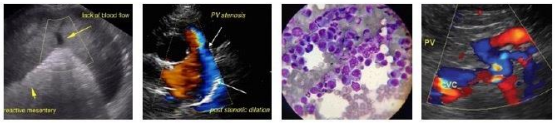
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Shep Courian

SPECIES

Canine

BREED

German Shepherd

SEX

MN

AGE

9yr

WEIGHT

37.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hillview Vet Clinic

REFERRING VET

Stevenson

INVOICE

13560ag

DATE

04/21/2023

PRESENTING CLINICAL SIGNS

April 4, 23 being looked after by "grandparents" and has not been feeling well for a few days. Dripping urine and diarrhea. Opted to try going home with Fortiflora and GI wet food. Return if continues. April 19,23 Off food, soft stools and thought noted breathing issues. Has been seen at Emerg clinic since last visit here and was treated with Apo Amoxi and Cerenia..Breathing issues seemed to resolve with this treatment. Now straining to have BMs and when he passes stools they are soft and he appears weak on his hind end. Urine is orange in colour. Send home with sulcrate and Gabapentin and return for Ultrasound.

Abnormal PE/Chem/CBC/UA Results: Bloodwork unremarkable other than Retic/Hemoglobin 24.4(24.5-31.8). Awaiting T4 results.. Urinalysis - few WBCs and RBCs, no bacteria, Protein greater than 30mg/dl(possibly due to concentration?) Fecal negative. Xrays attached - show moderately distended with fuzzy opacity in stomach on ventral aspect. Accordian/cramping pattern of intestines. No obvious stones in bladder. Caudal lungs appear normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. A small mildly homogenous soft tissue lesion was present at the level of the cystourethral junction measuring ~ 1.2 cm x 0.8 cm. 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 left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortex was uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.8 cm in length. The right kidney was not definitively visualized.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

The prostate was enlarged in size with subjective maintained prostatic capsule integrity and generalized mild non-homogenous parenchyma. No overt evidence of mineralization. The prostate measured 4.3 cm x 4.3 cm. Subtle peripheral periprostatic hyperechoic omentum was present.

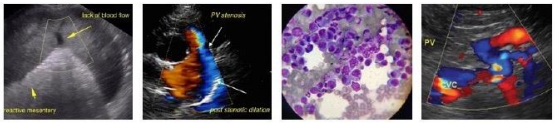
Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole and 2.5 cm length. The right adrenal gland was not definitively visualized.

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/Gallbladder



PATIENT
Shep Courian

SPECIES
Canine

BREED
German Shepherd

SEX
MN

AGE
9yr

WEIGHT
37.9kg

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

IMAGING PERFORMED BY
Crystal Hill

HOSPITAL NAME
Hillview Vet Clinic

REFERRING VET
Stevenson

INVOICE
13560ag

DATE
04/21/2023

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 with mild non-organized mildly hyperechoic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. 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 variably echogenic non-shadowing ingesta/chyme 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 semi formed to soft 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

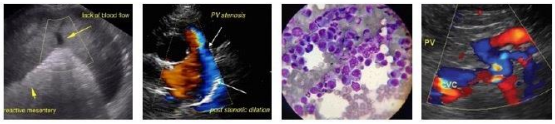
- Small homogenous soft tissue lesion at the level of the cystourethral junction.
- Prostatomegaly with non-homogenous parenchyma, subtle periprostatic hyperechoic omentum.
- Structurally unremarkable GI tract with mild non-shadowing gastric ingesta-sonographically suggestive of food/chyme.
- Overtly normal visualized colon with semi formed/soft feces.
- Mild age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The enlarged prostate given neutered status is non-specific with considerations including prostatic neoplastic or inflammatory criteria. The prostatomegaly may be impinging on the distal colon. Concern for potential residual prostate neoplasia i.e., prostatic or urothelial carcinoma with possible extension into the proximal urethra and cystourethral junction is warranted although not definitive. Concurrent benign polyploid lesion or focal polyploid cystitis in the area of the cystourethral junction is possible. Prostatic sampling via prostatic wash or ultrasound guided FNA for cytology +/- C/S is required for further definition.

No evidence of GI obstructive pattern or foreign material. Possible mild metabolic/functional gastric hypomotility if documental NPO. As needed GI support is recommended.

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



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Shep Courian

SPECIES

Canine

BREED

German Shepherd

SEX

MN

AGE

9yr

WEIGHT

37.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hillview Vet Clinic

REFERRING VET

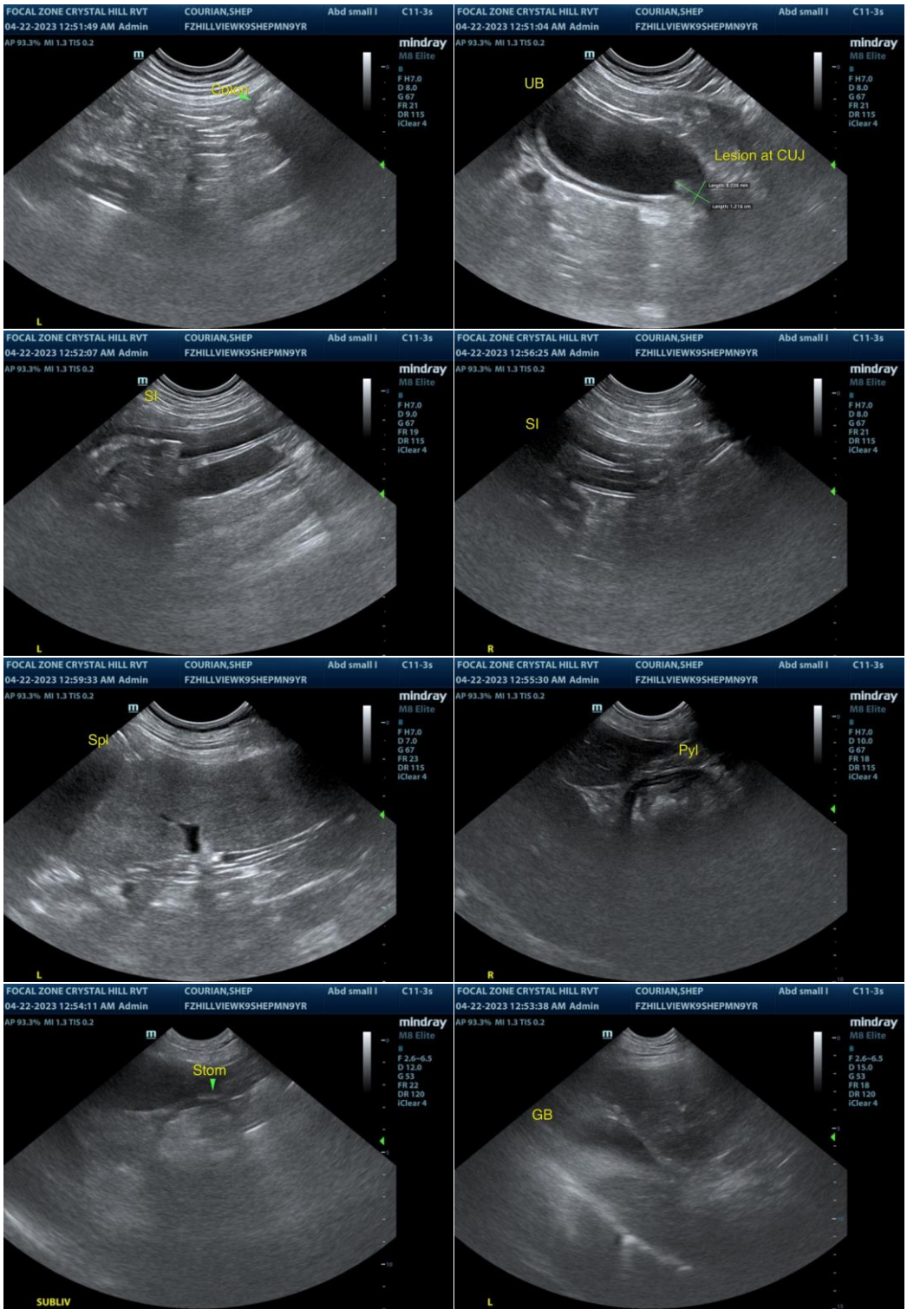
Stevenson

INVOICE

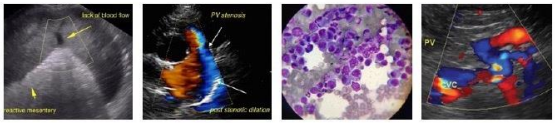
13560ag

DATE

04/21/2023



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



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Shep Courian

SPECIES

Canine

BREED

German Shepherd

SEX

MN

AGE

9yr

WEIGHT

37.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hillview Vet Clinic

REFERRING VET

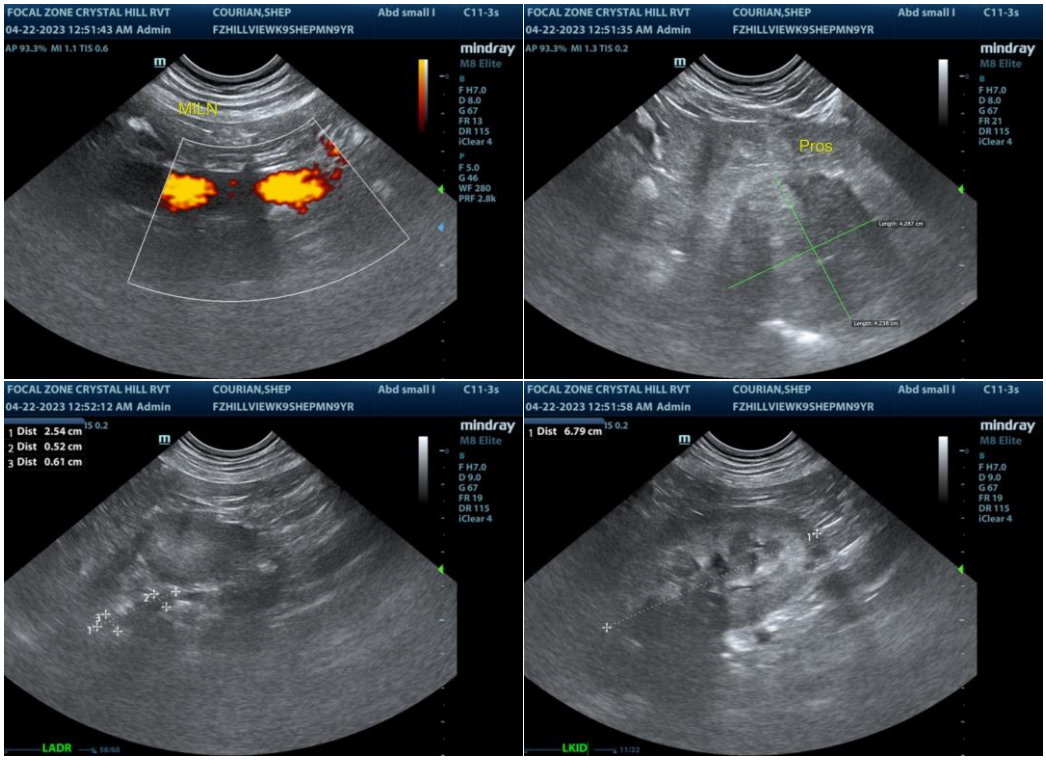
Stevenson

INVOICE

13560ag

DATE

04/21/2023



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