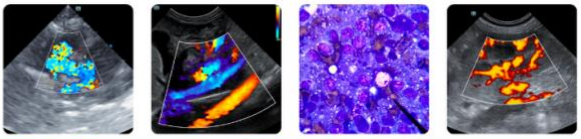


PATIENT

KJ Darlene James

SPECIES

Canine

BREED

Schnauzer

SEX

Male

AGE

12

WEIGHT

16.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ray

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

Dr. Ray

INVOICE

14811

DATE

04/02/26

PRESENTING CLINICAL SIGNS

Not pooping for 5 days, vomiting once yesterday and once a day. Drinking more than normal.

Abnormal PE/Chem/CBC/UA Results: ALT high, ALKP high, lymphopenia and high BUN

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 change were noted.

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 3.7 cm in diameter. Anechoic, thinly walled parenchyma cysts were present.

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 increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 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 0.54 cm width at the caudal pole.

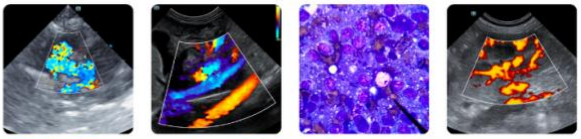
Spleen

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 & 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 parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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



PATIENT

KJ Darlene James

SPECIES

Canine

BREED

Schnauzer

SEX

Male

AGE

12

WEIGHT

16.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ray

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

Dr. Ray

INVOICE

14811

DATE

04/02/26

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

- Sonographically unremarkable liver with mild parenchymal remodeling- consistent with mild benign hepatopathy criteria.
- Minor gallbladder debris.
- Bilateral chronic renal changes.
- Normal adrenal glands.
- Large nonhomogenous mildly cystic prostate gland- benign prostatic hyperplasia with small prostatic cysts, potential for prostatitis.
- Sonographically unremarkable visualized gastrointestinal tract/colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Rectal palpation to assess prostatomegaly for evidence of discomfort or pain which may correlate with possible prostatitis. Definitive evidence of colon distention or fecal impaction was not obvious yet some degree of prostatic impingement upon the colon is possible. Correlation with abdominal radiographs to assess for evidence of constipation is recommended. Adrenal screening could be considered if clinical signs are suggestive of Cushing's syndrome despite lack of adrenal pathology. Hepatosupportive medications may prove beneficial. Concurrent gastrointestinal support which may include dietary trial and as needed gastroprotectants +/- empirical therapy for constipation if clinically indicated is recommended.

PATIENT

KJ Darlene James

SPECIES

Canine

BREED

Schnauzer

SEX

Male

AGE

12

WEIGHT

16.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ray

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

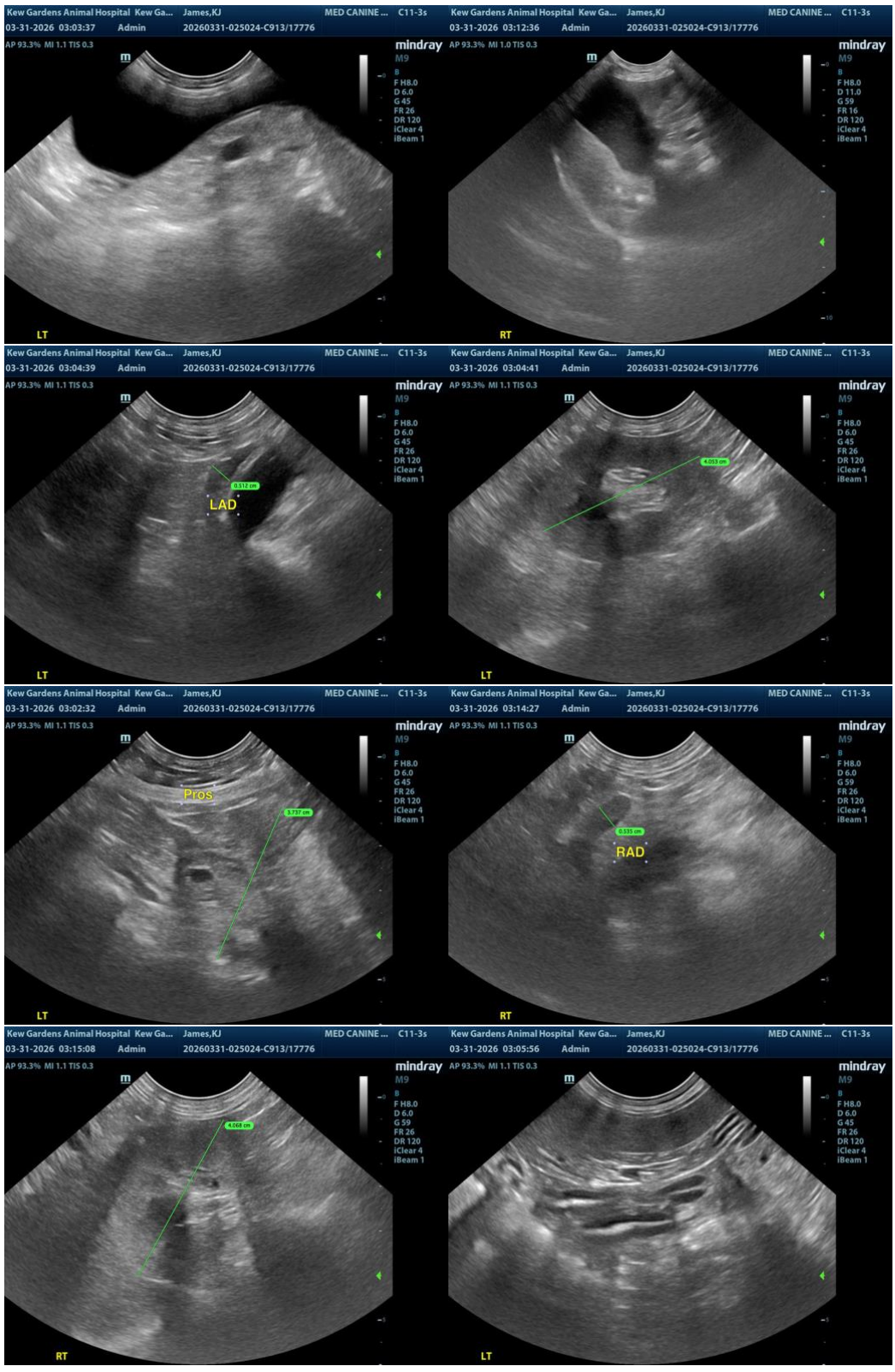
Dr. Ray

INVOICE

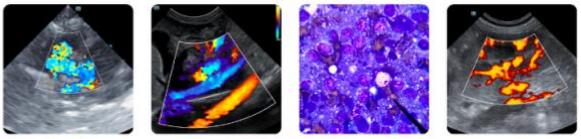
14811

DATE

04/02/26



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

KJ Darlene James

SPECIES

Canine

BREED

Schnauzer

SEX

Male

AGE

12

WEIGHT

16.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ray

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

Dr. Ray

INVOICE

14811

DATE

04/02/26

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