



PATIENT	PRESENTING CLINICAL SIGNS
Russo Chavez	mass
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	<i>Urinary System</i>
BREED	The urinary bladder was normal in size and tone containing anechoic urine with mild to moderate nondependent sediment. Potential gas artifact was noted along the ventral luminal wall. No evidence of pericycstic inflammation was noted.
Pitbull	
SEX	The residual prostate was severely enlarged exhibiting asymmetrical contour and evidence of periprostatic Inflammation. Generalized nonhomogeneous mixed echogenic hypoechoic prostatic parenchyma was noted. Noted within the prostate parenchyma was a moderately sized cyst-like lesion containing fluid exhibiting echogenic changes suggestive of fluid cellularity. On the periphery of the cystic lesion were areas of parenchymal or possible associated cyst mineralization. The prostatic parenchymal cyst-like lesion measured approximately 4.5 cm in diameter.
MN	
AGE	No overt evidence of pathology was noted in the area of the iliac trifurcation, including no evidence of significant medial iliac or sublumbar lymphadenopathy / masses. Potential for minor medial iliac lymphadenopathy cannot be excluded.
11 years	
WEIGHT	
48 lbs	
INTERPRETED BY	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 7.4 cm in length. The right kidney measured 7.4 cm in length.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	<i>Adrenal Glands</i>
Sara Hansen	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.0 cm length x 0.87 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 2.8 cm length x 0.64 cm width at the caudal pole.
HOSPITAL NAME	<i>Spleen</i>
The Pet Clinic	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	<i>Liver/ Gallbladder</i>
Dr. Genova	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
INVOICE	
14197	
DATE	
7/1/22	



PATIENT

Russo Chavez

SPECIES

Canine

BREED

Pitbull

SEX

MN

AGE

11 years

WEIGHT

48 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sara Hansen

HOSPITAL NAME

The Pet Clinic

REFERRING VET

Dr. Genova

INVOICE

14197

DATE

7/1/22

thin walls and minor gallbladder debris (likely incidental). No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

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.

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

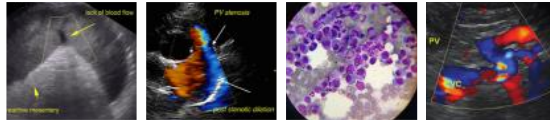
- Severe residual prostatomegaly with mixed echogenic to hypoechoic parenchyma, moderately sized cyst-like central prostatic lesion with associated areas of mineralization
- Periprostatic inflammation
- Mild nondependent urinary bladder sediment, possible gas artifact associated with ventral urinary bladder lumen
- Mild age-related kidneys - no evidence of pyelonephritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the severe residual prostatomegaly may include severe prostatitis or neoplasia with suspect intraparenchymal necrosis or abscess. Strong concern for extension of pathology into the urinary bladder neck with potential secondary urinary bladder luminal gas. Neoplastic criteria favored, given the reported neuter status.

Prostatic sampling either ultrasound-guided FNA centesis into the parenchymal cyst-like lesion for fluid analysis, culture and sensitivity are required for further assessment.

No overt evidence of regional metastasis was present. A very guarded prognosis is warranted.



PATIENT

Russo Chavez

SPECIES

Canine

BREED

Pitbull

SEX

MN

AGE

11 years

WEIGHT

48 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Pet Clinic

REFERRING VET

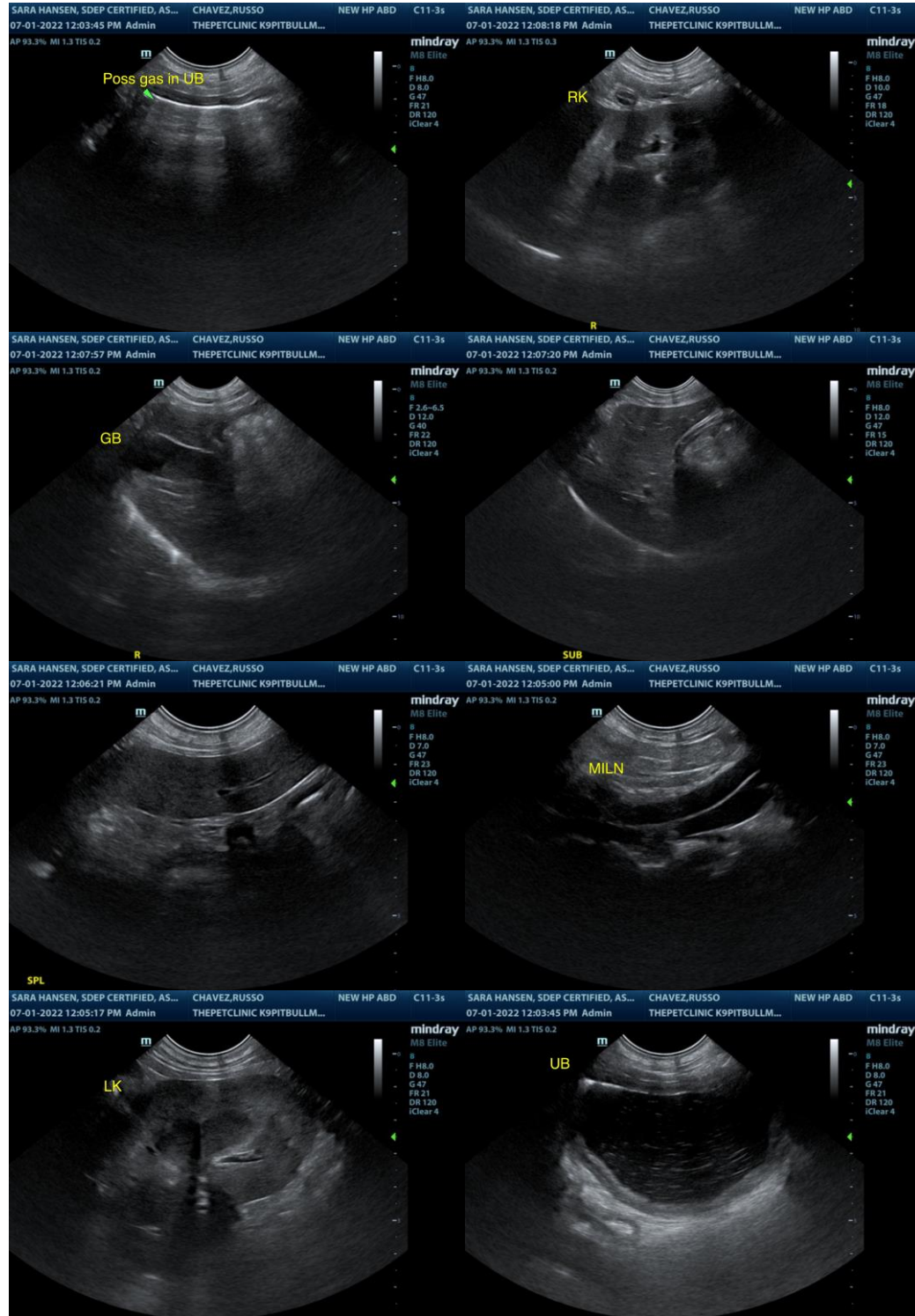
Dr. Genova

INVOICE

14197

DATE

7/1/22





PATIENT

Russo Chavez

SPECIES

Canine

BREED

Pitbull

SEX

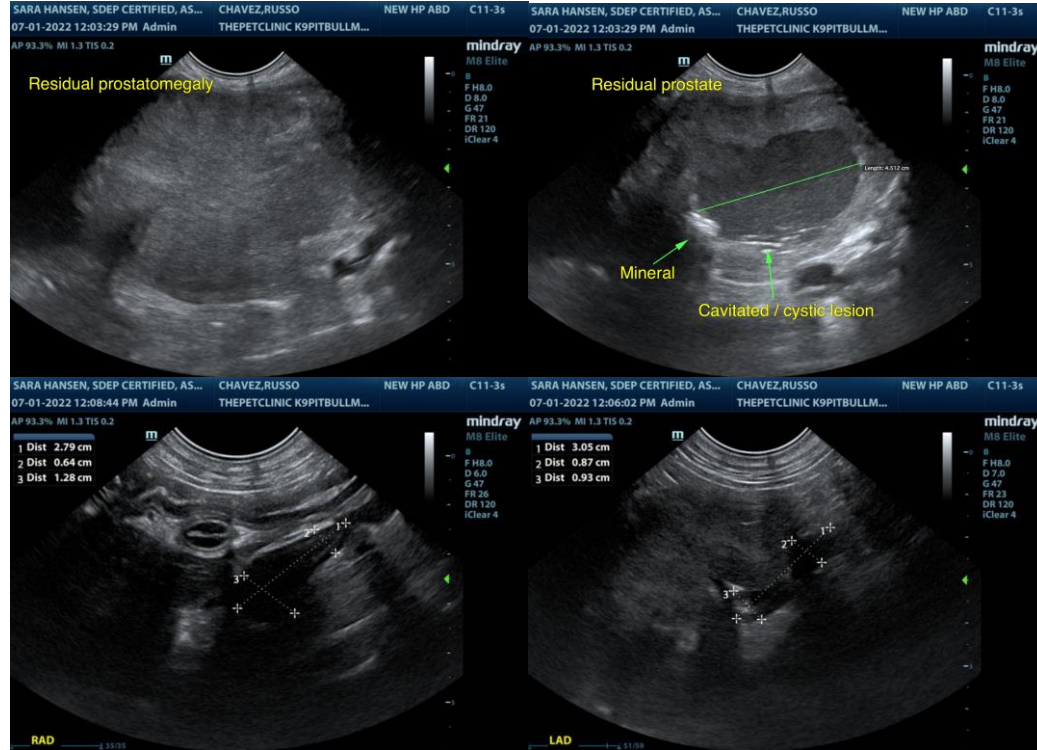
MN

AGE

11 years

WEIGHT

48 lbs



INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Pet Clinic

REFERRING VET

Dr. Genova

INVOICE

14197

DATE

7/1/22

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