



**PATIENT PRESENTING CLINICAL SIGNS**

**Avery Russo** History: Losing weight, for the past few weeks, on 5/9/22 presented for enlarged L testicle, no other medical HX, appetite well, K/D diet/NF diet.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Enlarged L testicle. DDZ stage 2, X-rays enlarged prostate, clean thorax. Pre-Surgical BW 5/10/22 CHEM: Urea nitrogen: 78 (H) 6-31 Creatinine: 4.0 (H) 0.5-1.6  
**Canine** Phosphorus: 6.3 (H) 2.5-6.0 Calcium: 11.6 (H) 8.9-11.4 CBC: Platelet: 413 (H) 170-400 T4: 0.8 (N) 0.8-3.5 UA: 5/25/2022 collection method catheterization Protein: 2+ Glucose: 2+ Blood: 1+ WBC: 11-20 (H) RBC: 4-10 (H) Transitional Epithelia: 4-10 (H)

**BREED**

Golder Retriever

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX** *Urinary System*

**MI** 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** 10 yr

Normal size and margination were present in the kidneys. Bilateral cortical hypertrophy was noted exhibiting uniform mild increased cortex echogenicity. Mildly enhanced yet indistinct corticomedullary borders were observed with no evidence of pyelectasia. The left kidney measured 7.3 cm in length. The right kidney measured 7.3 cm in length.

**WEIGHT** 93 lb

The area of the aortic trifurcation was free of pathology.

**INTERPRETED BY** The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 6.6 cm x 4.5 cm. Anechoic, thinly walled small parenchyma cysts were present. An example measured 0.75 cm diameter.

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

**IMAGING PERFORMED BY** *Adrenal Glands*  
Jose

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole and 0.58 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 0.87 cm width at the caudal pole.

**HOSPITAL NAME** *Spleen*  
Animal Clinic of Queens

**REFERRING VET** The spleen exhibited normal size with asymmetrical capsule contour and generalized heterogeneous parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. No masses or nodules were noted.

Dr. Mucera *Liver*

**INVOICE** 10702ag

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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with nondependent to mildly congealed nonorganized debris. No evidence of gallbladder or peripheral inflammation. The cystic and common bile ducts were normal.

**DATE** 05/31/2022



**PATIENT**

**Gastrointestinal**

Avery Russo

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 gastric body wall measured 0.45 cm in width.

**SPECIES**

Canine

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. The small intestine wall measured 0.43 cm in width.

**BREED**

Golder Retriever

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

**SEX**

MI

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**

10 yr

**Free Abdomen**

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

**WEIGHT**

93 lb

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically normal urinary bladder
- Mild to moderate prostatomegaly exhibiting mixed echogenic focally cystic parenchyma-consistent with benign hyperplasia with intermittent cysts, prostatitis possible. No overt evidence of prostatic neoplastic criteria.
- Bilateral nonspecific chronic renal changes
- Heterogeneous spleen-suspect age-related changes or patient variant. Potential hematopoiesis, splenitis or hyperplasia with neoplastic criteria thought less likely.
- Minor hepatic parenchymal remodeling-benign
- Gallbladder debris (non-mucocele)

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Prostatic sampling i.e. FNA or prostatic wash for cytology +/- C/S is required for further differentiation. Further assessment of the patient's weight loss may include a GI panel to include PLI/TLI/Cobalamin/Folate with three view chest radiographs to rule out occult thoracic pathology. An ultrasound guided splenic FNA using a 25g needle and assuming normal clotting status for screening cytology primarily to ensure that only benign changes are present could be considered.

**IMAGING**

**PERFORMED BY**

Jose

**HOSPITAL NAME**

Animal Clinic of Queens

**REFERRING VET**

Dr. Mucera

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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24-48-hour hospitalization with IVF protocol and reassessment of degree of azotemia could be considered assuming decreased USG. If the patient is deemed stable for anesthesia, neutering with submission of the left testicle for histopathology and sonographic monitoring of prostatic involution +/- empirical therapy for prostatitis if clinically indicated would be reasonable.

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**SPECIES**

Canine

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Golden Retriever

**SEX**

MI

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**WEIGHT**

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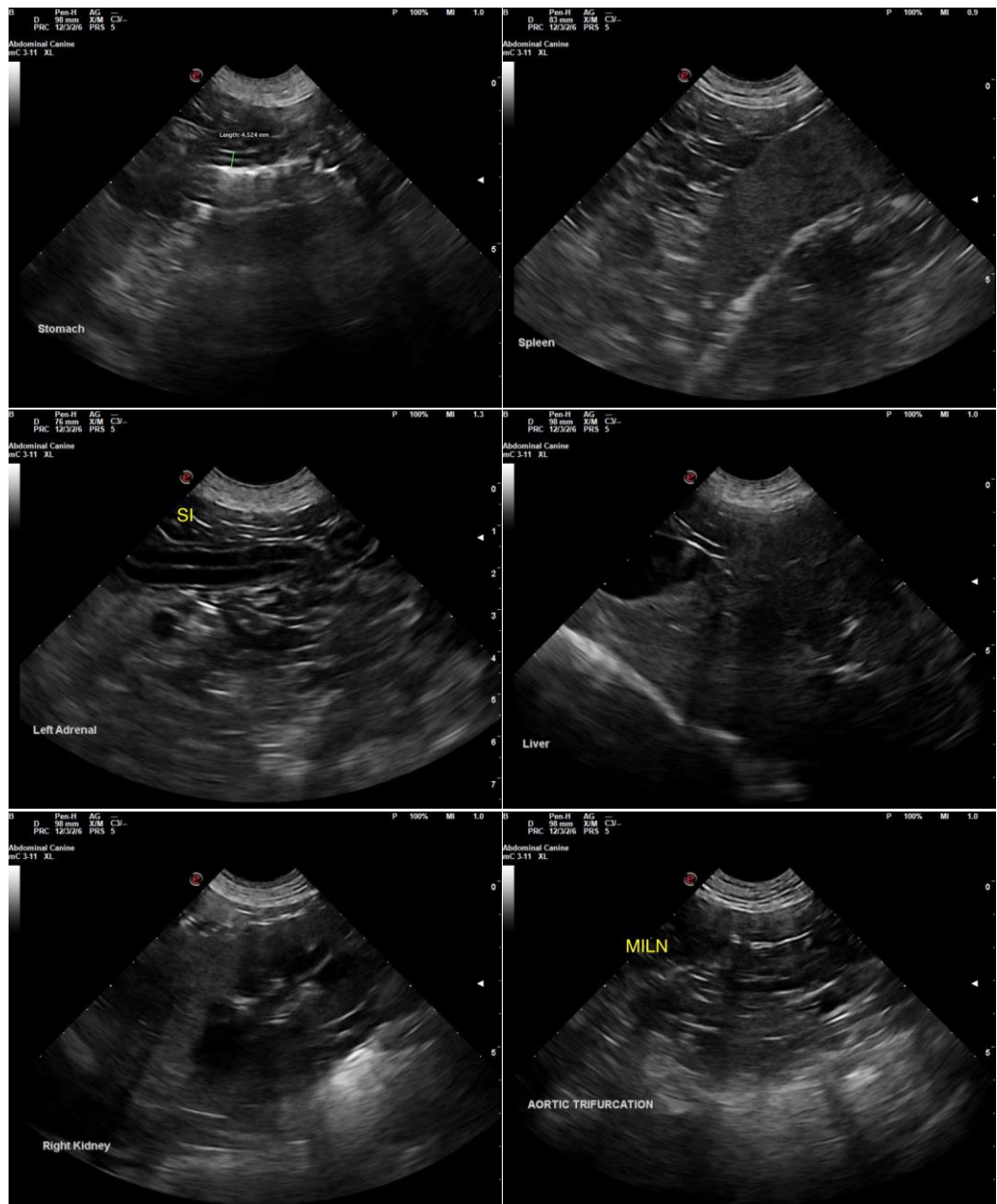
Dr. Mucera

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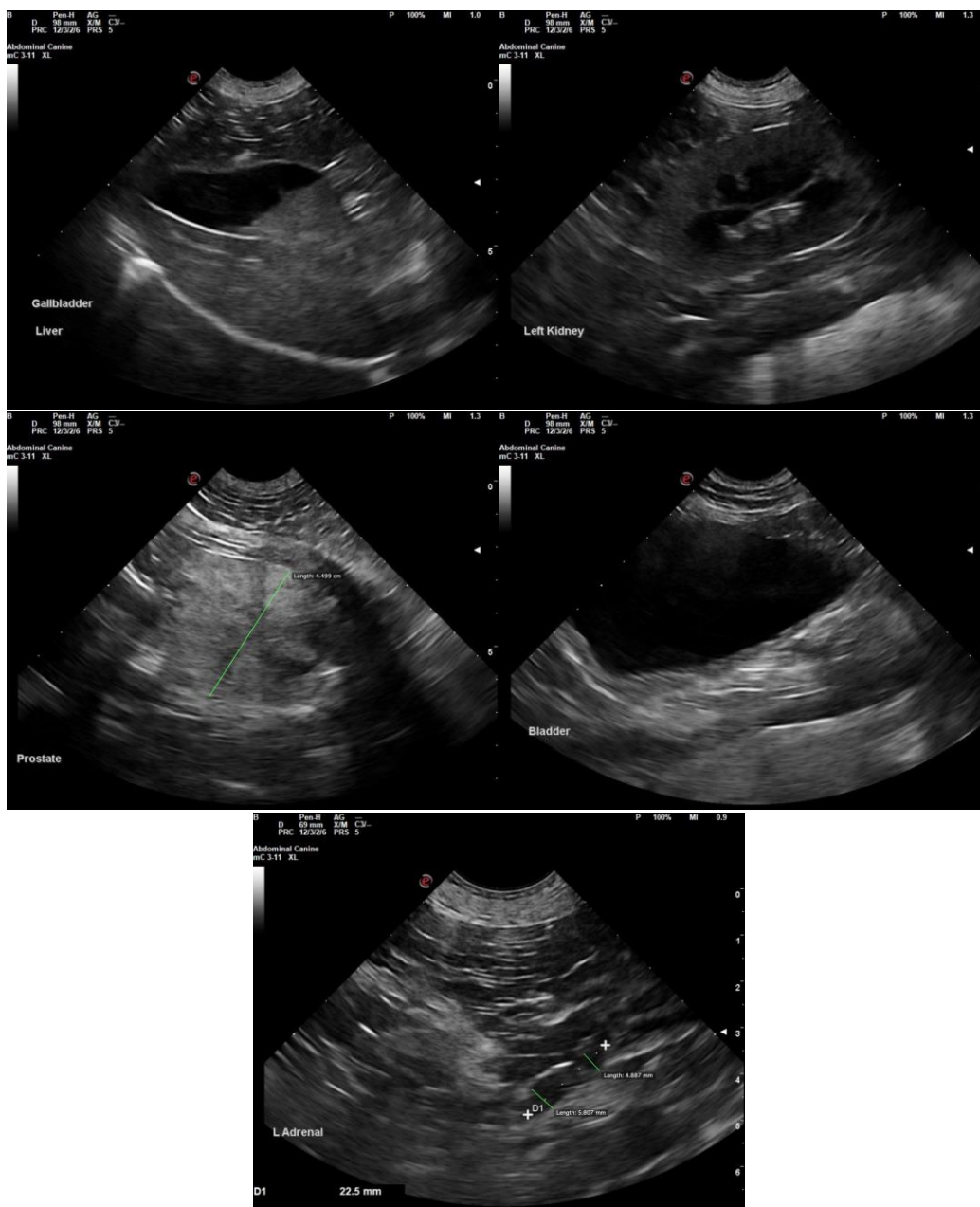
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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