



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Benjamin Kikuta
SPECIES Canine
BREED Boxer
SEX Neutered Male
AGE 6 Years
WEIGHT 26.4 Pounds

History: Owner reports ongoing foul smelling and orange colored discharge from penis and also very smelly urine. No obvious blood in urine. History of skin flare ups with certain diet changes. Concerns re: Bladder, prostate etc.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 cm 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.

The residual prostate was of expected size for a neutered male, exhibiting symmetrical capsule contour and homogeneous parenchyma, measuring 1.0 cm in diameter. No evidence of residual prostatomegaly or pathology.

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 pyelectasia or pyelonephritis. The left kidney measured 6.2 cm in length. The right kidney measured 6.5 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 2.4 cm in length x 0.67 cm width at the caudal pole.

No overt pathology in the area of the right adrenal gland. The right adrenal gland subjectively measured 0.68 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 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Grand River VH

REFERRING VET

Dr. Day

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

Benjamin Kikuta

Pancreas

SPECIES

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.

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

- Sonographically unremarkable abdomen

Boxer

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

No evidence of upper or lower urinary tract or residual prostatic pathology as an obvious cause of the patients clinical signs and malodorous urine. If clinically indicated, urine culture and sensitivity on sterile urine sample to rule out underlying infection may be considered.

Neutered Male

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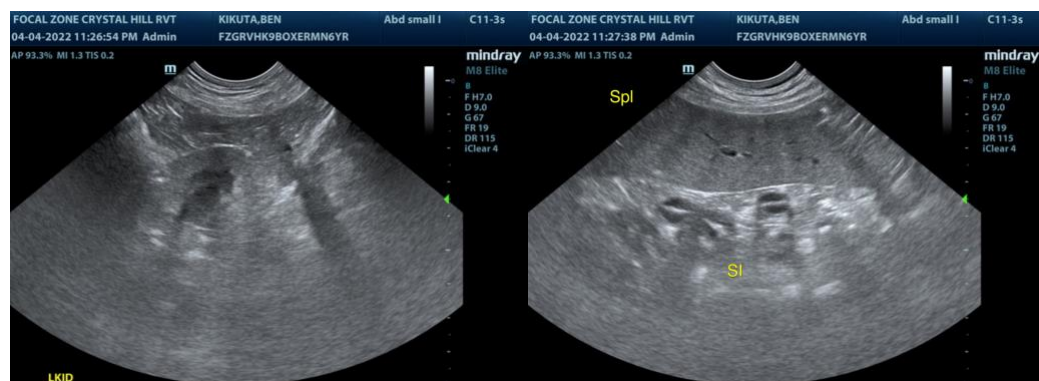
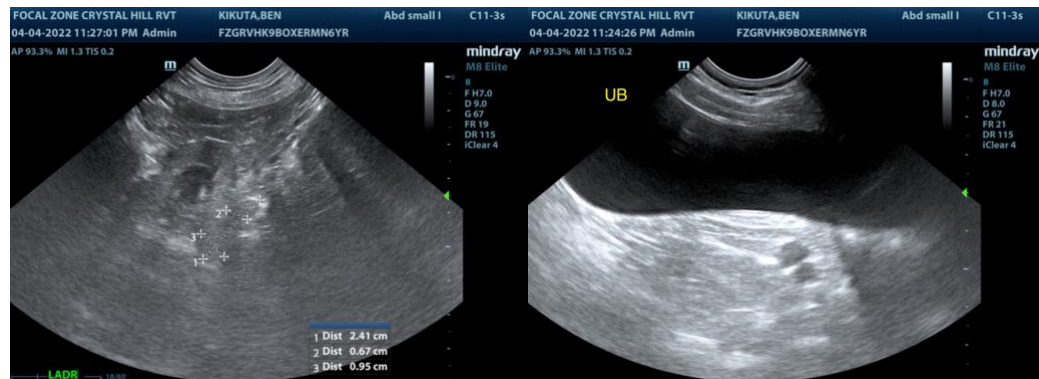
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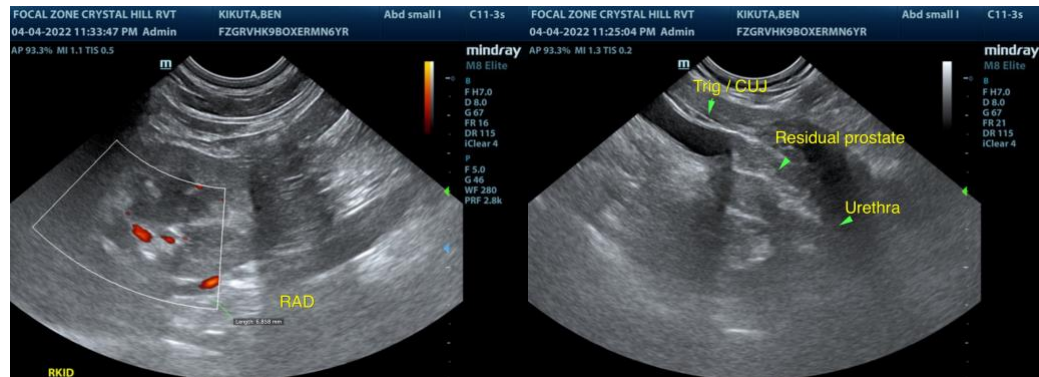
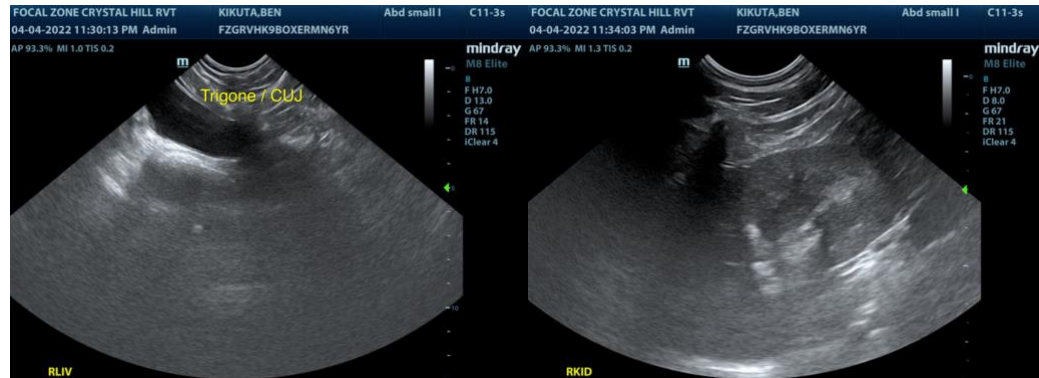
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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