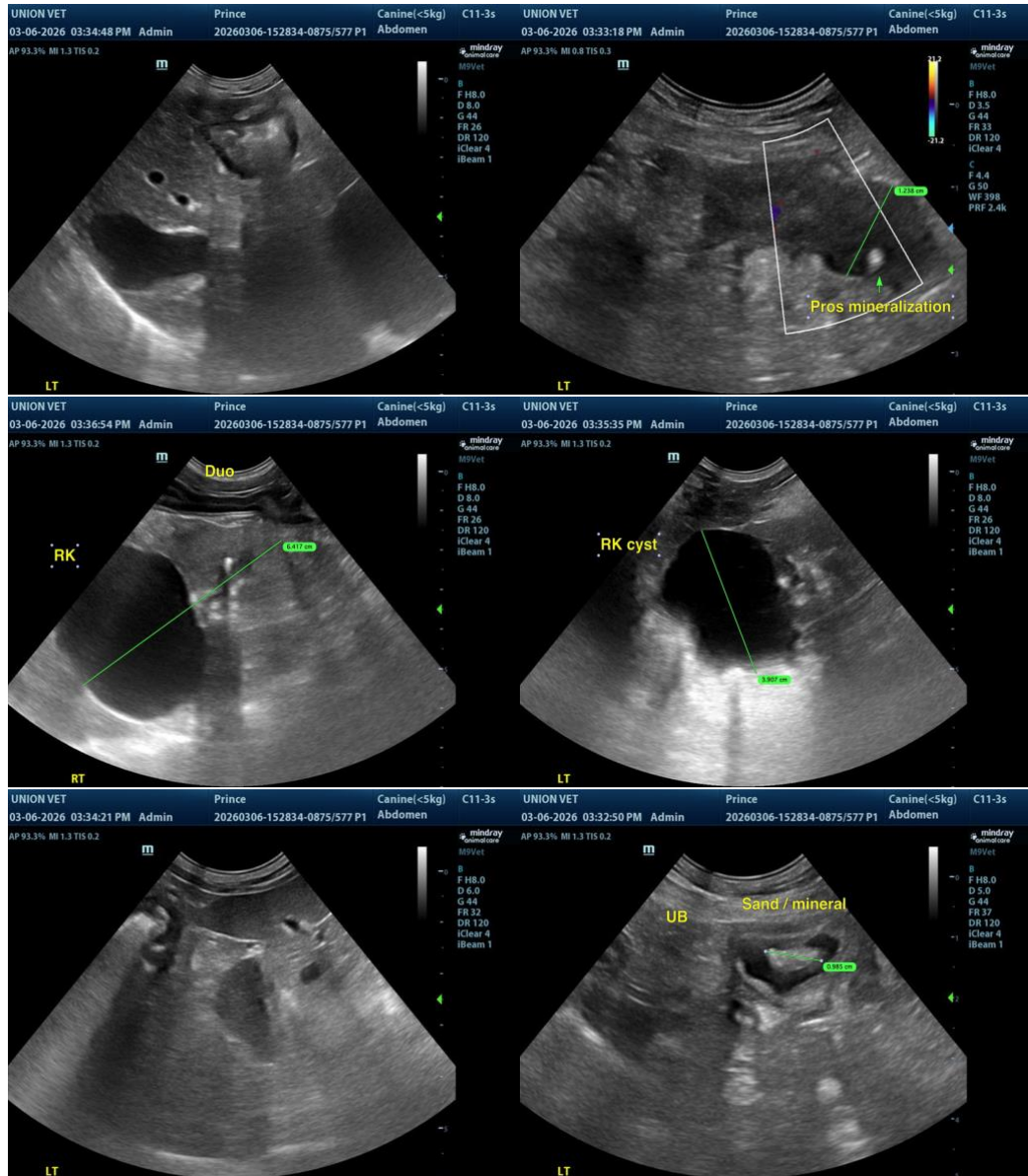
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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