



PATIENT

Jersey Gill

SPECIES

Canine

BREED

Pug X

SEX

MI

AGE

11 years

WEIGHT

20 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties PH Stoney
Creek

REFERRING VET

Dr. Mellish

INVOICE

14081

DATE

6/14/22

PRESENTING CLINICAL SIGNS

O brought P in for annual exam and vaccines. - O requested blood work for general wellness. - On PE P's abdomen was hard, tense pot-bellied abdomen - P has been slowing down recently No current meds.

Abnormal PE/Chem/CBC/UA Results: CBC / Biochem - mild to moderate elevations of ALK P, Alt, increased TP

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 was noted.

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 approximately 5.0 cm in diameter.

The right testicle was overtly normal in size measuring 2.4 cm in diameter. Very subtle isoechoic nodule was present in the right testicle measuring 0.65 cm in diameter.

The left testicle was enlarged in size compared to the right with multifocal, variably sized to expansive nonhomogeneous nodules. The left testicle measured 2.8 cm length. An example of a left testicular nodule measured 2.8 cm x 2.3 cm.

The area of the aortic trifurcation was free of pathology.

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. The left kidney measured 6.3 cm in length. The right kidney measured 6.7 cm in length.

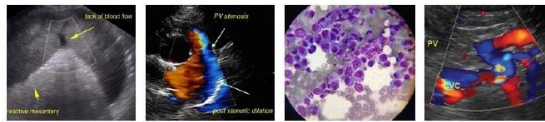
Adrenal Glands

A non-expansive, nonshadowing, hyperechoic nodule was present in the cranial left adrenal gland. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.69 cm x 0.41 cm. The overall left adrenal gland measured 2.9 cm length x 0.74 cm width at the caudal pole.

The right adrenal gland was indistinctly visualized subjectively measuring 0.74 cm width at the caudal pole.

Spleen

The spleen exhibited asymmetrical nonhomogeneous to mixed echogenic mass measuring approximately 6.0 cm in diameter. The spleen not Involved with the mass exhibited primarily finely textured homogeneous parenchyma and maintained symmetrical capsule contour.



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Liver/ Gallbladder

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The liver was subjectively normal in size, structure, and contour. Moderate, nonuniform to remodeled liver parenchyma was present with a moderate coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent nonhomogeneous parenchymal nodular changes were noted. The gallbladder contained moderate, nondependent, nonorganized, mildly hyperechoic gallbladder debris. The gallbladder was otherwise normal. No evidence of peripheral gallbladder inflammation was noted.

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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.

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

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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 were evident.

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Free Abdomen

No omental masses or overt lymphadenopathy were present. No overt evidence of perisplenic to peritoneal free fluid was noted.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Benign prostatic hyperplasia, minor potential for prostatitis
- Nodular to enlarged left testicle
- Small left adrenal nodule - suspect adenoma
- Nonhomogeneous splenic mass - nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other)
- Hepatopathy exhibiting nonuniform to remodeled parenchyma - nonspecific
- Moderate gallbladder debris (non-mucocele)

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Primary Findings

- Mild chronic renal changes

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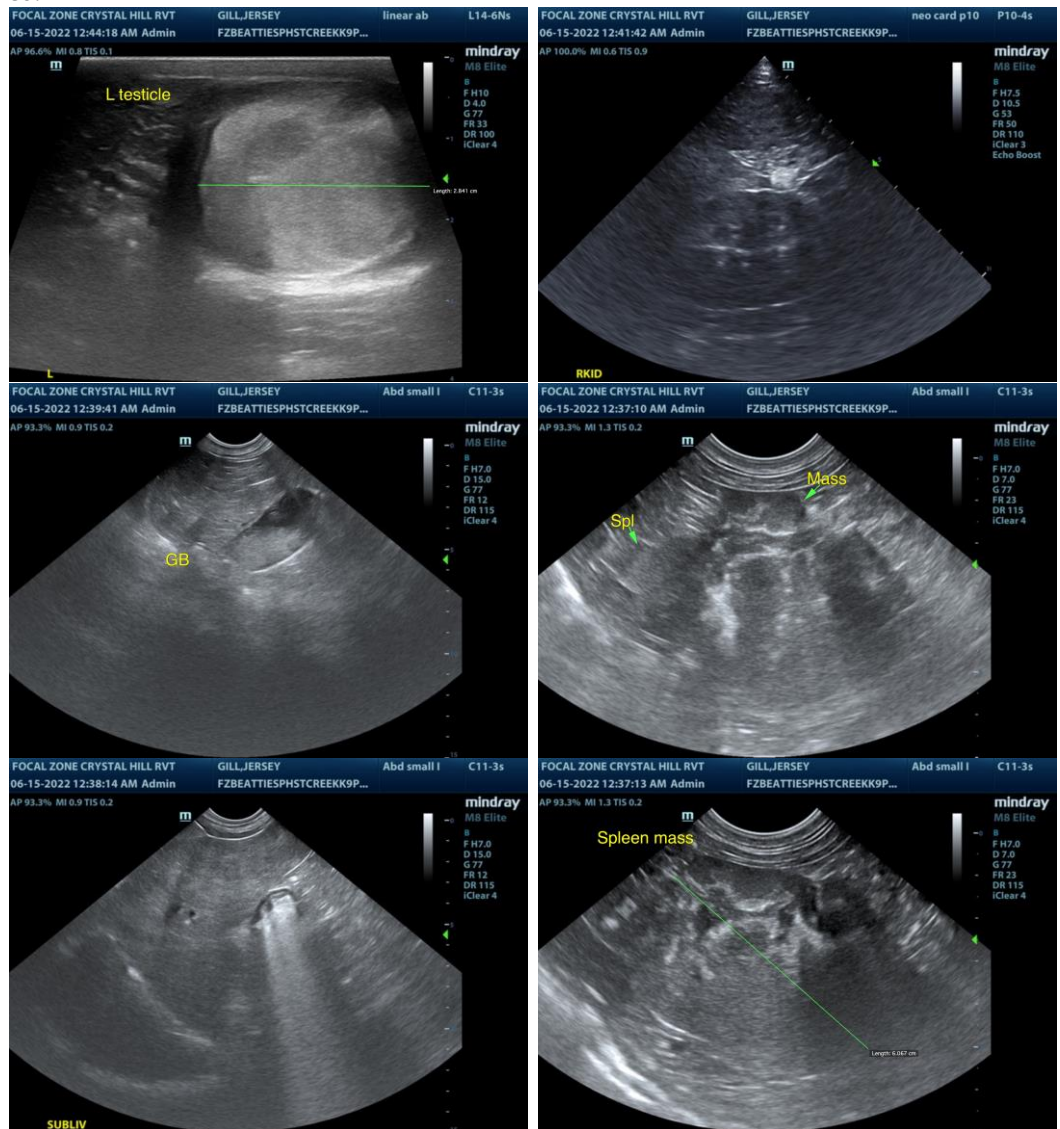
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic changes may indicate vacuolar hepatopathy, chronic inflammatory / immune-mediated disease, fibrosis, areas of nodular hyperplasia, hematopoiesis, or other hepatopathy. Hepatic neoplasia is considered a less likely differential diagnosis.

No obvious evidence of intraabdominal metastasis from the splenic mass, although in these cases potential for non-sonographically evident or micrometastasis cannot be definitively excluded. Assuming no evidence of pathology on three view chest radiographs, as well as normal cardiopulmonary status, laparotomy with splenectomy, gross inspection of the liver, +/- hepatic biopsies assuming normal clotting status, could be considered.

Ideally, concurrent neuter with submission of the bilateral testicles for histopathology should also be considered.





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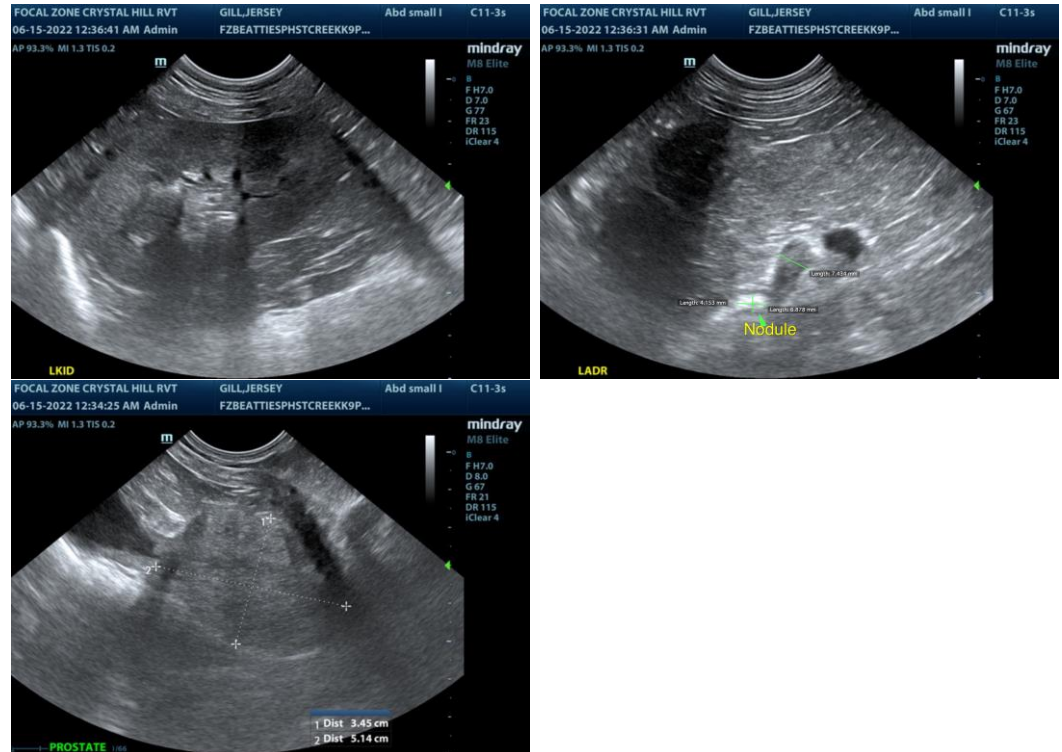
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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