



PATIENT

Anubis Good

SPECIES

Canine

BREED

Pitbull

SEX

Male Neutered

AGE

10Y

WEIGHT

39lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Milad Gendi

HOSPITAL NAME

Severn River Animal
Hospital

REFERRING VET

Milad Gendi

INVOICE

75202

DATE

5-28-26

PRESENTING CLINICAL SIGNS

If this is a duplicate case please ignore (we had computer trouble this AM)
P is experiencing weight loss and has a high ALT.

Abnormal PE/Chem/CBC/UA Results: ALT (GPT) 454 0 - 120 U/I HIGH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 was noted.

The prostate was enlarged in size. The prostatic parenchyma was primarily hypoechoic to heterogeneous with areas of parenchyma mineralization. The margins of the gland were indistinct and difficult to differentiate from the surrounding tissue. The prostate measured approximately 4.3 cm in diameter. A prostatic cyst was also present.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

Normal size and margination was present in the kidneys with indistinct right kidney visualization. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.6 cm in length. The right kidney subjectively measured 6.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.8 cm width in the caudal pole.

The right adrenal gland was note definitively visualized.

Spleen

The spleen exhibited regional hyperechoic splenic parenchyma which may indicate myelolipomatous change with potential for medial capsule fibrosis and considered benign. 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.

Liver/ Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and mild nonorganized gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained nonshadowing ingesta consistent with food echogenicity without signs of 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.

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

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.

Free Abdomen

No overt peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Enlarged mineralized to cystic prostate.
- Mild age related renal changes.
- Subjectively benign spleen.
- Hepatopathy.
- Mild gallbladder debris.
- Sonographically unremarkable gastrointestinal tract with gastric ingesta – consistent with food echogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the mineralized to cystic prostate is consistent with neoplastic criteria such as prostatic or transitional cell carcinoma. No obvious evidence of current regional lymphatic metastasis.

The liver is nonspecific yet suggestive of benign criteria with potential for nonspecific inflammatory hepatic disease i.e. cholangiohepatitis in conjunction with elevated ALT and presence of gallbladder debris. Further assessment may include, assuming normal clotting status, prostate and hepatic parenchyma FNA cytology, whereas biopsies for histopathology may be required for definitive diagnosis.

Three-view chest radiographs and screening a GI panel to include PLI/TLI/Cobalamin/Folate to assess for additional occult disease as a contributing factor to the weight loss may be considered.



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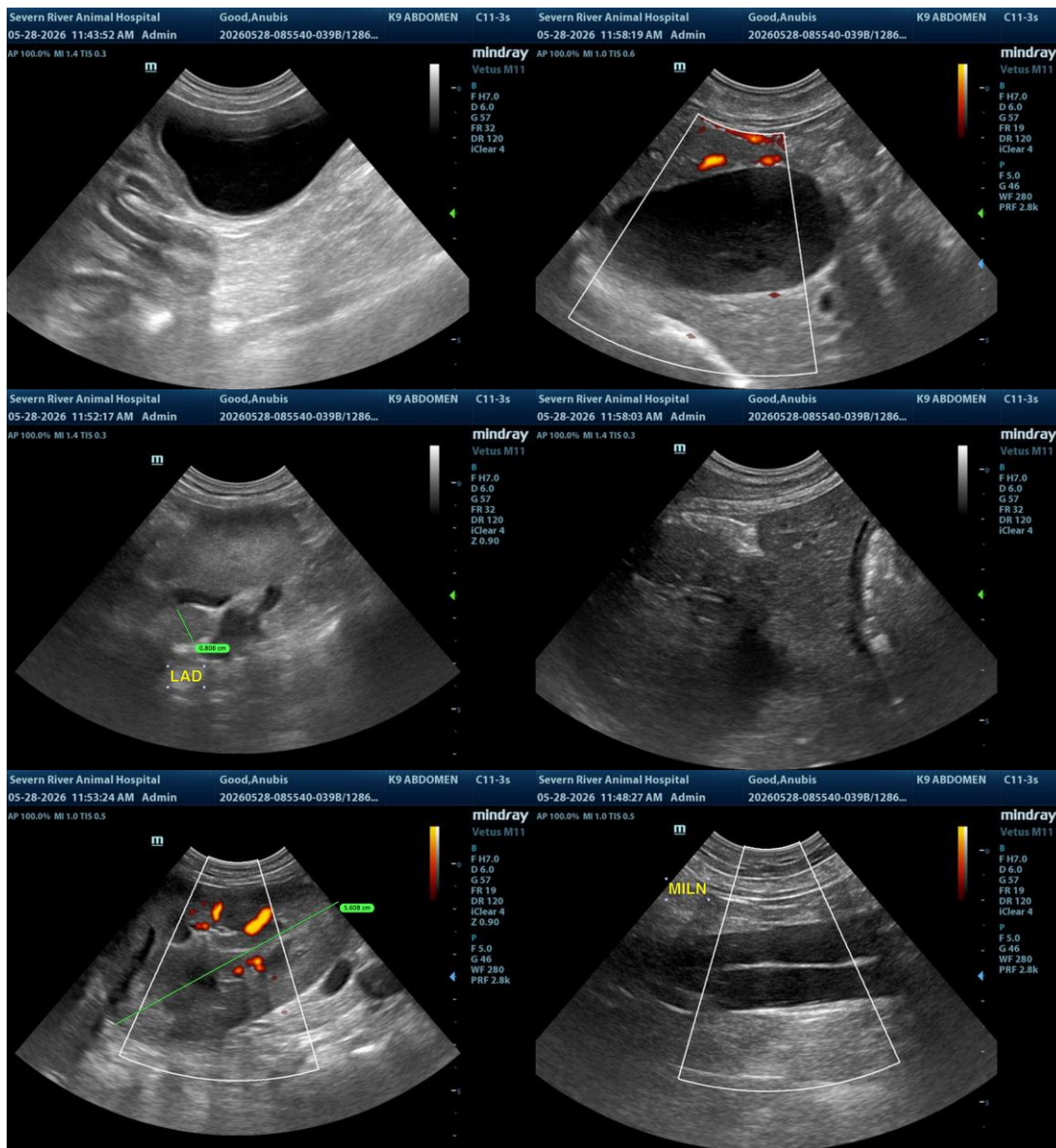
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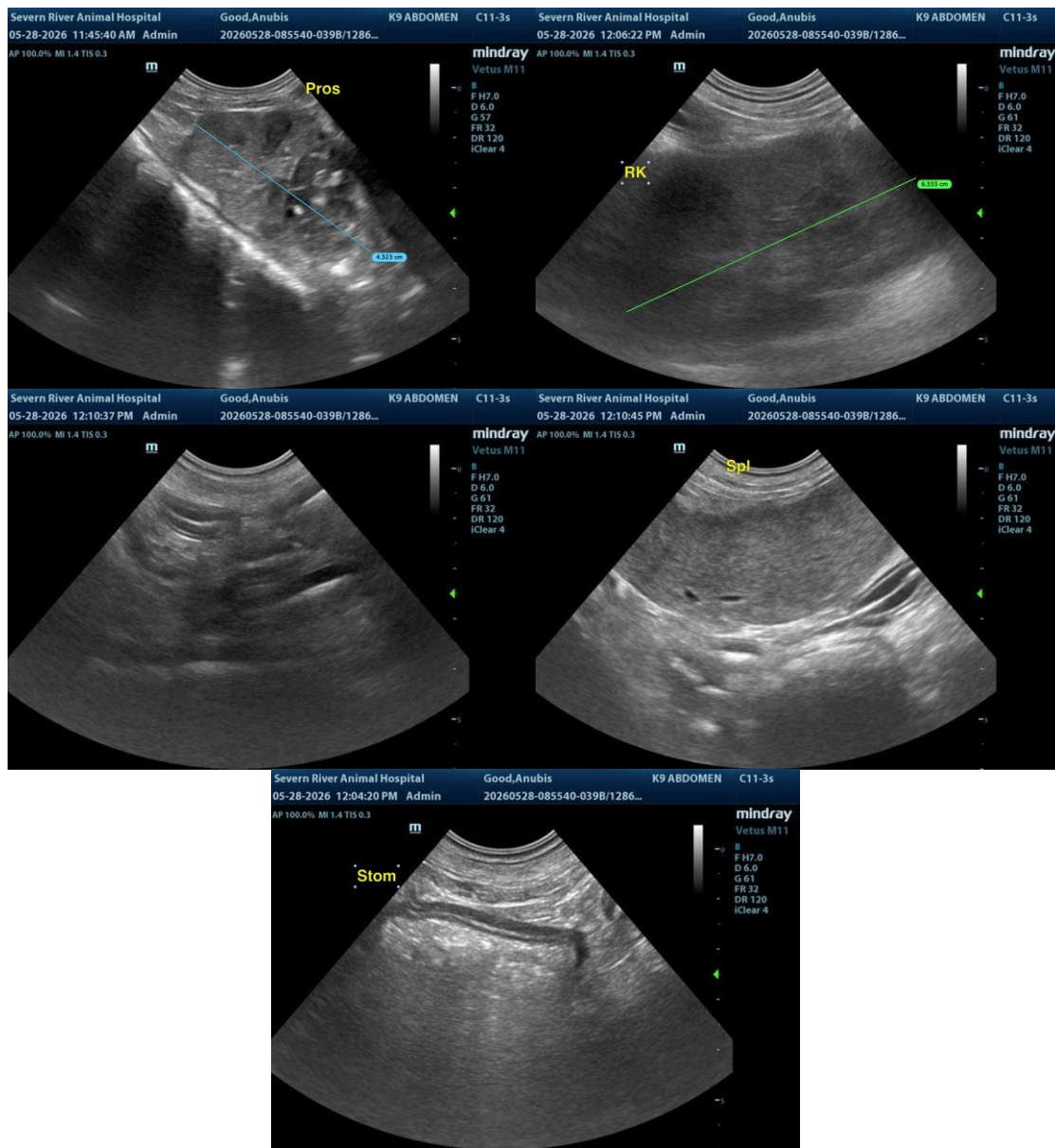
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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