

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Scooter Scott
SPECIES Canine
BREED Border Collie

O states pt is slowing down. O states pt needs help getting up in the mornings and has a limp on the left side. on carprofen- blood tinged urine on prepuce- AUS to examine caudal mass seen on radiographs- RULE-OUTS PROSTATIC NEOPLASIA PROSTATIC HYPERTROPHY PROSTATIC CYST PROSTATIC ABSCESS MEDS: carprofen and tramadol
Abnormal PE/Chem/CBC/UA Results: Musculoskeletal decreased range of motion L radial carpal joint, no pain decreased range of motion R radial carpal joint, no pain decreased range of motion R elbow, no pain decreased range of motion both hips, painful decreased range of motion both knees, painful range of motion of head painful side to side not dorsal and ventral painful palpation of lumbar and cervical spine decreased cp deficit R back foot (took 4 tries) = full tear decreased cp deficit L back foot (took 2 tries) = partial tear LABS PENDING- neuter discussed

SEX

Male

AGE

11 years

WEIGHT

50 lbs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolypliod changes were present likely associated with age related mural changes. 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 apical bladder wall measured 0.41 cm in width.

The prostate was moderately to markedly enlarged in size with intact, primarily symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was heterogeneous with a mixed pattern of varying echogenicity without evidence of parenchymal mineralization. Intraparenchymal cystic lesions containing anechoic fluid with echogenic changes along with subjective peripheral thinly walled cysts were present an example measuring 2.5 cm in diameter. Subtle evidence of peri prostatic reactivity was noted with no overt evidence of peri prostatic free fluid.

The left and right testicles were overtly normal for age.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 7.3 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 and 0.52 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 0.54 cm width at the caudal pole and 0.60 cm width at the cranial pole.

Spleen

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

North Hills Veterinary
Clinic

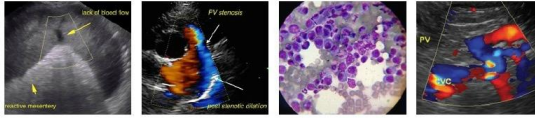
REFERRING VET

Dr. David Bagget

INVOICE

DATE

6/15/22



PATIENT

Scooter Scott

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

SPECIES

Canine

Liver/ Gallbladder

BREED

Border Collie

The liver was subjectively normal in size, structure, and contour. 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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

SEX

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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.

WEIGHT

50 lbs.

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

Several mildly prominent to enlarged medial iliac nodes were present adjacent to the iliac trifurcation. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a reactive lymph node measured 4.0 cm x 1.2 cm.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

ULTRASONOGRAPHIC FINDINGS

- Nonhomogeneous moderate to marked prostatomegaly exhibiting intraparenchymal and peripheral cystic lesions-subjective prostatitis with suspect mixed peripheral cyst and small intraparenchymal abscess
- Overtly normal urinary bladder exhibiting subjective discrete luminal micropolypliod changes, possible minor cystitis
- Bilateral mild chronic renal changes

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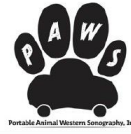
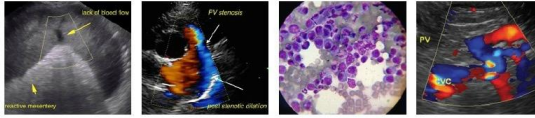
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Prostatic sampling is required for further assessment. No overt evidence of prostatic neoplastic criteria which is considered unlikely. An ultrasound guided FNA as well as centesis of the intraparenchymal cystic lesion for collection of fluid, cytology and C/S is recommended. Empirical therapy for prostatitis pending additional diagnostics would be warranted with neutering considered ideal. If neuter is elected, sonographic monitoring of prostatic involution with empirical prostatitis therapy would be reasonable.

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Portable Animal Western Sonography, Inc.

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

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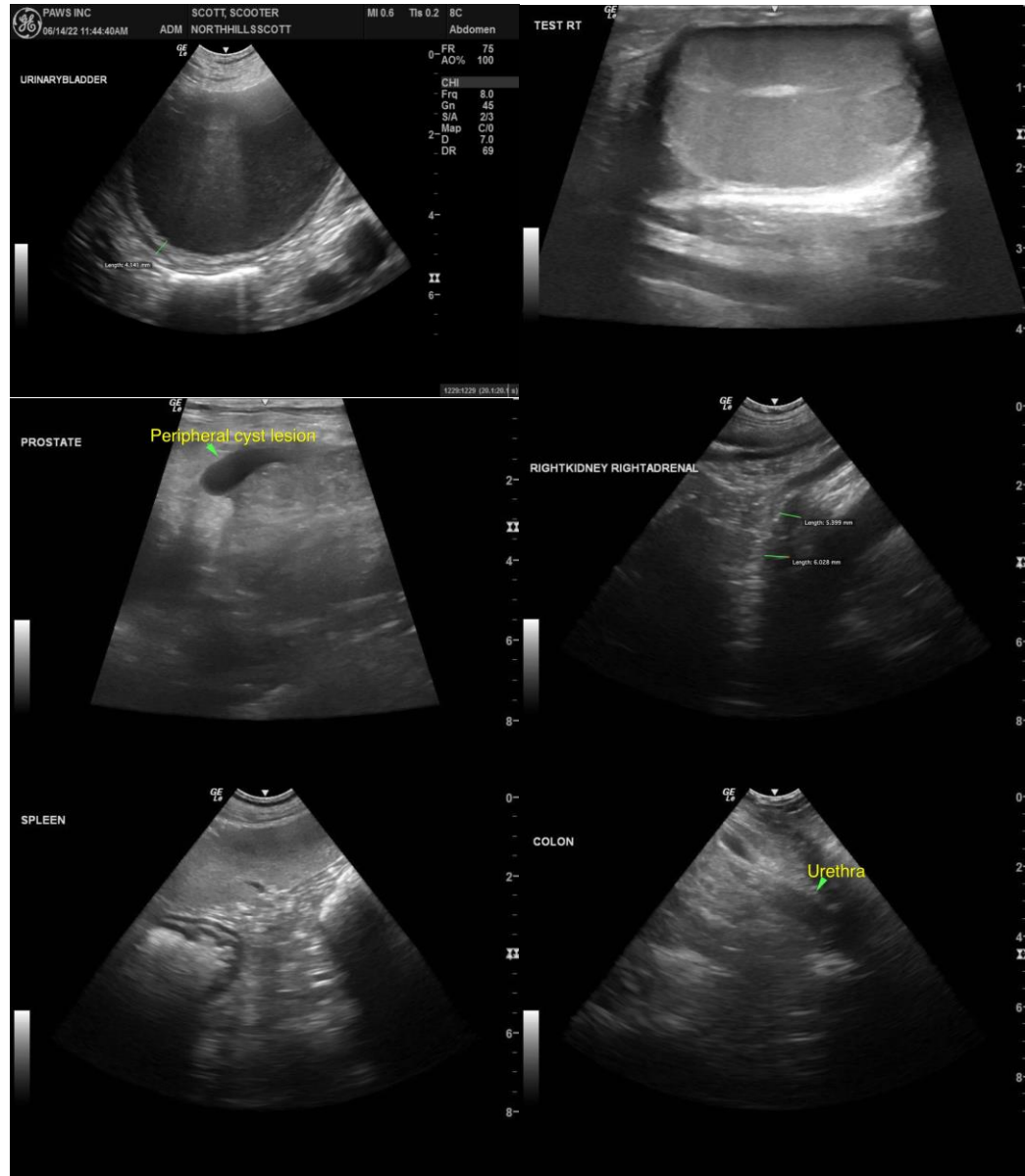
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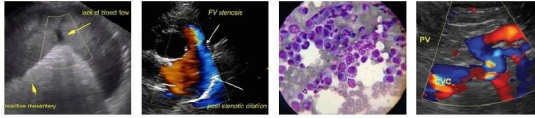
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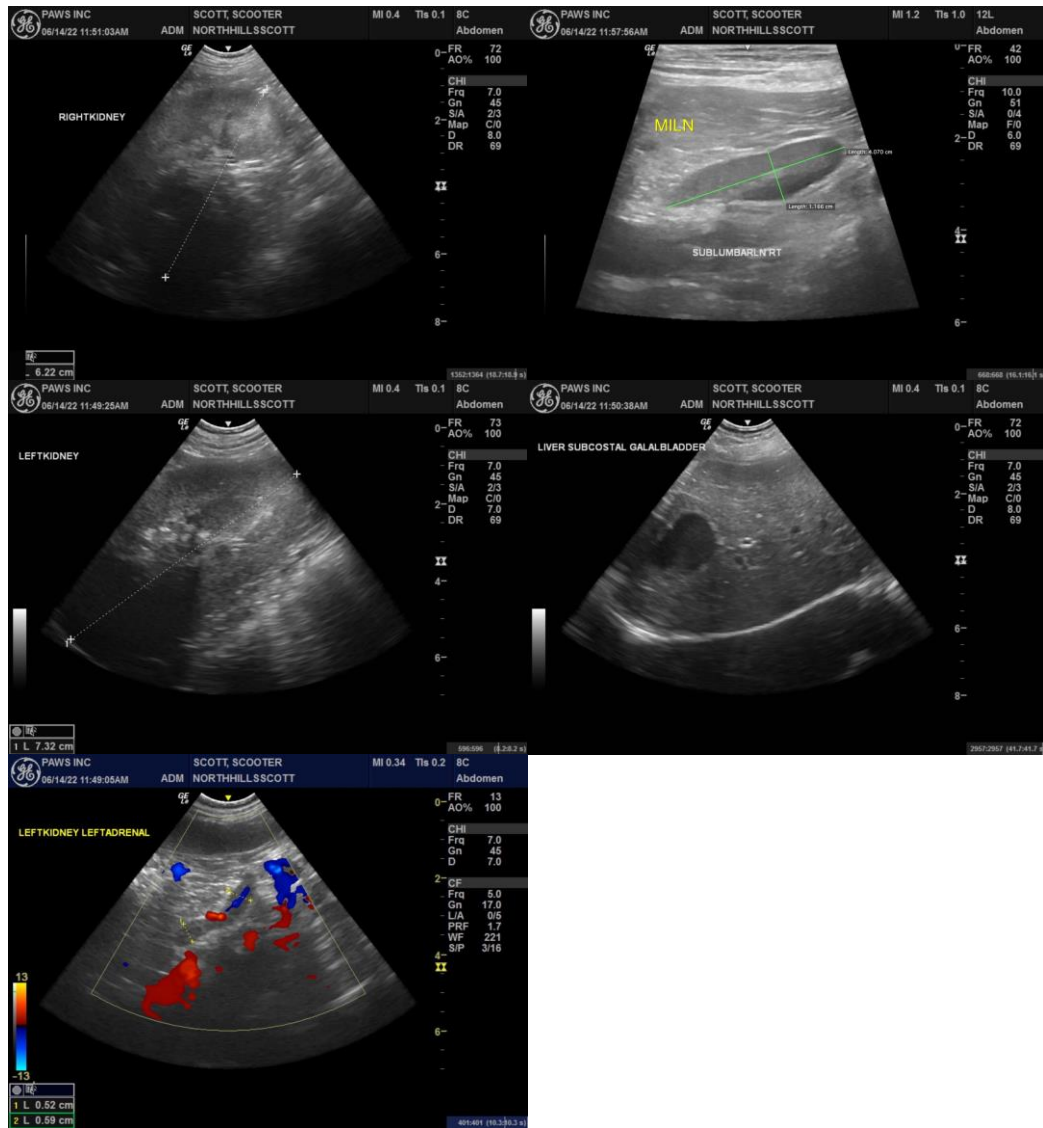
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

INVOICE

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