



**PATIENT PRESENTING CLINICAL SIGNS**

Hunter Rende

**SPECIES**

Canine

**BREED**

English Bulldog

**SEX**

Neutered Male

**AGE**

1 Year

**WEIGHT**

91.7 Pounds

History: Presented April 26th for Diarrhea and panting-normal abdominal palpation - no signs of pain , masses - fluid filled intestinal loops noted. Fecal staining around the perianal region. Started on Metronidazole and bland diet. Also noted Mild erythema around his muzzle and perianal region Pin point erythematous raised skin lesion ventral aspect of the Left eye, started benadryl. Presented April 28th for not urinating in 24 hours, not wanting to walk, whining. Hunter did well during his PE - appeared a little painful on rectal palpation - unable to reach the prostate TTO painful gait in the back end and pain reaction on rectal palpation but no clear gastrointestinal signs (vomit , diarrhea / melena / hematochezia / inappetance etc) Discussed stranguria / dysuria - mild lethargy / full bladder / painful gait / tenesmus / painful rectal palpation : DDX: Prostatitis , mechanical obstruction (urolith ) - Reflex Dyssynergia vs other systemic disease Unable to perform a bladder - prostate scan with in house ultrasound due technical problems - elected X rays instead X ray (Only 1 lateral view performed due cost concerns) : Lateral view: Colon appears to contain semi soft feces mixed with gas pockets , bladder appears full - no signs of urolith presence at this level or within the urethra - unable to fully appreciate the prostate . Portion of the mid cranial abdomen appears normal Using a 6 Fr urinary catheter and sterile technique Hunter was catheterized - Able to remove ml of red/ brown tinged highly concentrated foul smelling urine . meds: Metronidazole, metacam, baytril

Abnormal PE/Chem/CBC/UA Results: Performed a urinalysis: TTO about the presence of Bilirubin , hematuria , pyuria , bacteriuria (rods ) , no crystals BW Declined rads: X ray (Only 1 lateral view performed due cost concerns) : Lateral view: Colon appears to contain semi soft feces mixed with gas pockets , bladder appears full - no signs of urolith presence at this level or within the urethra - unable to fully appreciate the prostate . Portion of the mid cranial abdomen appears normal

**INTERPRETED BY ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

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

**Urinary System**

The urinary bladder was normal in size and subjective tone at the time of the ultrasound. Primarily anechoic urine was present with mild particulate sediment. Potential for mild congealed sediment along the ventral urinary bladder luminal surface with the possibility of mild regional ventral apical cystitis pattern. The ventral apical urinary bladder wall measured 0.42 cm. No evidence of urinary bladder overdistention. Aortic trifurcation was normal.

**IMAGING PERFORMED BY**

Kelly Reschny

A brief sonographic assessment of the penis revealed no overt pathology.

**HOSPITAL NAME**

Southside PH

The residual prostate was sonographically normal without evidence of pathology, measuring 0.8 cm in diameter. The visualized proximal urethra to a depth of 4.0 cm exhibited normal subjective tone and structure without evidence of proximal urethral urine retention or distention. No evidence of proximal urethral calculi.

**REFERRING VET**

Dr. Velez

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. The left kidney measured 8.0 cm in length. The right kidney measured 7.5 cm in length.

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**Adrenal Glands**

**DATE**

4/29/22

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.3 cm in length x 0.48 cm width at the caudal pole.



**PATIENT**

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.2 cm x 0.50 cm.

Hunter Rende

**Spleen**

**SPECIES**

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.

Canine

**BREED**

**Liver**

English Bulldog

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.

**SEX**

Neutered Male

**Gastrointestinal**

**AGE**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, non-shadowing ingesta without signs of obstruction or foreign material.

1 Year

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained echogenic, non-shadowing ingesta consistent with normal food without signs of ileus, obstruction or foreign material.

91.7 Pounds

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

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**Pancreas**

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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.

**IMAGING PERFORMED BY**

**ULTRASONOGRAPHIC FINDINGS**

Kelly Reschny

**Primary Findings**

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- Overtly normal urinary bladder size and tone with minor particulate urinary bladder sediment, potential for mild regional ventral apical cystitis
- Sonographically unremarkable residual prostate and visualized proximal urethra

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**Secondary Findings**

Dr. Velez

- Gastrointestinal ingesta

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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An obvious cause of potential mechanical obstruction to urine outflow was not evident. Urine culture and sensitivity on sterile urine sample recommended to assess for or rule out underlying infection. A thorough musculoskeletal and neurological examination are recommended, if not done. Without overt evidence of mechanical obstruction to urinary outflow, a Prazosin trial could be considered if clinical suspicion of reflex dyssynergia. Sonographic reassessment of the urinary bladder at full urinary bladder capacity may be considered if recurrence of distended urinary bladder.

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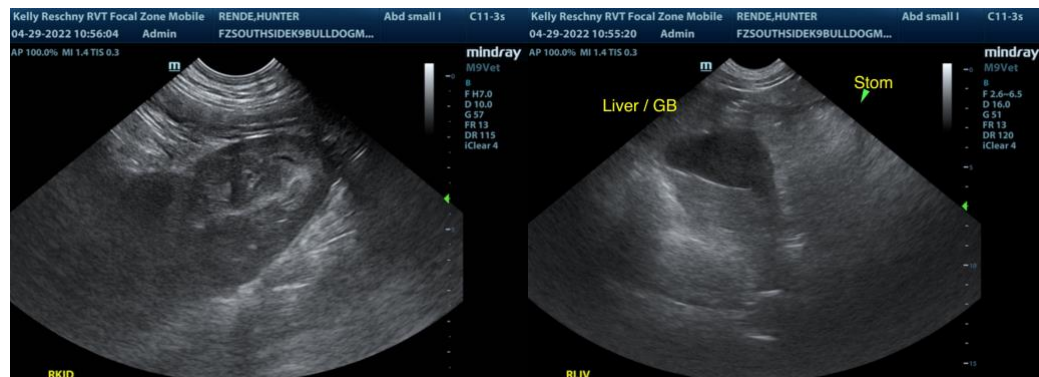
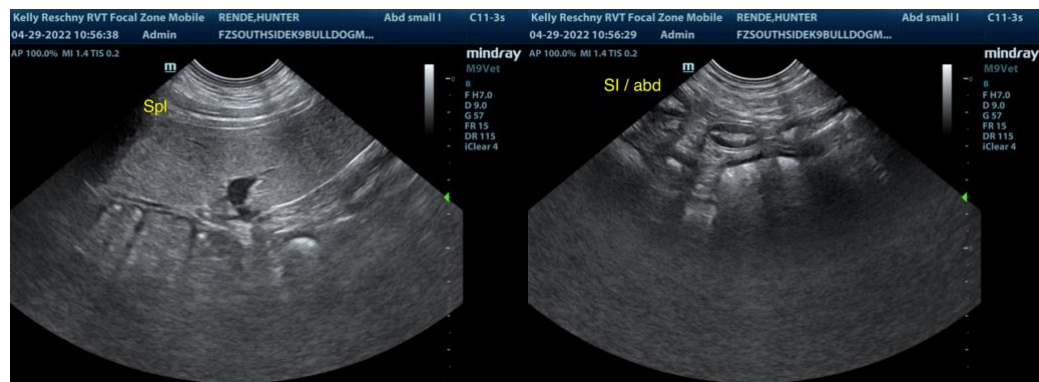
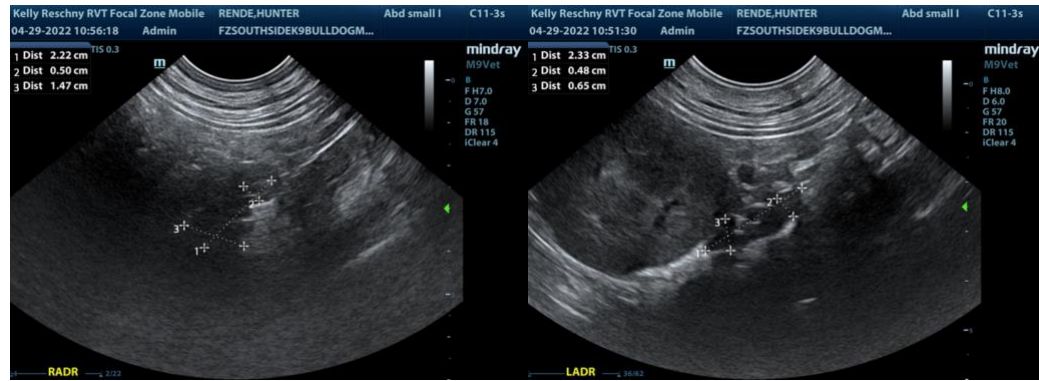
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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