



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Leo Sykes
Seen for vomiting, diarrhea, anorexia, depressed. High stress boy usually needs Gabapentin and Trazodone to be seen and handled in clinic but was able to examine without. Seems very painful in abdomen. HR elevated 160. Gave Hydromorphone and started Metronidazole. Returns a few days later, no improvement, weight loss, not wanting to eat at all and owners unable to consistently get meds into him. Start metacam and Mirtazipine and Baytril . Today still no real improvement.

SPECIES Canine

Abnormal PE/Chem/CBC/UA Results: 4dx negative, spec PLi abnormal, M1 elevation in Urea and Creatinine, elevated neut. Urine sp. grav 1.018.

BREED

Shep Lab Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

MN

The urinary bladder was distended in size. Mild to irregularly thickened dorsal trigone wall extending into the cystourethral junction was present. The dorsal trigone all measured ~ 1.5 cm x 0.5 cm. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus.

AGE

9.5yr

Severe left kidney hydronephrosis exhibited by medullary fluid dilation extending into the lateral diverticuli with loss of discernable medullary parenchyma was present. Intact left cortex was present. Concurrent moderate likely generalized left hydroureter containing anechoic urine was present. The left ureter dilation measured 1.3 cm. The left kidney measured 7.9 cm in length.

WEIGHT

43kg

Normal size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortex was uniform in texture with some mild increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Mild right kidney pyelectasia was present. The right kidney measured 7.9 cm in length.

INTERPRETED BY

R. McKenzie Daniel,
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(Canine and Feline)

The area of the aortic trifurcation was free of pathology.

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

IMAGING PERFORMED BY

Crystal Hill

Mildly prominent to enlarged non-homogenous residual prostate exhibiting symmetrical capsule contour was present. No overt evidence of residual prostate mineralization. The residual prostate measured 6.0 cm x 3.4 cm.

HOSPITAL NAME

Grand River Veterinary
Hospital

Adrenal Glands

The left adrenal gland was indistinctly visualized. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.95 cm width in the cranial pole and 0.99 cm width in the caudal pole. The right adrenal gland was not definitively visualized.

REFERRING VET

Hornak

Spleen

The spleen exhibited normal size, areas of capsule asymmetry and generalized parenchyma heterogeneity. Intermittent discrete non-disruptive nodules were present, an example measuring 1.4 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

INVOICE

13411ag

Liver/Gallbladder

DATE

04/04/2023



PATIENT

Leo Sykes

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.

SPECIES

Canine

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.

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Shep Lab Mix

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 apparent formed feces in lumen.

SEX

MN

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.

AGE

9.5yr

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

43kg

ULTRASONOGRAPHIC FINDINGS

- Distended urinary bladder with emerging urinary bladder neck mass/lesion-concern for neoplastic criteria i.e., transitional cell carcinoma.
- Mildly prominent non-homogenous residual prostate.
- Severe left kidney hydronephrosis with concurrent left hydroureter-consistent with ureter obstruction.
- Right kidney mild chronic renal changes with mild pyelectasia-no overt concurrent right hydroureter.
- Non-homogenous nodular spleen-age related splenic changes, hyperplasia, hematopoiesis, focal splenitis, hypersplenism or neoplastic criteria possible.
- Sonographically unremarkable GI tract/colon, potential mild gastroenteritis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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A urine C/S and screening BRAF assay is suggested. Sampling of the residual prostate and emerging mass lesion in the area of the urinary bladder neck is likely required for a definitive diagnosis. Suspect left ureter obstruction at the level of the urinary bladder given emerging bladder neck mass.

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Assuming normal clotting status and using a 25g needle, a splenic FNA for screening cytology is warranted for further assessment.

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A GI panel to include PLI/TLI/Cobalamin/Folate may be considered to assess for occult intestinal disease although no evidence of structural GI mural pathology was visualized. Empirically as needed GI support is suggested.

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REFERRING VET

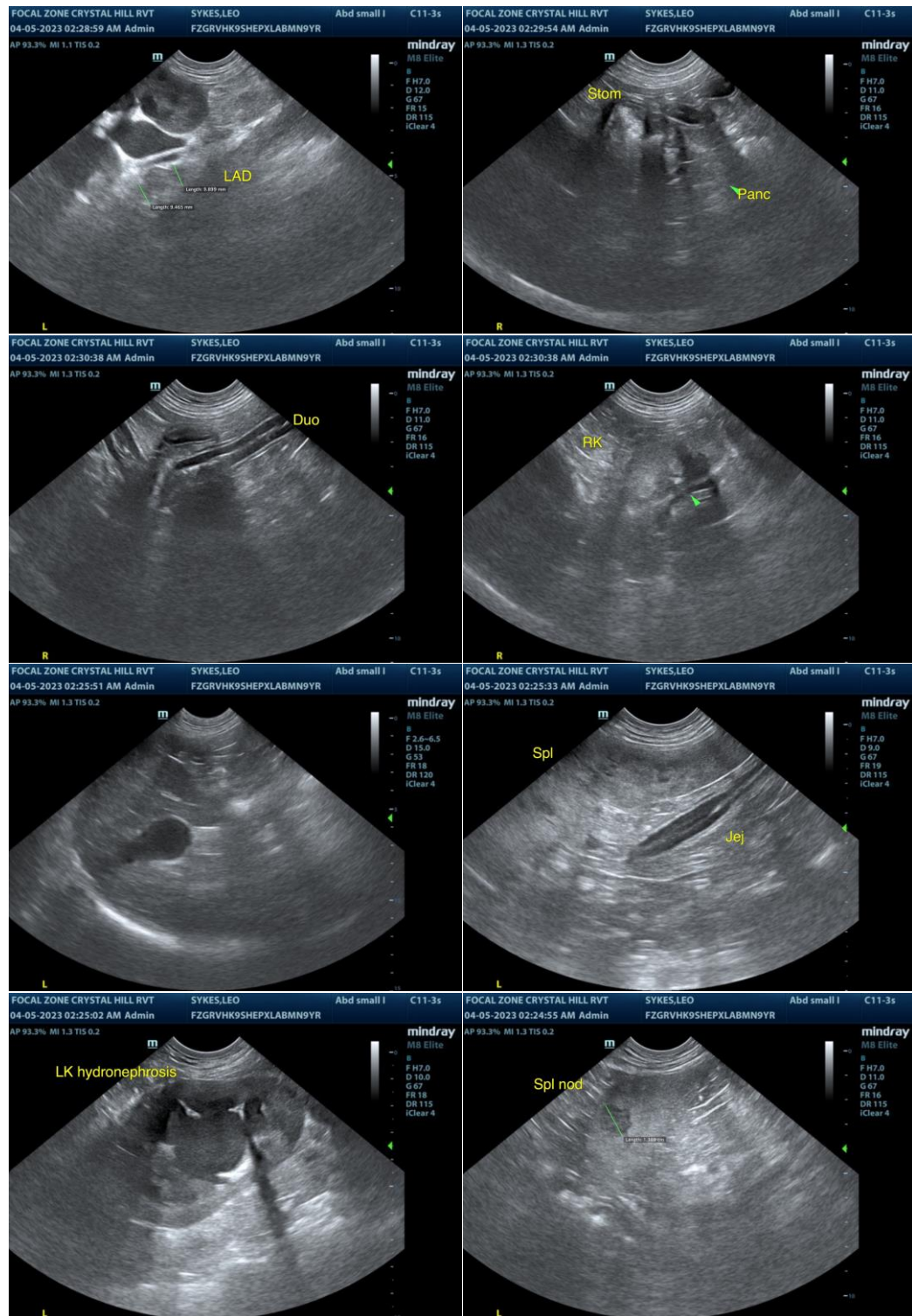
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Leo Sykes

SPECIES

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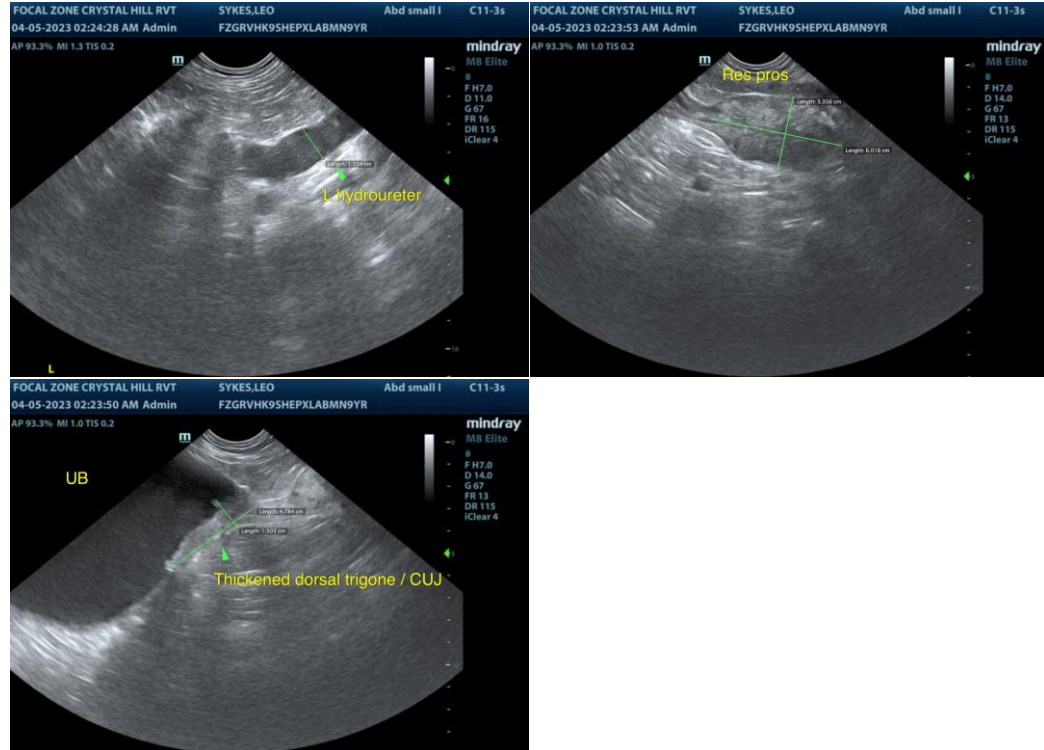
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AGE

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WEIGHT

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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.

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