



PATIENT

Brownie Grullon

SPECIES

Canine

BREED

Poodle

SEX

Male Intact

AGE

17 years

WEIGHT

7.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Henin

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Henin

INVOICE

14015

DATE

6/3/22

PRESENTING CLINICAL SIGNS

P has been having constipation for a week that did not resolve with rectal enema and oral laxatives. Straining to defecate

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, 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 overt evidence of parenchymal mineralization. Multiple small prostatic parenchymal cysts were present. The prostate measured 5.0-5.5 cm in diameter. Subtle evidence of periprostatic Inflammation was noted.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Focal areas of nonobstructive medullary mineral were noted. The left kidney measured 3.6 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

Spleen

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.

Liver/ Gallbladder

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 benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild gallbladder debris. The cystic and common bile ducts were normal.



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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.

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.

The descending colon walls presented intact yet mildly prominent wall layering, measuring 0.18 cm wall width. The descending colon lumen was primarily empty containing a mild amount of nonformed fecal matter.

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild to moderate prostatomegaly exhibiting nonhomogeneous to cystic parenchyma - benign prostatic hyperplasia with parenchymal cysts vs. prostatitis possible, neoplastic criteria thought less likely yet cannot be definitively excluded
- Sonographically unremarkable urinary bladder
- Suspect mild descending colitis
- Bilateral chronic renal changes with nonobstructive medullary mineral

Secondary Findings

- Mild hepatic parenchymal remodeling
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prostatic sampling either via prostatic wash or ultrasound-guided FNA for cytology is required for further clarification. Potentially, contributing factors to the patient's constipation signs may include suspected descending colitis, which may correlate with signs of tenesmus with the possibility of some degree of colonic impingement owing to the prostatomegaly.

Neutering is likely ideal in this patient given this potential as well as prevention of further prostatic pathology. Concurrent therapy for descending colitis would be reasonable. No evidence of regional periprostatic metastasis was evident.



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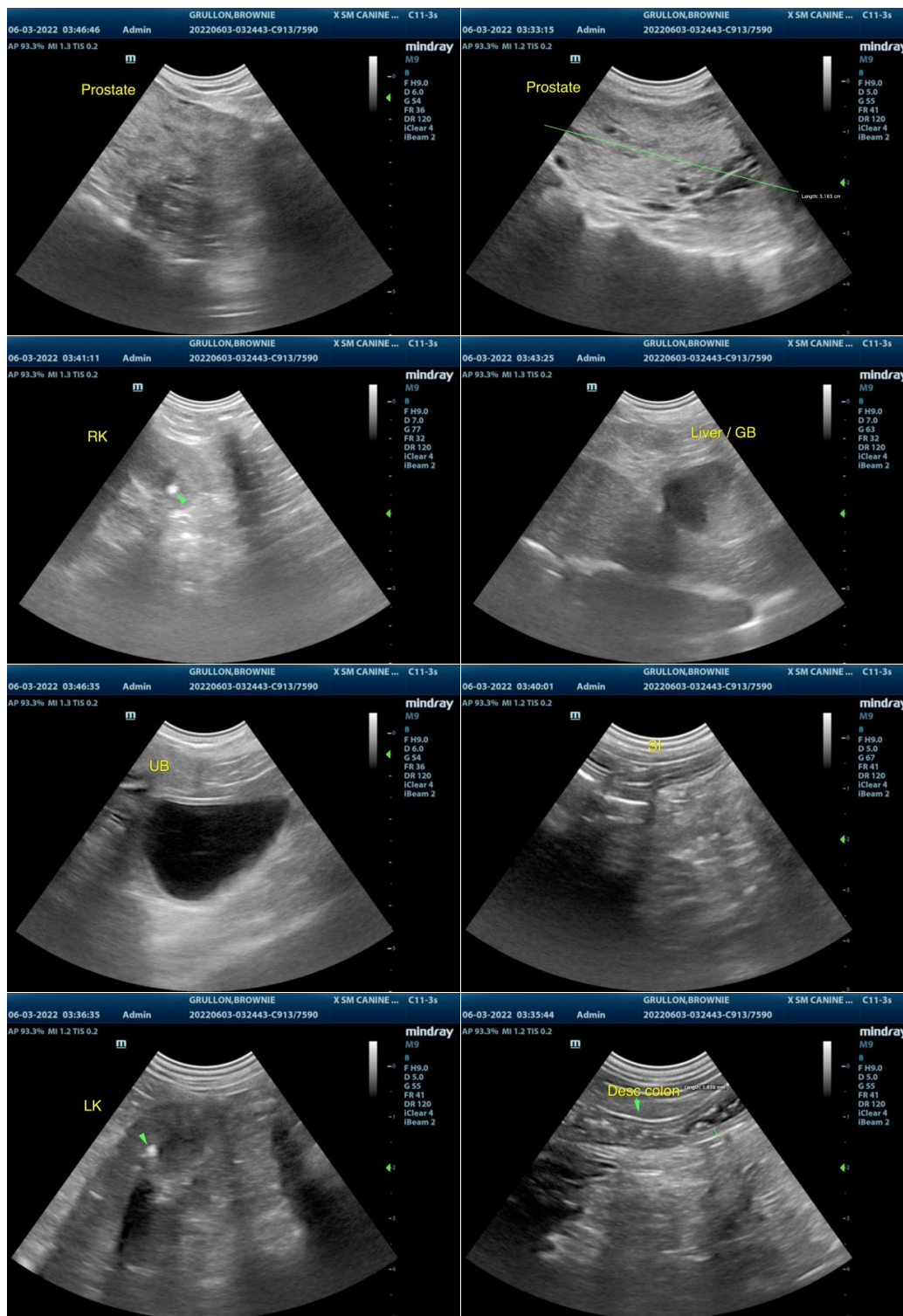
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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info@SonoPath.com

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