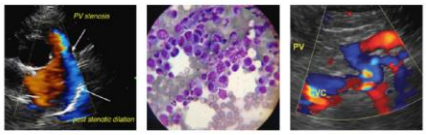
IMAGING PERFORMED BY
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Moses Lemerond

SPECIES

Canine

BREED

Mixed

SEX

Male

AGE

10 years

WEIGHT

62 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Schnuelle

INVOICE

10285ag

DATE

04/02/2022

PRESENTING CLINICAL SIGNS

History: Presented on 3/20/22 with blood dripping from penis (occasionally)

Abnormal PE/Chem/CBC/UA Results: sterile gloved finger used to palpated space in between penis and prepuce - saline used for lubrication; no FB palpated, no blood found on glove, no discomfort of P appreciated

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mildly increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Subjective pinpoint medullary mineral was observed. No evidence of pelvic dilation was present. The left kidney measured 6.6 cm in length. The right kidney measured 6.5 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 7.7 cm x 7.2 cm. Anechoic, thinly walled parenchyma cysts containing anechoic fluid were present. An example measured 1.1 cm diameter. Subtle free fluid noted around the ventral urinary bladder and prostate with minor subjective periprostatic inflammation.

Adrenal Glands

The left adrenal gland was uniform in size with a well-defined, hyperechoic nodule was present in the cranial adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. No evidence of parenchymal mineralization or capsule escape noted. The nodule measured 0.68 cm width. The left adrenal gland measured 0.67 cm width at the caudal pole and 0.94 cm width at the cranial pole. The right adrenal gland was mildly prominent in size with mild parenchyma heterogeneity and mild capsule asymmetry without suspicion for overt neoplasia. The right adrenal gland measured 0.75 cm width at the caudal pole and 1.0 cm width at the cranial pole.

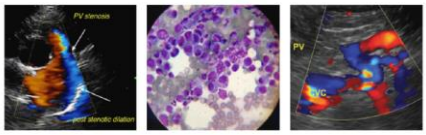
Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to

IMAGING PERFORMED BY
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Moses Lemerond

SPECIES

Canine

BREED

Mixed

SEX

Male

AGE

10 years

WEIGHT

62 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Schnuelle

INVOICE

10285ag

DATE

04/02/2022

benign parenchymal remodeling. 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.

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

Intermittent mildly prominent to enlarged iliac and mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.5 cm x 0.6 cm.

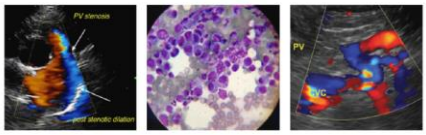
ULTRASONOGRAPHIC FINDINGS

- Prostatomegaly exhibiting non homogeneous to cystic parenchyma-benign prostatic hyperplasia vs suspect prostatitis with parenchymal cysts. Prostatic neoplastic criteria is considered less likely given lack of parenchymal mineralization.
- Overtly normal urinary bladder, potential for concurrent low grade cystitis/urethritis.
- Benign/reactive intermittent iliac and mesenteric lymph nodes.
- Left adrenal nodule-suspect adenoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prostatic sampling either via prostatic wash or ultrasound guided FNA for screening cytology +/- C/S would be required for further clarification. Neutering is likely ideal in this patient. Empirical prostatitis therapy which may include anti inflammatories and Baytril with assessment of clinical response is warranted if neutering is not possible. Potential for emerging left adrenal neoplasia such as adenocarcinoma or pheochromocytoma cannot be excluded. Screening BP to assess for hypertension which may allude to a pheochromocytoma is recommended. Ideally sonographic monitoring of the left adrenal nodule for evidence of progression with initial recheck in 4-6 weeks is suggested.

IMAGING PERFORMED BY
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Moses Lemerond

SPECIES

Canine

BREED

Mixed

SEX

Male

AGE

10 years

WEIGHT

62 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

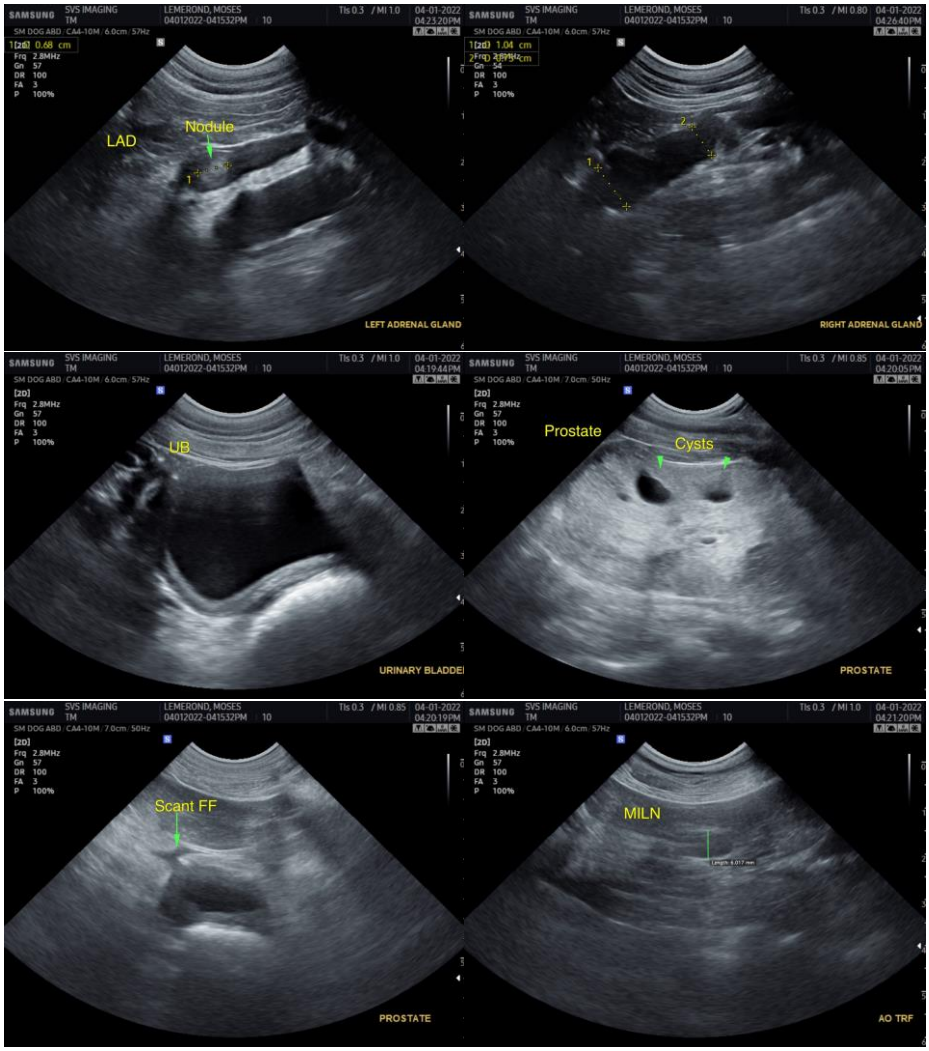
Dr. Schnuelle

INVOICE

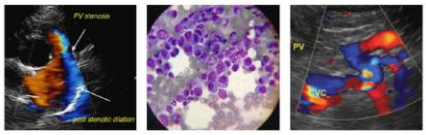
10285ag

DATE

04/02/2022



IMAGING PERFORMED BY
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Moses Lemerond

SPECIES

Canine

BREED

Mixed

SEX

Male

AGE

10 years

WEIGHT

62 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

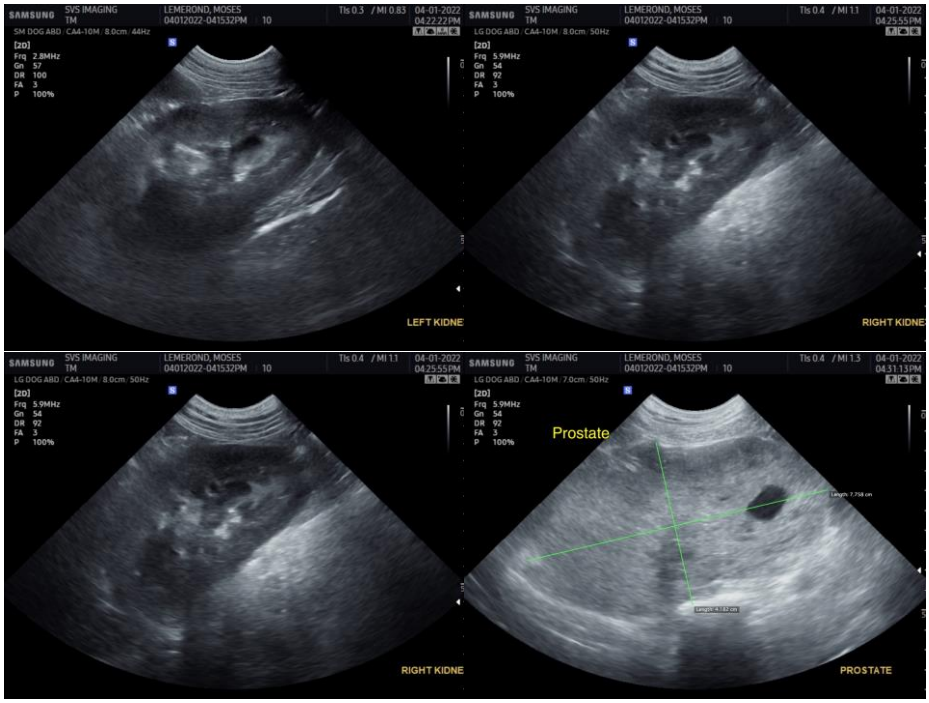
Dr. Schnuelle

INVOICE

10285ag

DATE

04/02/2022



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