



PATIENT

Jack Ward

SPECIES

Canine

BREED

Labrador X

SEX

Neutered Male

AGE

10 Years

WEIGHT

47.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hannah Fearing

HOSPITAL NAME

Lanier Animal Hospital

REFERRING VET

Dr. Mavis McCormick-
Rantze

INVOICE

46859

DATE

4/22/23

PRESENTING CLINICAL SIGNS

Jack is here because he has not been feeling well. He is constantly licking his prepuce. Mom says he will occasionally have accidents. Sometimes he pees a lot, sometimes he will dribble. The dribbling around the house has been going on for months and is getting worse. Has been dribbling urine for several months; feeling a little off/sad for a week or so.

Abnormal PE/Chem/CBC/UA Results: Prostate appears enlarged on ultrasound and x-rays digital palpation felt enlarged prostate but symmetrical Blood work pending Urine culture pending UA in house: rods, WBC present. Started on Zeniquin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was non-distended in size, which prohibited full evaluation of the urinary bladder walls. Subjective generalized mild to variable urinary bladder mural thickening with apical polypoid lesion. Apical asymmetrical luminal surface contour noted. Anechoic urine present. Moderate, primarily dependent to mildly non-dependent particulate to mildly hyperechoic non-shadowing sediment present.

The prostate was mildly enlarged in size, exhibiting maintained symmetrical prostatic capsule contour. Primarily uniform, mildly hypoechoic prostatic parenchyma. No overt mineralization or parenchymal cysts. Subtle periprostatic and pericyclic hyperechoic omentum noted.

Normal size and margination were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 6.4 cm. The left kidney measured 6.4 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm at the cranial pole and 0.44 cm at the caudal pole. The right adrenal gland measured 0.59 cm 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

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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained mild segmental non-shadowing ingesta/chyme. No obstructive pattern.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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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.

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Free Abdomen

No evidence of peritoneal effusion. Several variably sized, mildly irregular non-homogeneous to cystic medial iliac lymph nodes. Example measured 3.1 cm x 1.2 cm. Subtle evidence of perilymphatic hyperechoic omentum.

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PRIMARY FINDINGS

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- Thickened urinary bladder with apical polyp.
- Moderate, primarily dependent to mildly hyperechoic urinary bladder sediment – suggestive of pyuria.
- Mild periprostatic/pericystic hyperechoic omentum.
- Non-homogeneous to cystic medial iliac lymphadenopathy.
- Mild bilateral age related kidneys – no evidence of pyelonephritis.

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SECONDARY FINDINGS

- Gastric ingesta – suspect probable recent meal ingestion.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Considerations for the urinary bladder and prostate presentation may include cystitis/polypoid cystitis and concurrent residual prostatitis. Potential for urinary bladder prostate or combined neoplastic criteria (i.e., carcinoma) cannot be definitively excluded. Correlation with pending urine culture as well as screening BRAF assay recommended. Prostate sampling via prostatic wash or ultrasound guided FNA cytology or biopsy likely required for definitive diagnosis. If accessible, FNA cytology of a medial iliac lymph node could be considered, yet may potentially be unrewarding diagnostically. Empirical therapy for urinary infection and prostatitis with serial sonographic monitoring of the urinary bladder and prostate would be a more conservative approach.

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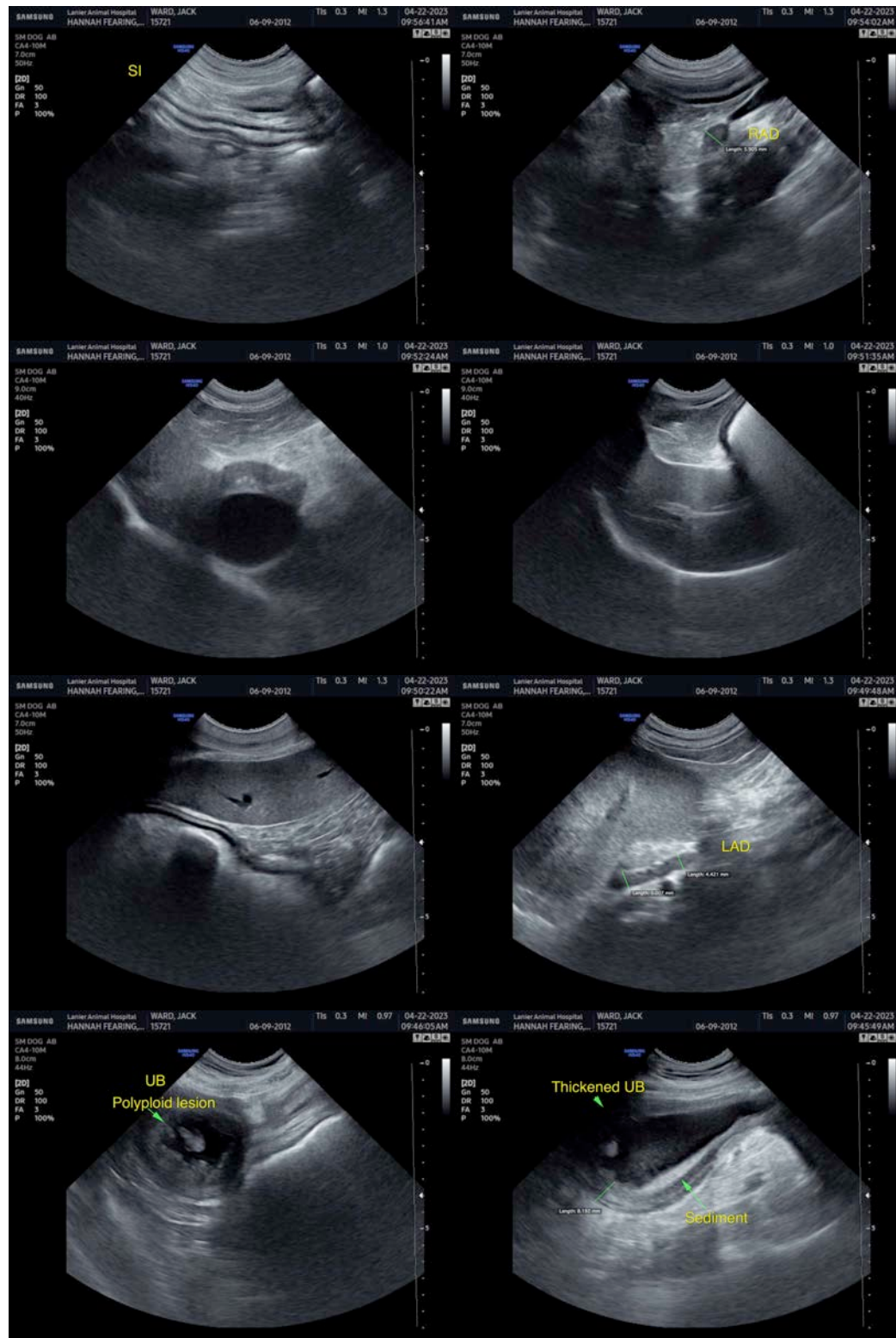
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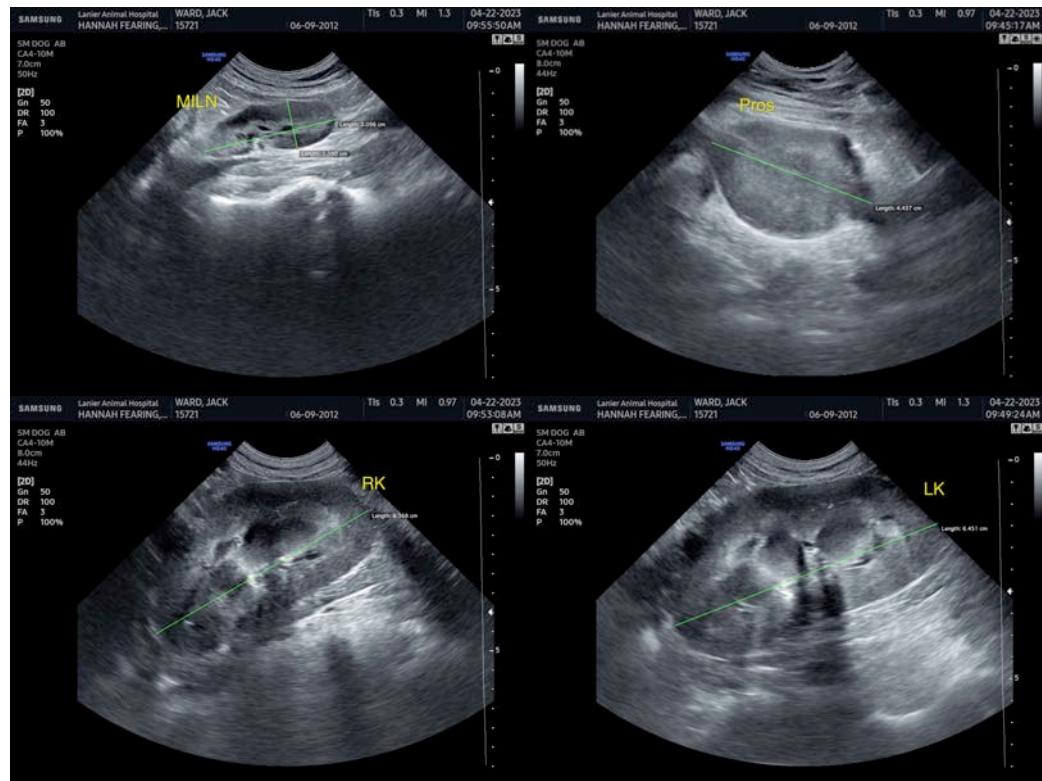
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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