



**PATIENT**

Gunnar Paliaro

**SPECIES**

Canine

**BREED**

Beagle X

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

10.3 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Wendy Turner

**HOSPITAL NAME**

Pennsauken AH oand  
Urgent Care

**REFERRING VET**

Wendy Turner

**INVOICE**

15973

**DATE**

6/10/22

**PRESENTING CLINICAL SIGNS**

History: Urinary incontinence approximately 1 month. No CSVD, no PU/PD. Appetite and activity normal but not losing weight on calorie restriction.

Abnormal PE/Chem/CBC/UA Results: T4 0.5, cholesterol WNL. FT4 also low (<0.3ng/dl) but TSH WNL (0.27, RR 0.05-0.42). USG 1.045, 2+ proteinuria with quiet sediment. Physical exam reveals obese dog (BCS 8/9) with pendulous abdomen, hepatomegaly. Rectal exam not performed.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone and cystourethral junction 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.

The residual prostate exhibited generalized enlargement and primarily maintained symmetrical capsule contour. Nonhomogeneous to mixed echogenic hypoechoic residual prostate parenchyma was present, exhibiting focal area of intraparenchymal mineral. Subtle evidence of periprostatic reactivity noted. Subjectively, the prostatic parenchyma appeared to extend mildly into the area of the proximal urethral lumen. The residual prostate measured 3.2 cm x 3.2 cm. Subtle evidence of proximal urethral urine retention, which may potentially indicate some possible obstruction to the urinary outflow owing to the prostatomegaly.

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

Normal size and margination were present in the kidneys. 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. Pinpoint areas of medullary mineral were present. The left kidney measured 4.9 cm in length. The right kidney measured 4.5 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 1.9 cm in length x 0.46 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.0 cm in length x 0.58 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**

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



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benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild congealed yet nonorganized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

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**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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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.

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

**Pancreas**

The pancreas was normal in size and contour with isochoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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**Free Abdomen**

No omental masses, lymphadenopathy or peritoneal free fluid was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Nonhomogeneous to hypoechoic prostatomegaly with parenchymal mineralization- consistent with neoplastic criteria, prostatic carcinoma versus urothelial carcinoma possible
- Suspect mild extension of the prostatic pathology into the proximal urethral lumen with some degree of likely obstruction to urine outflow
- Bilateral chronic renal changes, exhibiting pinpoint medullary mineral- no evidence of pyelectasia
- Mild hepatopancreatic remodeling- benign

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Pancreatic sampling is required for further assessment. Ultrasound guided FNA of the prostate versus prostatic wash for cytology and potential oncology consult suggested. No overt evidence of regional metastasis. Nonneoplastic etiologies for the prostatic presentation, such as chronic prostatitis is considered an unlikely differential diagnosis.

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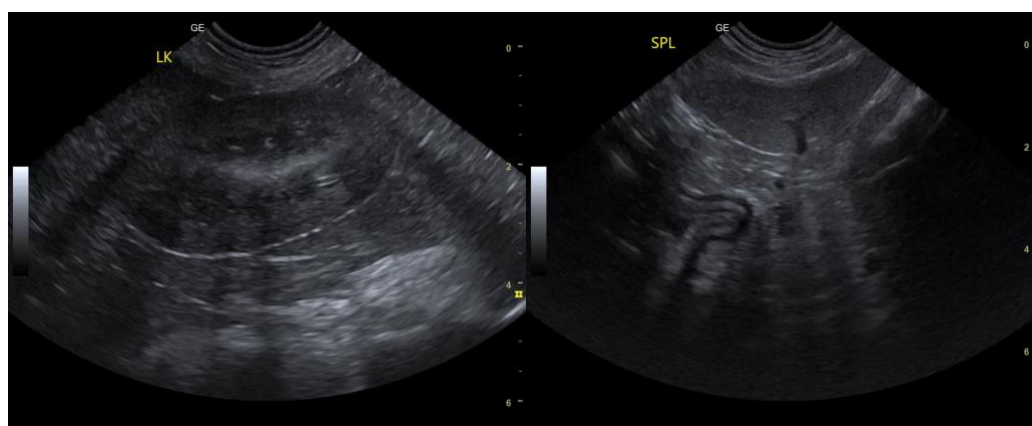
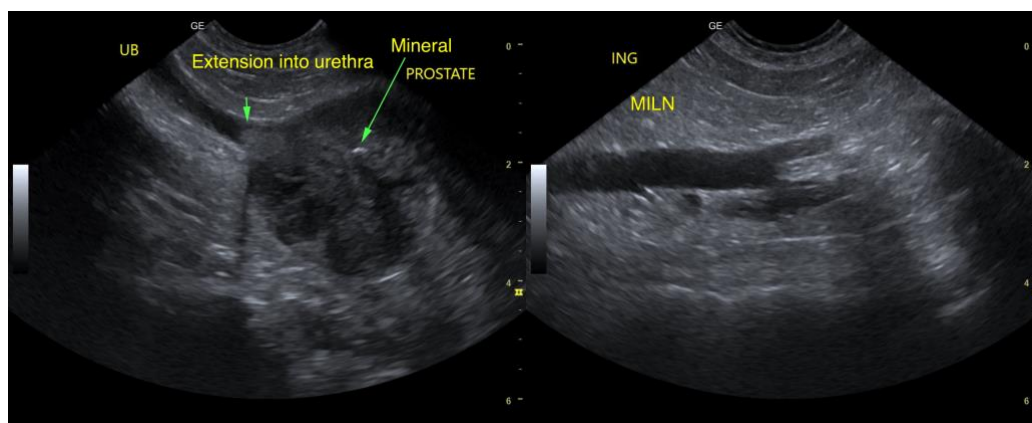
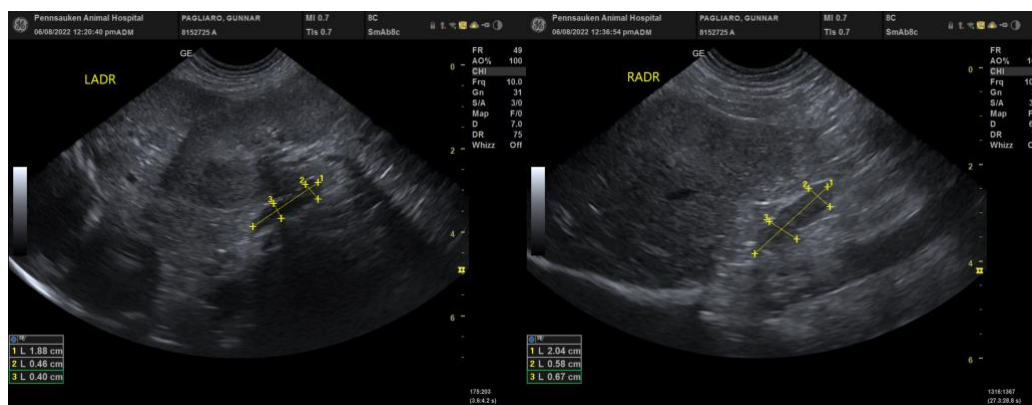
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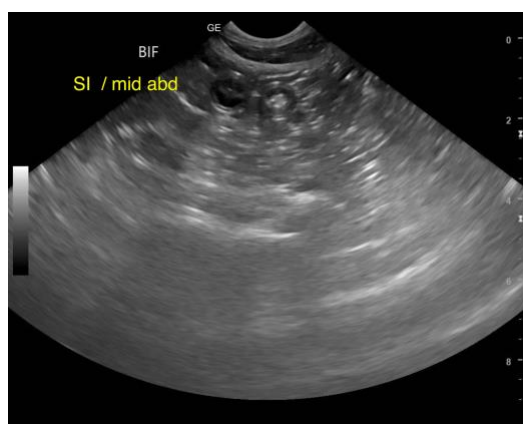
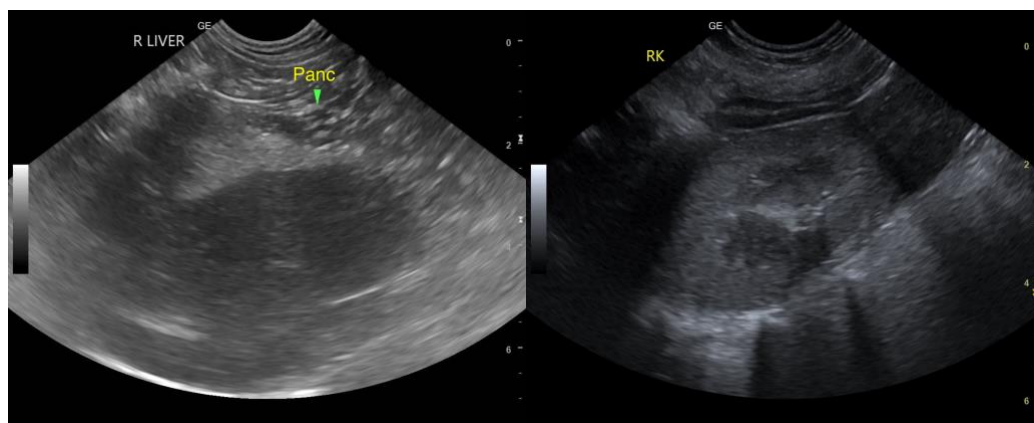
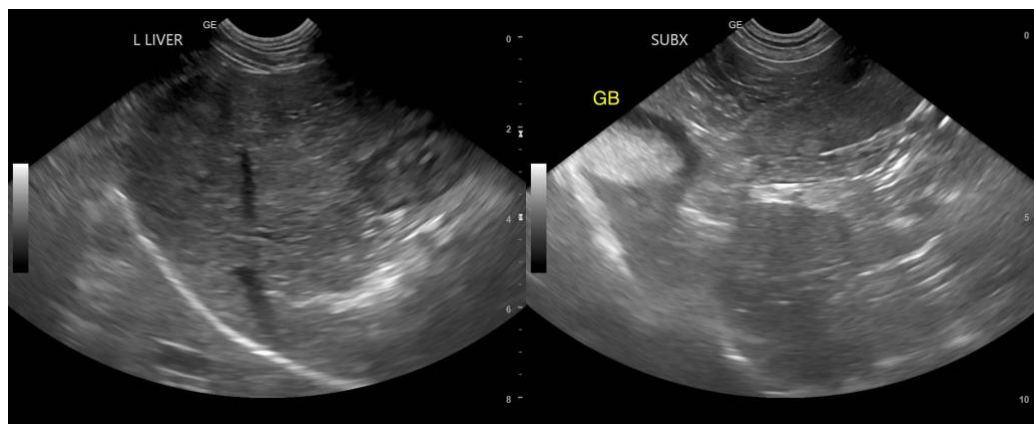
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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