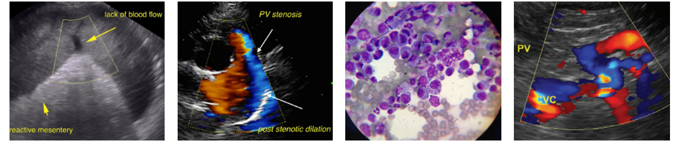


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Athens Mooers

SPECIES

Canine

BREED

German Shepherd Dog

SEX

Neutered Male

AGE

3 Years

WEIGHT

46.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Bend Animal Emergency & Specialty Center

REFERRING VET

Gordon Bunting, DVM

INVOICE

36770

DATE

4/10/22

PRESENTING CLINICAL SIGNS

Pt presents for exam due to acute ADR behavior that began last evening. -- O said he skipped dinner and was very "needy" and would not leave O alone. They said that he was restless last night and this morning. -- He did not eat breakfast this morning either. There is nothing on the property or in the house they think he could have gotten into. -- Occasionally he will get into the trash, but O have it elevated and he has not done it recently. Previously healthy. -- No c/s/v/d.
Abnormal PE/Chem/CBC/UA Results: -- Physical exam: Slightly tacky mm's. Mild pain in abdominal palpation. Febrile at 103.7 F, consistent over 103 F for ~ 6 hours -- CBC: Slight lymphopenia, slight thrombocytopenia -- CHEM: WNL -- 2-view abdominal radiographs: The stomach is mildly dilated with gas. There is slight dilation of the pylorus with possible ingesta within the pylorus. The SI tract appears mostly uniform. There is a region of gas dilation in the mid abdomen that may be SI segmental dilation. The region contains mottled gas striations that could be consistent with foreign material. There is no free fluid or free gas.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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 were noted.

The residual prostate exhibited mild enlargement compared to expected residual prostate size in castrated male canines. The prostatic capsule appeared to maintain symmetrical contour and was able to be differentiated from surrounding periprostatic tissue. The residual prostate parenchyma exhibited heterogeneity including non-specific areas of hyperechoic, non-shadowing, indistinct parenchymal nodules. The residual prostate measured 3.0 cm x 3.0 cm.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.7 cm. The right kidney measured 8.0 cm.

The area of the aortic trifurcation was free of pathology. No evidence of sublumbar or medial iliac lymphadenopathy.

Adrenal Glands

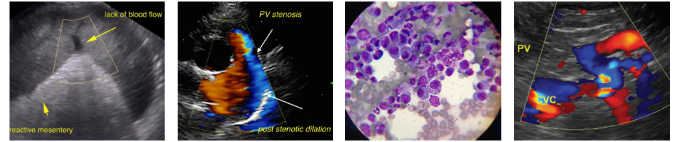
The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.9 cm length x 0.70 cm at the caudal pole. The left adrenal gland measured 2.5 cm length x 0.53 cm at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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, neoplastic, or benign parenchyma changes were not noted.

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



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

PATIENT

Athens Mooers

SPECIES

Canine

BREED

German Shepherd Dog

SEX

Neutered Male

AGE

3 Years

WEIGHT

46.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Bend Animal Emergency & Specialty Center

REFERRING VET

Gordon Bunting, DVM

INVOICE

36770

DATE

4/10/22

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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was primarily empty with mild luminal gas. No evidence of retained ingesta, fluid or foreign material in the stomach.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental non-obstructive jejunal ileus. No evidence of small intestinal mechanical obstructive pattern or overt 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.

ULTRASONOGRAPHIC FINDINGS

- Mild residual prostatomegaly exhibiting non-homogeneous to indistinct hyperechoic nodular parenchyma
- Overtly normal gastrointestinal tract with mild segmental non-obstructive jejunal ileus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the lack of reported dysuria or stranguria, the residual prostate presentation is of unclear clinical significance. Subjectively, the mild residual prostatomegaly was not overtly consistent with inflammatory or neoplastic criteria and is suspected to be a normal patient variant, particularly if the patient was neutered later than one year of age. However, the possibility of emerging residual prostate pathology cannot be definitively excluded. Given this presentation, sonographic monitoring of the prostate for evidence of progressive enlargement or parenchymal changes with initial recheck in 2-3 weeks is recommended.

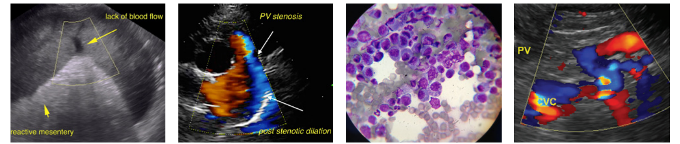
Overall, a definitive cause of the patient's clinical signs is not overtly apparent in this study without evidence of significant visceral pathology. Suspected segmental enteritis or structurally insignificant gastroenteritis or inflammatory bowel episode could be present.

If not done, 3-view chest radiographs and thorough musculoskeletal examination is recommended to assess for occult disease as contributing factors to the patient's clinical signs. Empirically, as needed gastrointestinal support and assessment of clinical response would be reasonable.

SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™

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

PATIENT

Athens Mooers

SPECIES

Canine

BREED

German Shepherd Dog

SEX

Neutered Male

AGE

3 Years

WEIGHT

46.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Bend Animal Emergency & Specialty Center

REFERRING VET

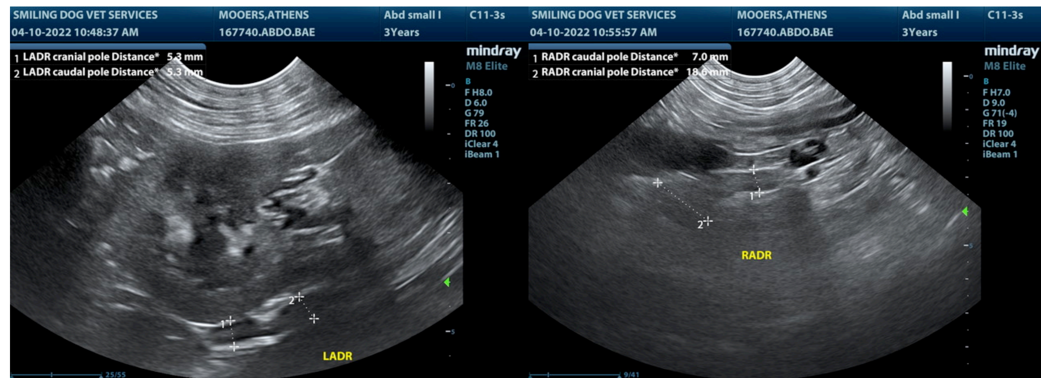
Gordon Bunting, DVM

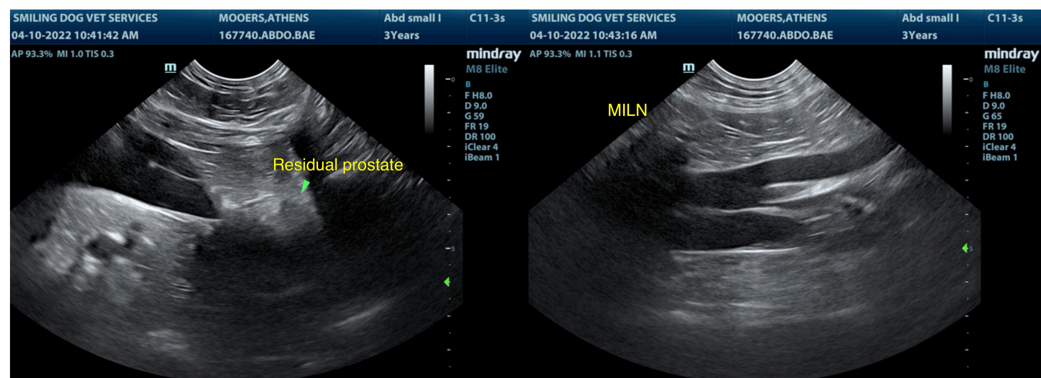
INVOICE

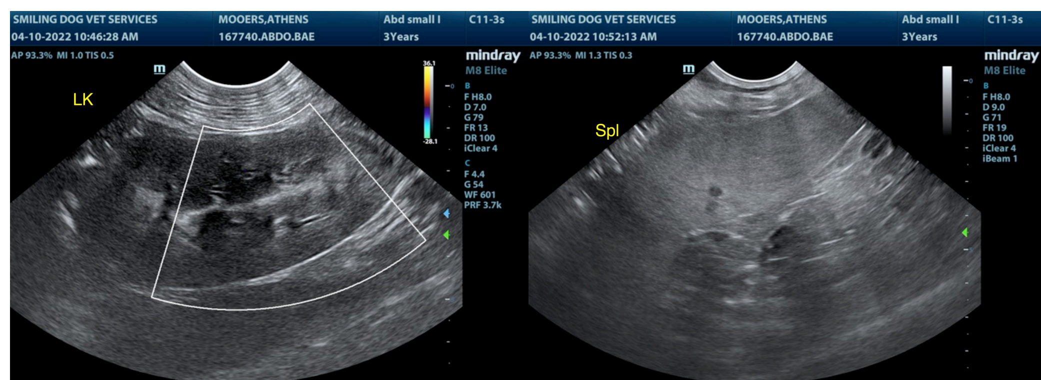
36770

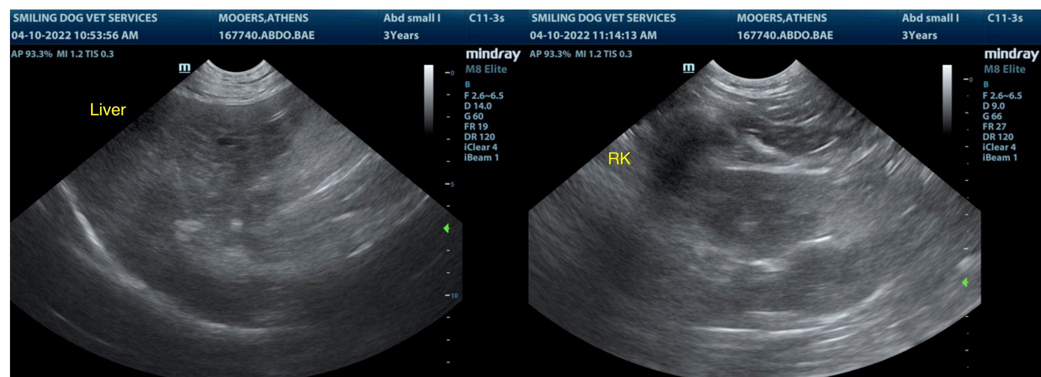
DATE

4/10/22





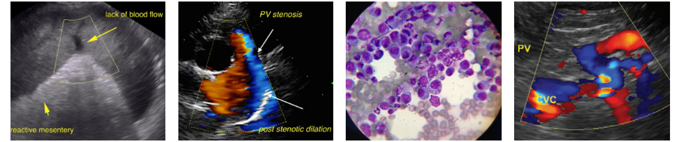




SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™

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

PATIENT

Athens Mooers

SPECIES

Canine

BREED

German Shepherd Dog

SEX

Neutered Male

AGE

3 Years

WEIGHT

46.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Bend Animal Emergency & Specialty Center

REFERRING VET

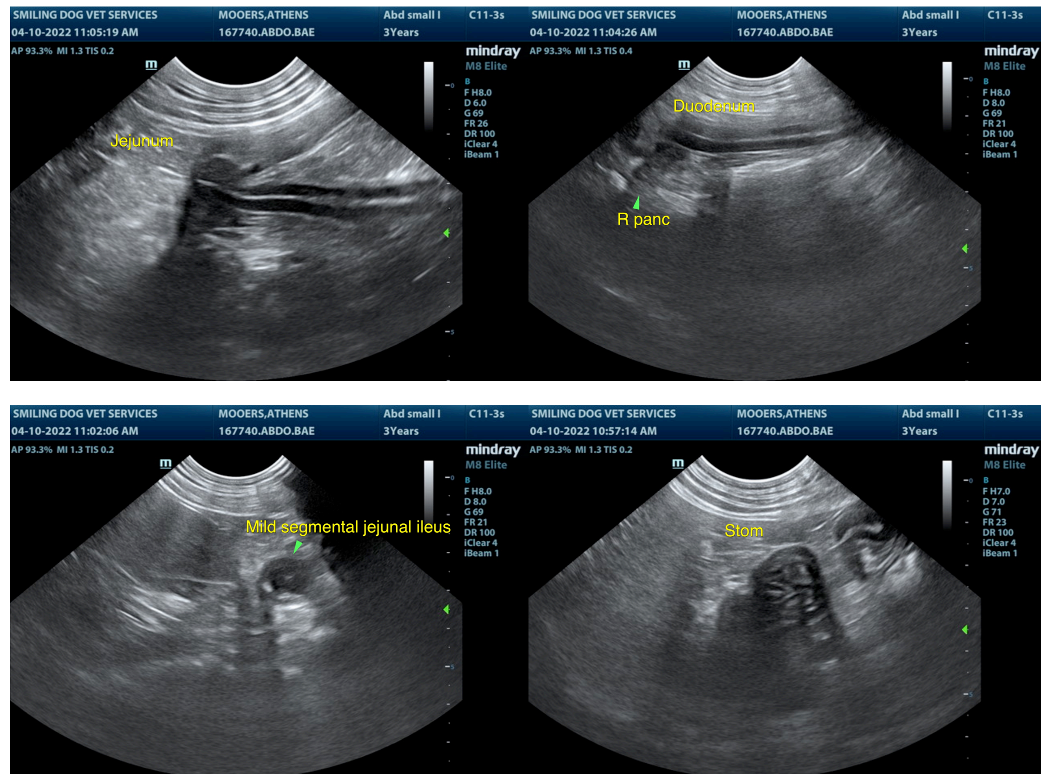
Gordon Bunting, DVM

INVOICE

36770

DATE

4/10/22



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