



PATIENT

Peanut Twombly

SPECIES

Canine

BREED

Chihuahua

SEX

MN

AGE

8 years

WEIGHT

12 lbs.

PRESENTING CLINICAL SIGNS

Persistent, severe hematuria and epithelial cells in the urine. s

Abnormal PE/Chem/CBC/UA Results: Glob 4.5, CK 228, WBC 27k, Neut 22k, Monos 1.3k. UA (most recent): SG 1.044, Prot 100, Glucose 50, Blood 250. WBC >50/HPF, RBC >50/HPF, non-sq. epi cells >10/HPF.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented normal size and tone exhibiting mildly thickened subjective homogeneous ventral and dorsal cystourethral junction wall adjacent to the residual prostate. The ventral cystourethral junction wall width measured 0.46 cm. Anechoic urine was present with no sediment or calculi.

The residual prostate was enlarged in size exhibiting mild asymmetrical, yet intact capsule contour. Nonhomogeneous hypoechoic to mineralized residual prostate parenchyma was noted with mild evidence of peripheral periprostatic inflammation. Possible mild thickened to irregular residual prostate urethra with potential mild thickening of the distal periprostatic urethra to a depth of 3.0 cm was noted.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

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 3.8 cm in length. The right kidney measured 4.0 cm in length.

IMAGING PERFORMED BY

Karen Ebersole, DVM,
DABVP (Canine/Feline
Practice)

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.6 cm length x 0.51 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.7 cm length x 0.50 cm width at the caudal pole.

HOSPITAL NAME

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Spleen

REFERRING VET

Dr. McGarvey

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.

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Liver/ Gallbladder

DATE

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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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild progressively shadowing ingesta, suspect post prandial presentation without signs of 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

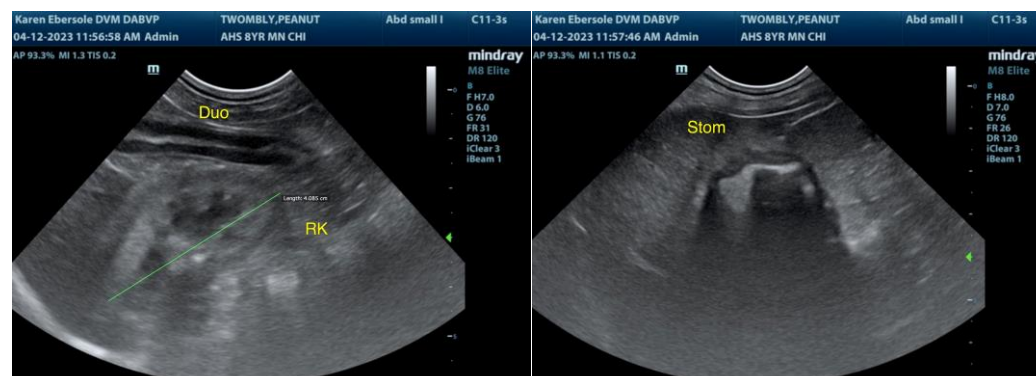
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Residual prostatomegaly exhibiting nonhomogeneous hypoechoic to mineralized parenchyma
- Mildly thickened cystourethral junction wall and possible adjacent periprostatic urethra
- Sonographically normal bilateral kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the residual prostatic presentation is consistent with neoplastic criteria such as urothelial or prostatic carcinoma. Although not definitive, concern for possible early extension of neoplastic criteria into the area of the cystourethral junction and residual prostate to peri-prostatic urethra is warranted. Prostatic sampling either via traumatic catheterization, prostatic wash, or ultrasound guided FNA / biopsy is recommended for a definitive diagnosis and potential for an oncology consult. No overt evidence of regional metastasis was noted. Three-view chest radiographs are suggested.





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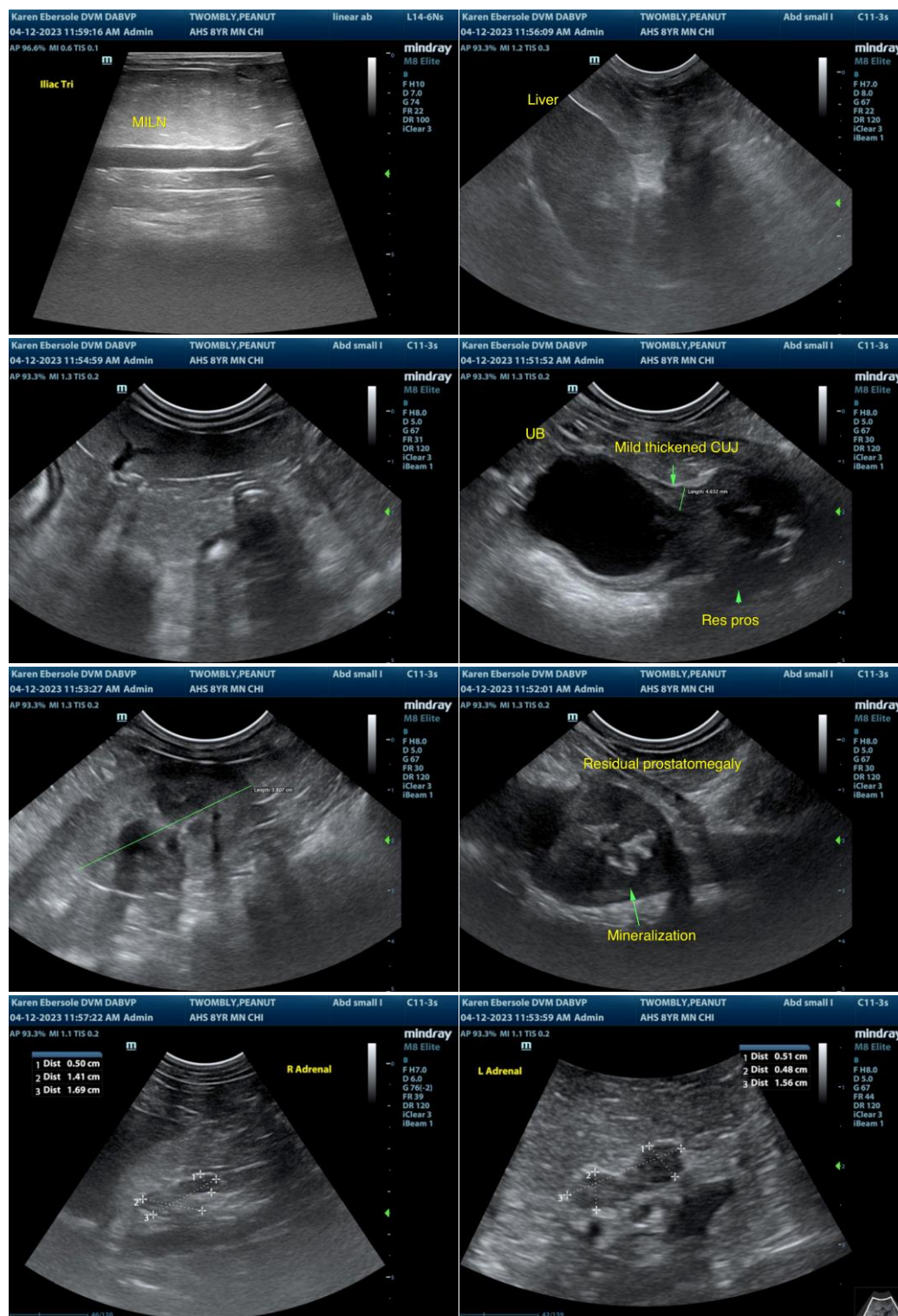
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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info@SonoPath.com

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