



PATIENT

Jack Greenbush

SPECIES

Canine

BREED

Pitbull Mix

SEX

MN

AGE

7 yrs

WEIGHT

62

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Anthony Smatt

HOSPITAL NAME

The Pets I Love

REFERRING VET

Dr. Debra Szpicek

INVOICE

10864

DATE

5/5/26

PRESENTING CLINICAL SIGNS

patient has been Pu/PD for 5 weeks. O noted drinking a lot and urinating a lot. No new changes. Blood work and urinalysis didn't reveal a diagnosis. here for abdominal ultrasound,.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was nondistended with urine, prohibiting full evaluation of the urinary bladder wall. There is no evidence of urinary bladder tumors, lumen mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The prostate was asymmetrically enlarged with intact, mildly asymmetrical prostatic capsule adjacent to mild periprostatic hyperechoic mesentery. Nonhomogeneous, hypoechoic prostatic parenchyma was present. Discreet, pinpoint, hyperechoic parenchyma foci were noted. The prostate measured ~4.0 cm in diameter.

No evidence of pathology in the area of the aortic trifurcation.

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 6.6 cm in length. The right kidney measured 6.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole. The right adrenal gland was overtly normal in size, position, and shape with mild indistinct visualization. The right adrenal gland subjectively measured 0.57 cm width at the caudal pole.

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/Gallbladder

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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 containing primarily anechoic content with minor gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material.



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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 lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Enlarged nonhomogeneous / hypoechoic prostate, discreet hyperechoic prostatic parenchyma foci
- Normal nondistended urinary bladder
- Overtly normal adrenal glands / normal kidneys
- Normal volume liver
- Minor gallbladder debris (non mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt sonographic renal, adrenal, or hepatic pathology was noted as an obvious contributing factor to the clinical signs. Primary considerations for the prostate include prostatitis with concern for septic prostatitis, while neoplasia cannot be definitively excluded. Prostatic sampling either via prostatic wash or ultrasound guided FNA cytology and C/S is required for further clarification. Empirical therapy for potential septic prostatitis with serial sonographic monitoring would be a more conservative approach. Further assessment of the PU/PD may include, if considered clinically indicated, urine C/S on a sterile urine sample, screening cortisol level, bile acid profile, or Leptospirosis titer/PCR.



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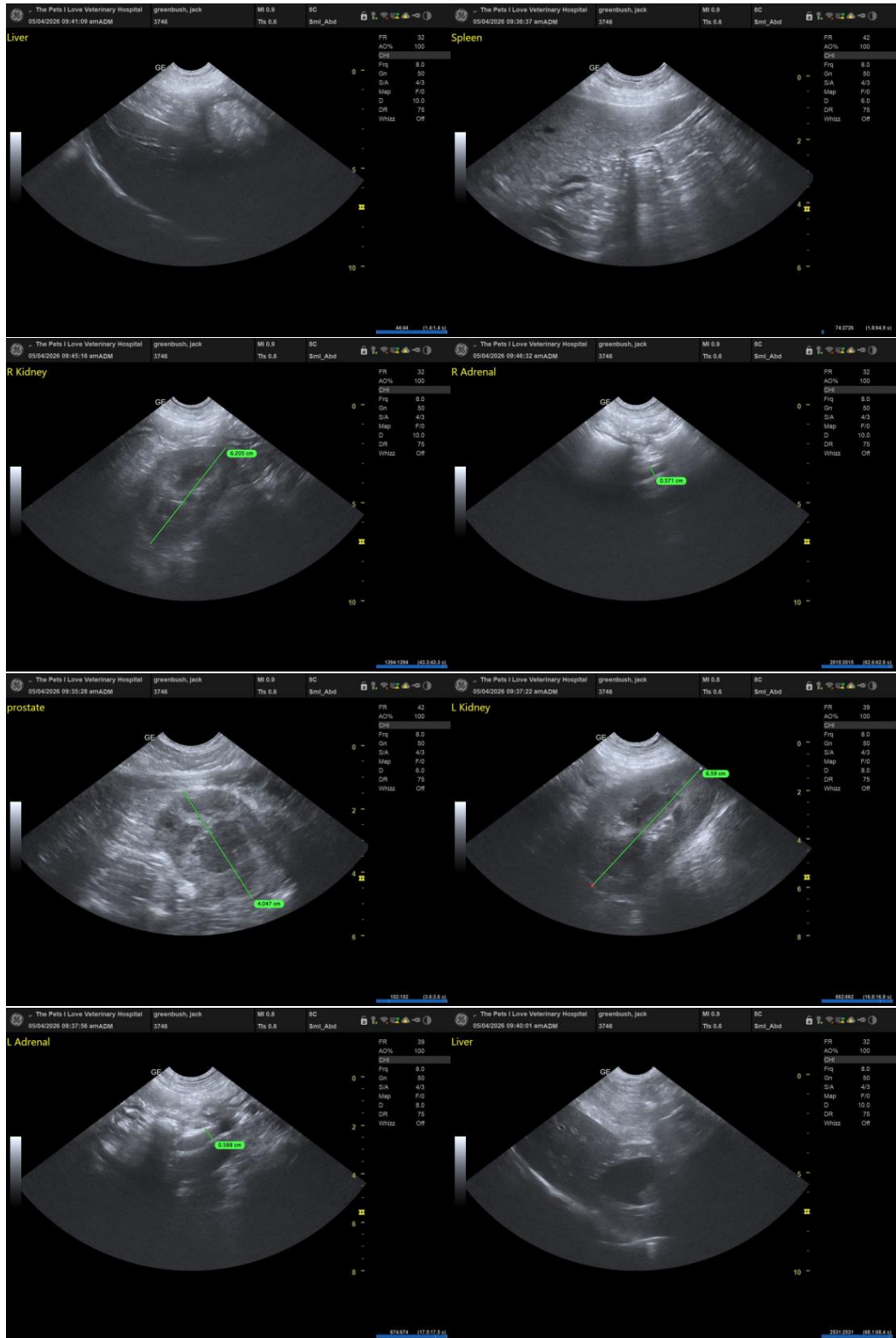
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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