



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Bleu Biennar  
History: azotemia, inappetence, pancreatitis, prostatitis, suspect pyelonephritis, diarrhea meds: enrofloxacin, ampicillin, metro

**SPECIES** Abnormal PE/Chem/CBC/UA Results: hemoconcentration, monocytosis, M3 elevation in SDMA, elevated Creat, BUN, hyperkalemia, elevated Amyl, lip, spec cPL U C & C-e.coli-no resistance Lepto suspect  
Canine

**BREED**

Lab

**SEX**

Male

**AGE**

5 years

**WEIGHT**

35 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Nelson Animal Hospital

**REFERRING VET**

Dr. Frederick

**INVOICE**

10289ag

**DATE**

04/04/2022

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was mildly distended in size yet subjective normal tone with anechoic urine and mild nondependent particulate sediment which may indicate minor cellular or crystalline debris. trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.

Both kidneys presented mildly enlarged in size with rounded to asymmetrical renal capsule contour. Nonhomogeneous to nodular bilateral corticomedullary parenchyma with loss of discernable corticomedullary architecture and loss of corticomedullary border demarcation was observed. Mild pyelectasia with evidence of mild hyperechoic pelvic and pelvis tissue was observed. Subtle evidence of left and right retroperitoneal inflammation was present. The left kidney measured 9.2 cm in length. The right kidney measured 10.3 cm in length. An example of a nodule measured 4.3 cm in diameter.

The area of the aortic trifurcation was free of pathology without overt evidence of sublumbar or medial iliac lymphadenopathy.

The prostate exhibited asymmetrical moderate enlargement with asymmetrical capsule contour. The prostatic capsule was regionally indiscernible from surrounding tissue with evidence of peri prostatic inflammation. Marked mixed echogenic to indistinct hypoechoic nodular prostatic parenchyma without overt evidence of mineralization was observed. The overall prostate measured 6.4 cm x 4.0 cm.

**Adrenal Glands**

The left adrenal gland was indistinctly visualized owing to regional periadrenal reactive mesentery yet without overt pathology subjectively measuring 0.92 cm at the caudal pole. The right adrenal gland was mildly prominent in size with without overt evidence of neoplastic criteria measuring 3.5 cm x 1.2 cm.

**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



**PATIENT**

Bleu Biennar

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**

**SPECIES**

Canine

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.

**BREED**

Lab

The small intestine presented primarily intact wall layering with 1:3 muscularis/mucosa ratio. A segment of the small intestine in the mid to caudal abdomen cranial to the urinary bladder exhibited mild hypoechoic mural hypertrophy and loss of discernable wall layering measuring approximately 3-4 cm in length with wall width up to 0.67 cm. Within the area of the thickened intestine was an unspecified indistinct nonhomogeneous to potential cystic appearing omental vs intestinal mural lesion measuring approximately 5-6 cm in diameter.

**SEX**

Male

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

**Pancreas**

**AGE**

5 years

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**

**WEIGHT**

35 kg

No overt evidence of omental lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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

- Prostatomegaly exhibiting mixed echogenic to nodular parenchyma with evidence of periprostatic inflammation-prostatitis/septic prostates, potential for prostatic neoplasia.
- Bilateral renomegaly exhibiting nonhomogeneous to nodular loss of corticomedullary architecture and corticomedullary border distinction, subtle evidence of bilateral retroperitoneal inflammation.
- Unspecified omental vs small intestinal mass lesion with associated segmental intestinal thickening mid to caudal abdomen-omental vs small intestinal inflammation, abscess, neoplasia or other.
- Overtly normal pancreas-potential low-grade pancreatitis.

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Nelson Animal Hospital

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr. Frederick

Assuming normal clotting status an ultrasound guided FNA of the prostate, left kidney, +/- unspecified omental vs small intestinal mass lesion is warranted for screening cytology. Hospitalization with IVF protocol with monitoring of urine output, body weight and broad-spectrum antibiotics to cover for septic prostatitis/pyelonephritis with sonographic monitoring of the prostate, bilateral kidneys and unspecified omental vs small intestinal mass would be reasonable.

**INVOICE**

10289ag

Referral in this case for further assessment and treatment may be in this patient's best interest. A guarded prognosis is warranted.

**DATE**

04/04/2022



**PATIENT**

Bleu Biennar

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Male

**AGE**

5 years

**WEIGHT**

35 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Nelson Animal Hospital

**REFERRING VET**

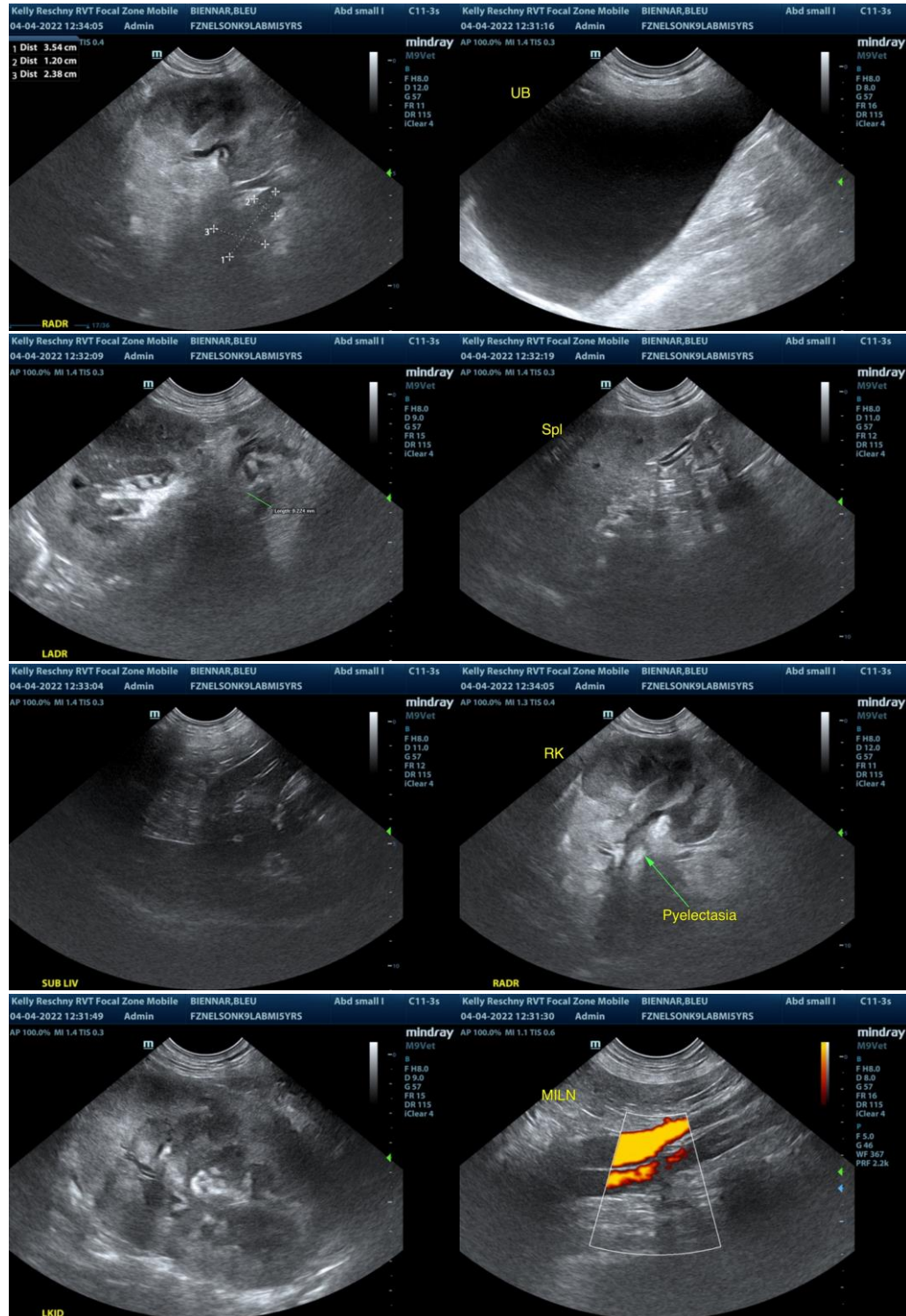
Dr. Frederick

**INVOICE**

10289ag

**DATE**

04/04/2022





**PATIENT**

Bleu Biennar

**SPECIES**

Canine

**BREED**

Lab

**SEX**

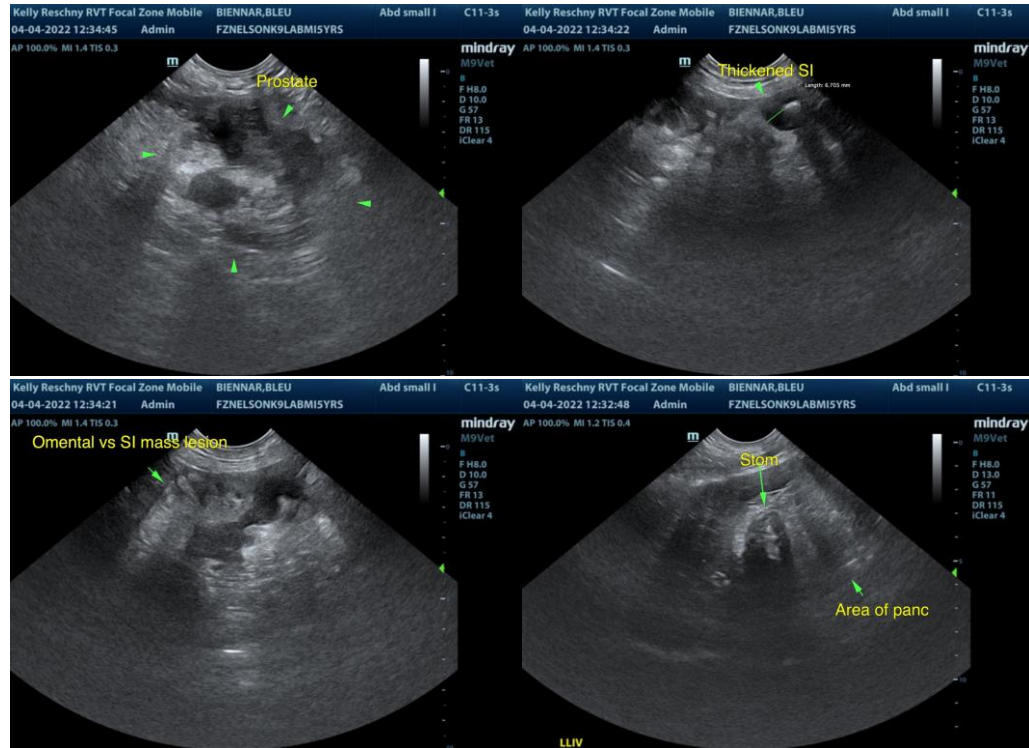
Male

**AGE**

5 years

**WEIGHT**

35 kg



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Nelson Animal Hospital

**REFERRING VET**

Dr. Frederick

**INVOICE**

10289ag

**DATE**

04/04/2022

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