



## PATIENT

Artorias Franklin

## SPECIES

Canine

## BREED

Staffordshire Terrier

## SEX

Male Intact

## AGE

9 years

## WEIGHT

66 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenna Walsh, CVT

## HOSPITAL NAME

The Pet Clinic

## REFERRING VET

Dr. Genova

## INVOICE

14163

## DATE

6/30/22

## PRESENTING CLINICAL SIGNS

Mass present where bladder/prostate would be. Pet is dripping a small amount of urine. Pet is not neutered. Current Medications Enrofloxacin 136mg, Prazosin 1mg, (both prescribed 6-29-22)  
Abnormal PE/Chem/CBC/UA Results: MPV: 7.5 (LOW) BUN: 7.3 (LOW) Total Protein: 8.6 (HIGH)  
Globulin: 5.3 (HIGH) Glucose: 131 (HIGH) Amylase: 1785 (HIGH)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder was normal in size and tone with mildly prominent ventroapical to dorsoapical urinary bladder wall with mildly asymmetrical luminal surface contour. The apical wall width measured 0.55 cm. No evidence of mural mineralization was noted. Moderate to marked, nondependent particulate urinary bladder sediment was present. The sediment may indicate suspected cellular debris / protein. Potential for concurrent crystalline debris or mucus is possible.

The prostate exhibited moderate to marked enlargement with intact prostatic capsule and mild capsule asymmetry. Nonhomogeneous to mild mixed echogenic prostatic parenchyma without evidence of parenchymal mineralization was noted. Intermittent prostatic parenchymal cystic lesions were present with subtle evidence of periprostatic inflammation. An example of a prostate parenchymal cystic lesion measured 1.3 cm in diameter. The overall prostate measured 5.6 cm x 3.8 cm.

A solitary medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 3.2 cm x 1.2 cm.

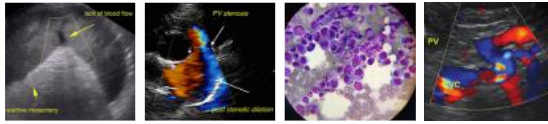
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pyelectasia. The left kidney measured 8.1 cm in length. The right kidney measured 8.1 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 3.6 cm length x 0.65 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 3.6 cm length x 0.59 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.



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***Liver/ Gallbladder***

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.

***Gastrointestinal***

The stomach presented intact wall layering with a normal wall layer ratio. Mild nonshadowing ingesta / chyme was present.

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.

***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**

- Mild cystitis pattern with moderate to marked urinary bladder sediment
- Prostatomegaly exhibiting nonhomogeneous to focally cystic parenchyma, mild periprostatic inflammation
- Solitary medial iliac lymphadenopathy - subjective benign / reactive

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the prostate may indicate benign prostatic hyperplasia or prostatitis with intraparenchymal cysts, both of which may present in similar sonographic manner. Neoplastic prostatic criteria cannot be definitively excluded, yet thought unlikely. Correlation with prostatic sampling +/- C/S is recommended. Empirical therapy for prostatitis pending cytology is warranted.

Urine culture and sensitivity on a sterile urine sample is also suggested, given the presence of urinary bladder sediment. Neutering is likely ideal in this patient and is recommended if possible.



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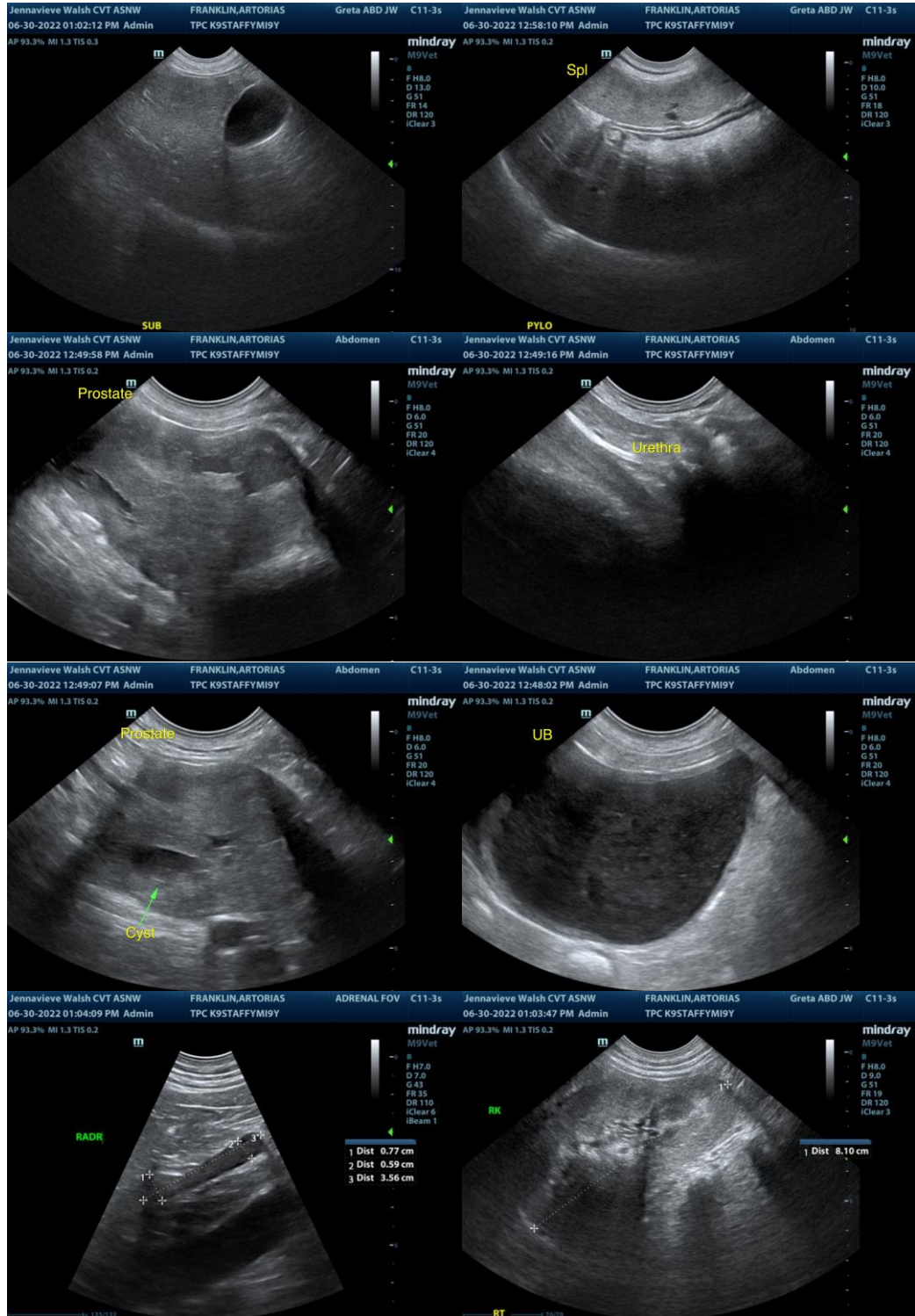
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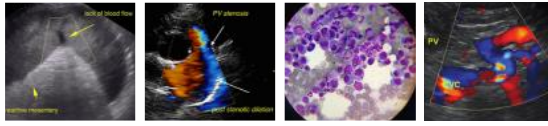
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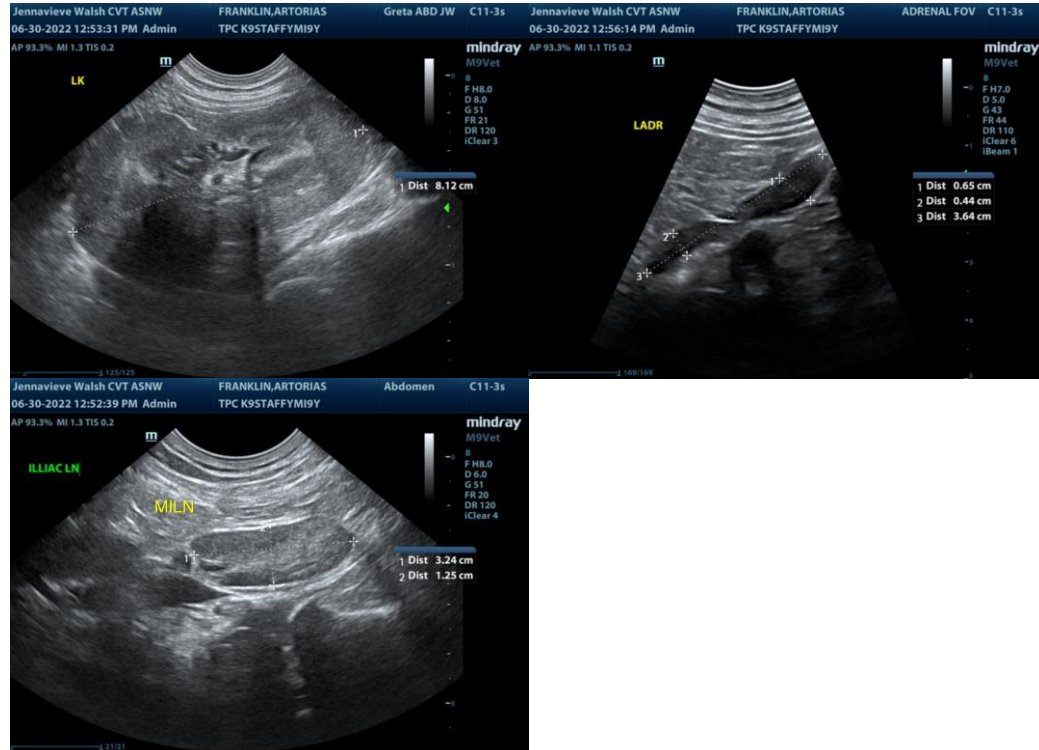
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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