



PATIENT PRESENTING CLINICAL SIGNS

Stanley Oldershaw

BAR/XO/nervous (muzzled) blood in urine, finished antibiotics dribbling urine in house noticed visible blood for a week, but there was blood found in the urine test previously too Hx of hematuria/UTI on UA last time, o finished course of cefaseptin but still noticing blood in urine Skin seems to have healed well NO straining, pollakiuria noted Rectal exam done and find prostatomegaly as well.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Microbiology / urine culture : No growth/Aucune croissance Rad -Mild prostatomegaly is likely associated with the intact status of the patient, however, benign prostatic hypertrophy/hyperplasia as well as prostatitis are not excluded. There is no evidence of mineral opaque cystolithiasis. Rec'd Abdominal sonography could be pursued for further evaluation of the intra-abdominal urinary tract and would also allow for assessment of the draining lymphatics.

BREED

Border Collie X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Intact Male

Urinary System

The urinary bladder 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

6 Years

The area of the aortic trifurcation was free of pathology.

WEIGHT

31 kg

The prostate was mildly 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. A solitary, small intraparenchymal cyst was present containing subjective anechoic fluid, measuring 1.3 cm in diameter. Overall prostate measured 5.9 cm x 4.2 cm.

INTERPRETED BY

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

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. The right kidney measured 7.0 cm.

IMAGING PERFORMED BY

Kelly Reschny

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.69 cm at the caudal pole. The left adrenal gland measured 0.58 cm at the cranial pole and 0.43 cm at the caudal pole.

HOSPITAL NAME

BPH Burlington

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.

REFERRING VET

Dr. Al-Sultan

Liver

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.

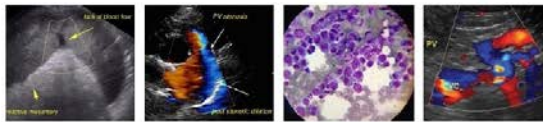
INVOICE

39106

DATE

6/29/22

Gastrointestinal



PATIENT

Stanley Oldershaw

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.

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.

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

BREED

Border Collie X

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.

SEX

Intact Male

- Sonographically unremarkable urinary bladder
- Benign prostatic hyperplasia with small intraparenchymal prostatic cyst – subjectively mild, potential for prostatitis, yet thought less likely. No evidence of prostatic neoplastic criteria.

AGE

6 Years

- Sonographically unremarkable bilateral kidneys – no evidence of pyelonephritis.

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

31 kg

Overall, sonographically unremarkable upper and lower urinary tract and prostate, given the age of the patient. Prostatic sampling either via ultrasound guided FNA or prostatic wash for screening cytology +/- culture and sensitivity (if evidence of inflammation) could be considered for further assessment. However, possible prostatic contribution to the hematuria cannot be definitively excluded. Given no evidence of upper or lower urinary tract pathology, and assuming no evidence of penile pathology, prophylactic neutering could be considered.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH Burlington

REFERRING VET

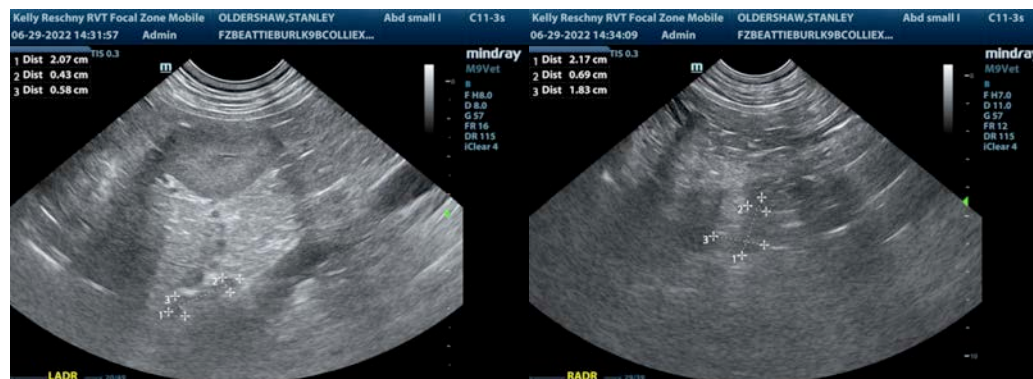
Dr. Al-Sultan

INVOICE

39106

DATE

6/29/22





PATIENT

Stanley Oldershaw

SPECIES

Canine

BREED

Border Collie X

SEX

Intact Male

AGE

6 Years

WEIGHT

31 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH Burlington

REFERRING VET

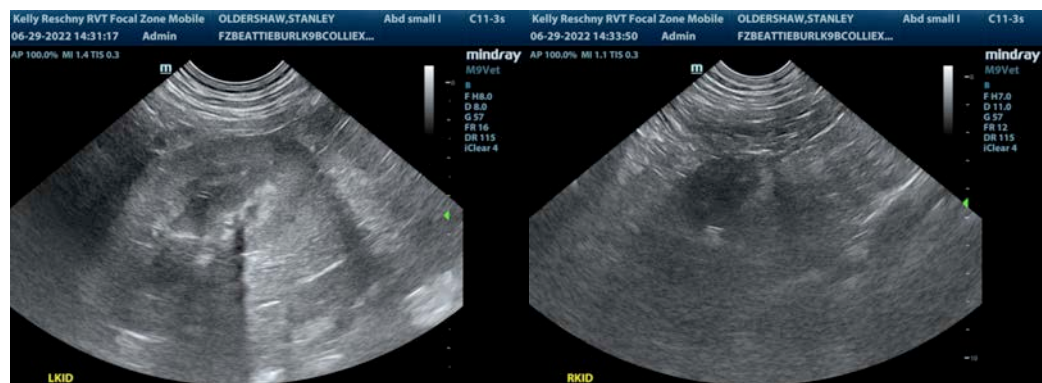
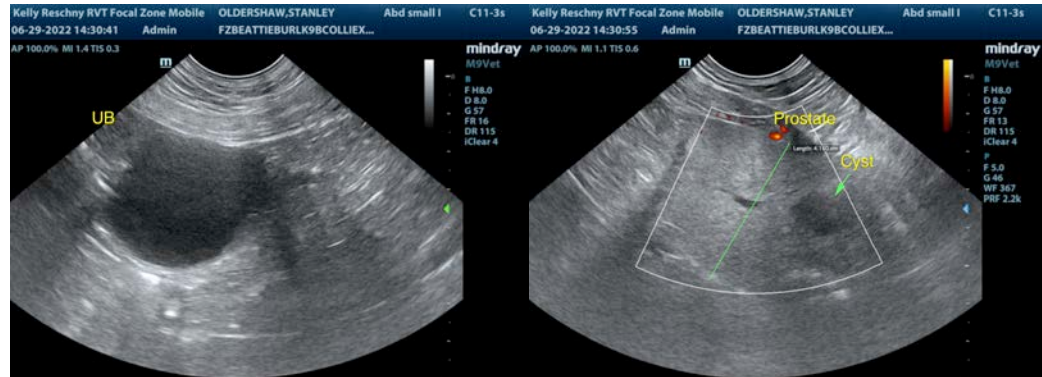
Dr. Al-Sultan

INVOICE

39106

DATE

6/29/22



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