



PATIENT PRESENTING CLINICAL SIGNS

Ace Jull History: v/d, lethargy, generalized weakness, tachycardia and pyrexia bw – cbc shows – stress leukogram with toxic neuts, biochem – mild elevations in liver enzymes Radiographs: right lateral chest – nsf; right lateral and v/d abdomen – prostate looks a bit enlarged to me r/o acute prostatitis, lept, neoplasia, underlying GI dz meds: Baytril 100mg SID

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: Please see attached rads

BREED

Shepherd Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Male

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

AGE

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 6.4 cm in length. The right kidney measured 6.8 cm in length.

WEIGHT

55 pounds

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

The prostate was moderately enlarged in size with intact, primarily symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was heterogeneous with multiple variably sized intraparenchymal cysts, example measuring 3.2 cm diameter. The prostate measured 7 cm x 6 cm. Mild periprostatic to peri cystic inflammation was noted, no evidence of concurrent free fluid noted.

IMAGING PERFORMED BY

Kelly Reschny

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole and 0.55 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.71 cm width at the caudal pole.

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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.

REFERRING VET

Dr. Murdoch

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Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

DATE

04/08/2022



PATIENT The gallbladder was non-distended in size with sonographically unremarkable walls and primarily anechoic luminal content with focal congealed nonmineralized luminal debris. The cystic and common bile ducts were normal.

Ace Jull

SPECIES *Gastrointestinal*

Canine The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained gastric ingesta with no signs of ileus, obstruction or foreign material.

BREED 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.

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

SEX *Pancreas*

Male 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 *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

No overt pathology involving the left of right testicle.

WEIGHT

55 pounds

ULTRASONOGRAPHIC FINDINGS

- Prostatitis with multiple variably sized parenchymal cysts.
- Low grade hepatopathy with parenchymal remodeling, mild congealed gallbladder debris (non-mucocele).
- Overtly normal GI tract with minor retained nonshadowing gastric ingesta.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of prostatic neoplasia given lack of mineralization which is thought less likely. Prostatic sampling +/- C/S are required for further clarification. Overall, the liver was nonspecific yet most consistent with benign low grade hepatopathy, vacuolar hepatopathy vs nonspecific hepatitis possible without evidence of hepatic neoplastic criteria. Neutering and prostatitis therapy protocol is recommended ideally with sonographic monitoring or prostatic involution. Hepatic FNA assuming normal clotting status could be considered for screening cytology primarily to assess for evidence of inflammatory cells.

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As needed GI support with potential GI panel to include PLI/TLI/Cobalamin/Folate is recommended as well as fresh fecal analysis to rule out parasitic ova/giardia if persistent to progressive signs.

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AGE

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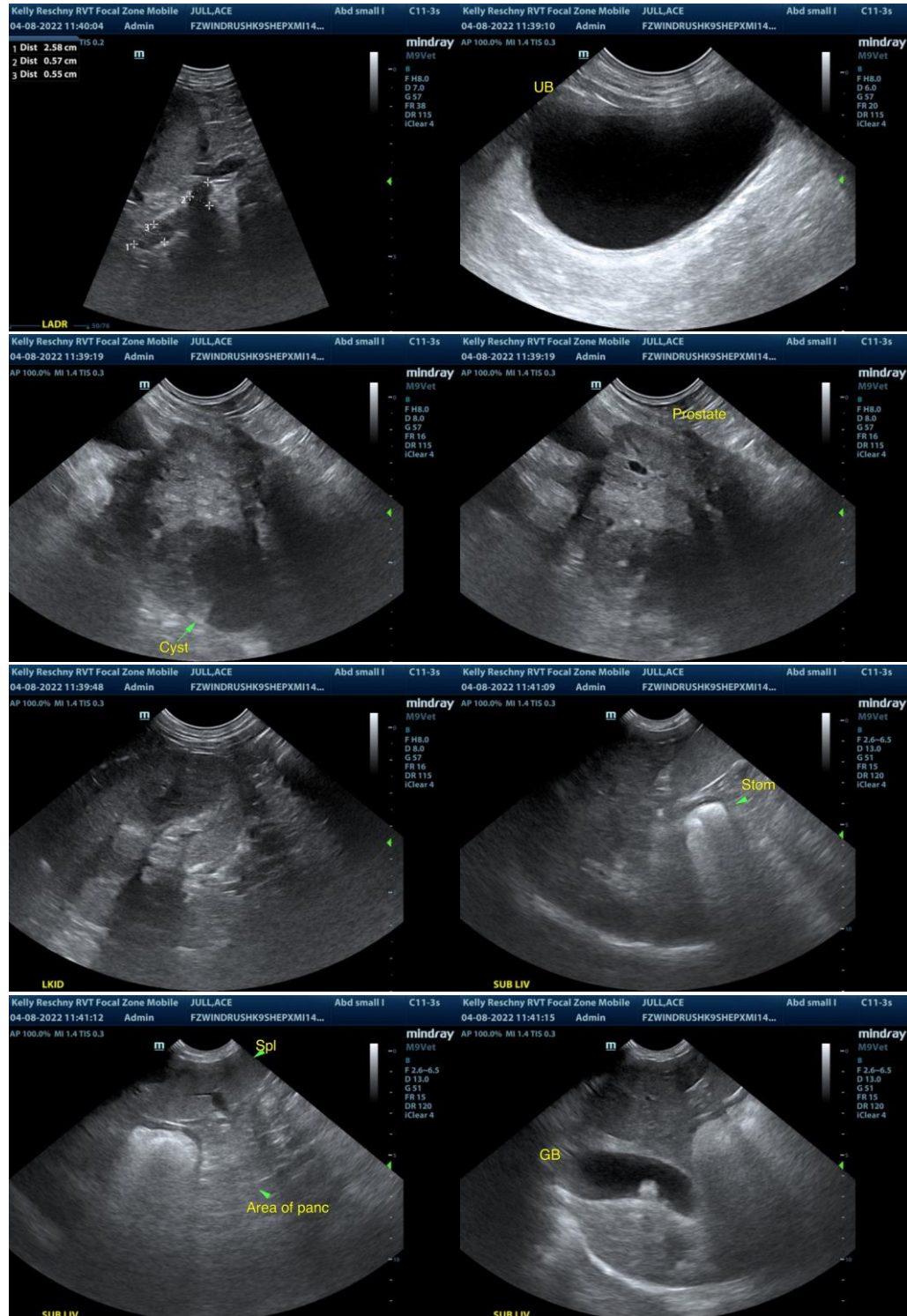
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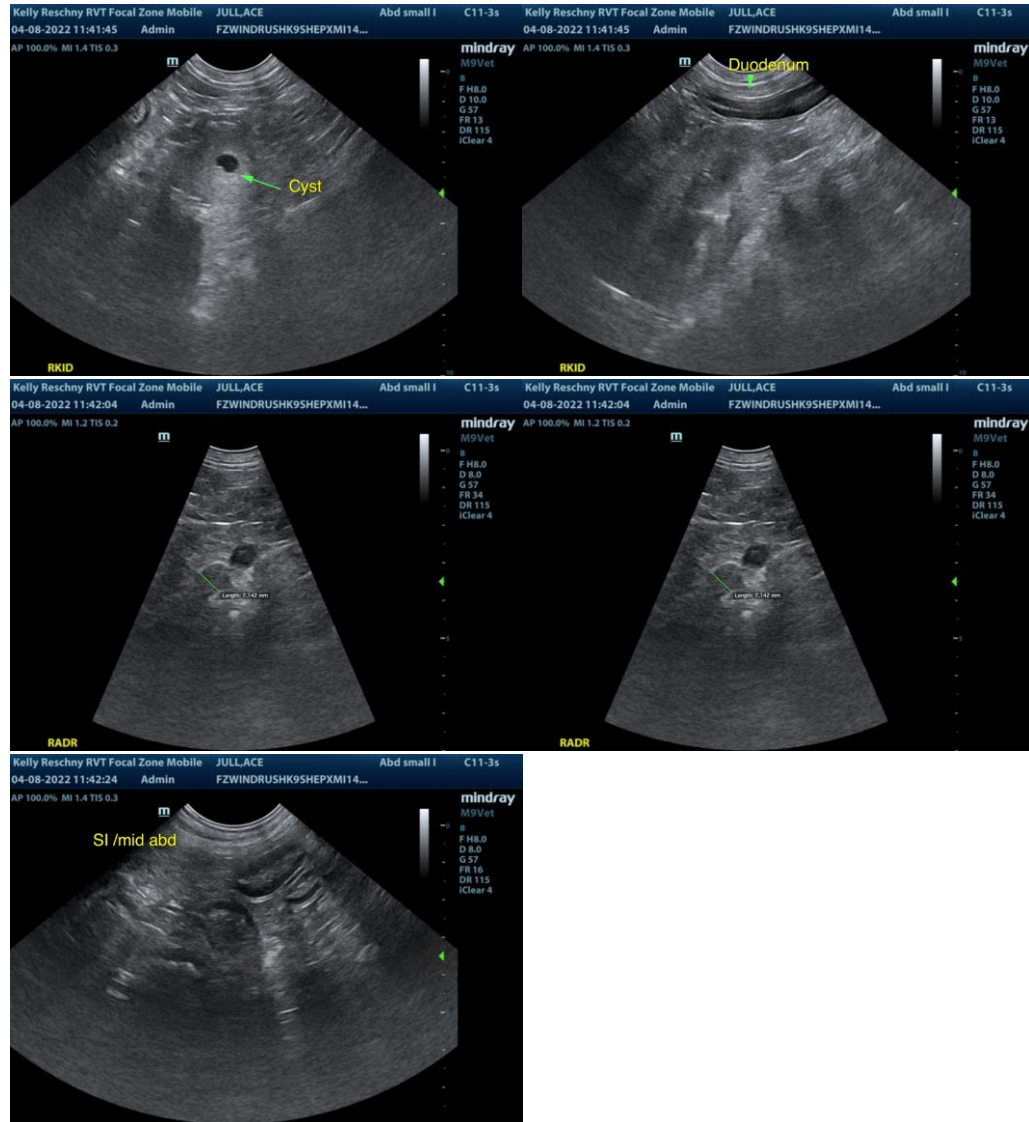
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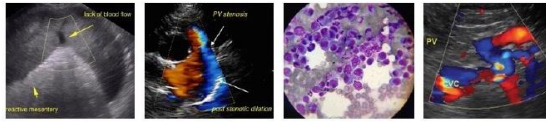


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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