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Clinical Sonography & Telecytology
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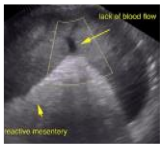
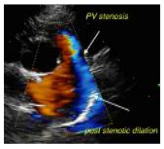
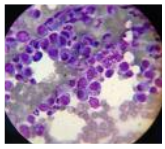
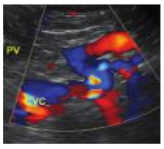




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Odin Strong

SPECIES

Canine

BREED

Doberman

SEX

M/I

AGE

9 years

WEIGHT

47 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS. RDCS

HOSPITAL NAME

Calgary Holistic VC

REFERRING VET

Dr. Qi

INVOICE

16570

DATE

4/11/23

PRESENTING CLINICAL SIGNS

Difficult defecation. Good appetite.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with normal sonographic appearance to the urinary bladder walls without evidence of inflammatory criteria or tumors. Primarily anechoic urine was present with mild, primarily dependent, particulate, focally hyperechoic sediment.

The prostate was moderately enlarged with areas of mild capsule asymmetry yet discernable prostatic capsule compared to adjacent mildly hyperechoic periprostatic tissue. Nonhomogeneous cystic prostatic parenchyma was noted exhibiting indistinct hyperechoic parenchyma foci. The prostate measured approximately 6.2 cm in diameter.

The area of the aortic trifurcation was free of pathology including no evidence of medial Iliac or sublumbar lymphadenopathy/masses.

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 or pyelectasia. The left kidney measured 8.9 cm in length. The right kidney measured 9.1 cm in length.

Adrenal Glands

No evidence of pathology was noted in the area of the left or right adrenal glands, although not definitively visualized.

Spleen

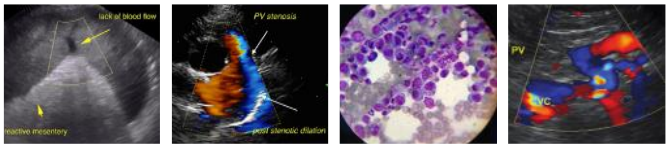
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

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. The gallbladder was non-distended in size containing primarily anechoic content with mild, non-dependent, nonorganized, echogenic gallbladder debris. 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 contained mild to moderate echogenic, nonshadowing ingesta without signs of obstruction or foreign



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material. The ingesta is sonographically suggestive of food and suspect recent meal ingestion or post prandial presentation.

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.

The colon exhibited sonographically unremarkable wall layering with subjective ventral distal descending colon to colorectal impingement secondary to prostatomegaly.

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable urinary bladder with mild primarily dependent sediment
- Prostatomegaly exhibiting nonhomogeneous, cystic pinpoint to focally hyperechoic parenchyma - prostatitis, potential for prostatic neoplasia, are both possible
- Normal bilateral kidneys
- Sonographically unremarkable colon with prostatic impingement

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may indicate cellular debris / protein, crystalline debris, or mucus. Potential for pyuria, based on dependent sediment pattern, is possible. Correlation with urinalysis, as well as urine C/S on a sterile urine sample is recommended.

The appearance of the prostate was not overtly consistent with the typical sonographic presentation of benign prostatic hyperplasia. Prostatic sampling is advised for further clarification and is recommended prior to potential neutering, although eventual neutering is likely ideal in this patient.

If not done, rectal palpation is suggested to rule out nonobvious or visualized colorectal pathology as a contributing factor.

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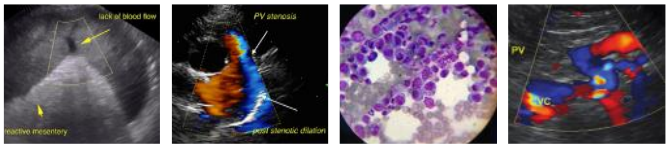

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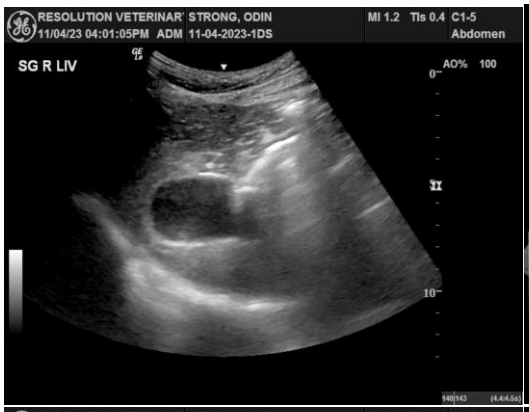

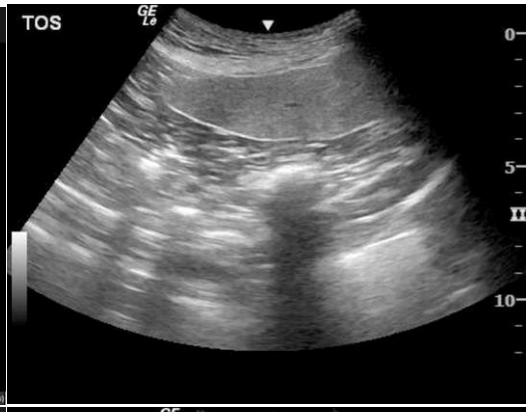

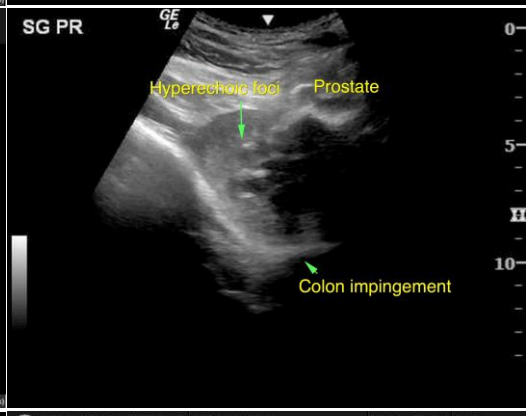

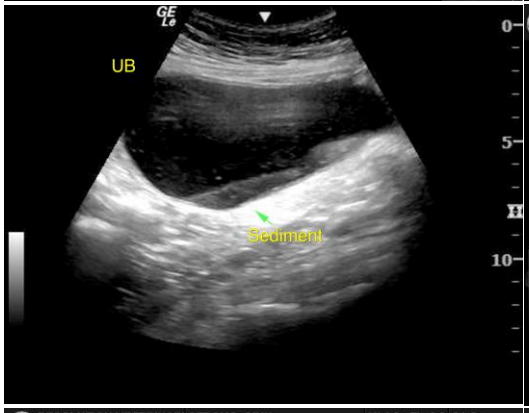

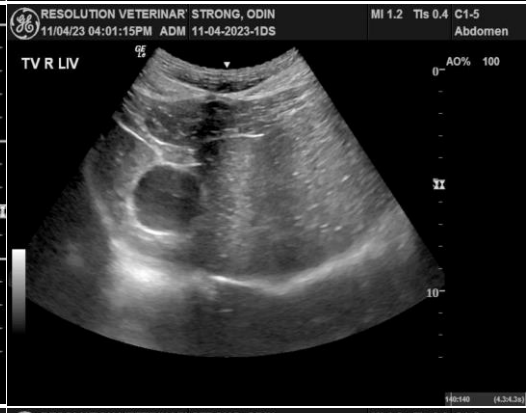

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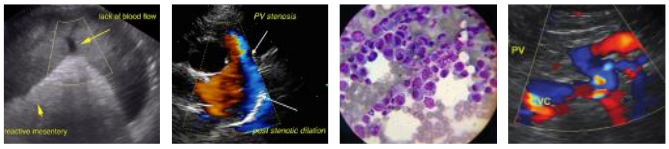

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com