



PATIENT

Neeko Martin

SPECIES

Canine

BREED

Labrador Retriever
Mix

SEX

Intact Male

AGE

10 years

WEIGHT

101 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Northvale VC

REFERRING VET

Dr. Stefanie Simon

INVOICE

14413

DATE

7/27/22

PRESENTING CLINICAL SIGNS

Patient presents for discharge from penis for the past few weeks - resolves with antibiotics but recurs when finished - all else WNL. Current meds: Clavamox, probiotics, Apoquel, and Dasuquin.

Abnormal PE/Chem/CBC/UA Results: BG 157, monocytosis, lymphopenia, HCT 36.2%, T4 1.2 (N).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distention. Minimal primarily anechoic fluid was present in the urinary bladder. Full evaluation of the urinary bladder walls was limited owing to lack of urine distention. No obvious evidence of neoplastic criteria was noted. No visualized calculi were noted.

The prostate was 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. The prostate measured 5.4 cm x 3.5 cm. No evidence of periprostatic inflammation was noted. The visualized prostatic and post prostatic urethra were overtly normal to a depth of 3.0 cm.

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 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 7.4 cm in length. The right kidney measured 7.8 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 0.78 cm width at the caudal pole and 0.60 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 0.56 cm width at the caudal pole and 0.88 cm width at the cranial 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.

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 primarily anechoic luminal content. 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.

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.

The left testicle was mildly enlarged in size compared to the right testicle. Left testicle measured 4.3 cm length. Moderate expansive isoechoic to nonhomogeneous left testicular nodule was present measuring approximately 2.3 cm in diameter. The right testicle measured 3.8 cm length. The right testicle contained a non-expansive mildly hypoechoic nodule measuring 1.3 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Nondistended urinary bladder
- Benign prostatic hyperplasia, potential for prostatitis considered less likely
- Bilateral nodular testicles
- Mild age-related kidneys
- Minor hepatic parenchymal remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely geriatric abdomen without evidence of significant abdominal visceral pathology.

The bilateral nodular testicles are nonspecific with both benign or neoplastic etiologies for the testicular nodules possible. No evidence of prostatic neoplastic criteria was noted. Prostatic sampling either via ultrasound guided FNA or prostatic was for cytology, as well as urine C/S ideally on sterile urine sample could be considered.

Neutering with submission of both the left and right testicles for histopathology Is recommended if possible.



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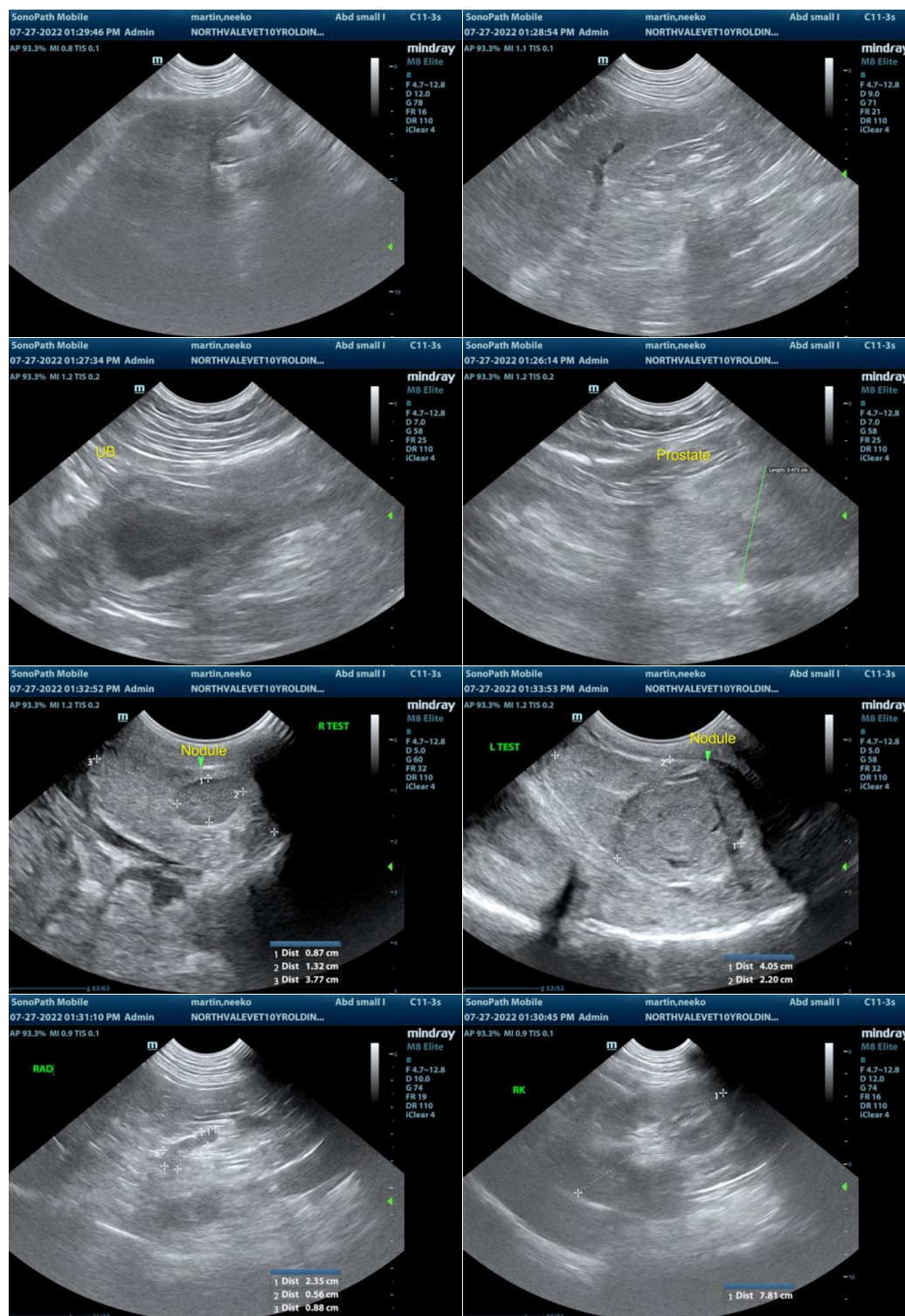
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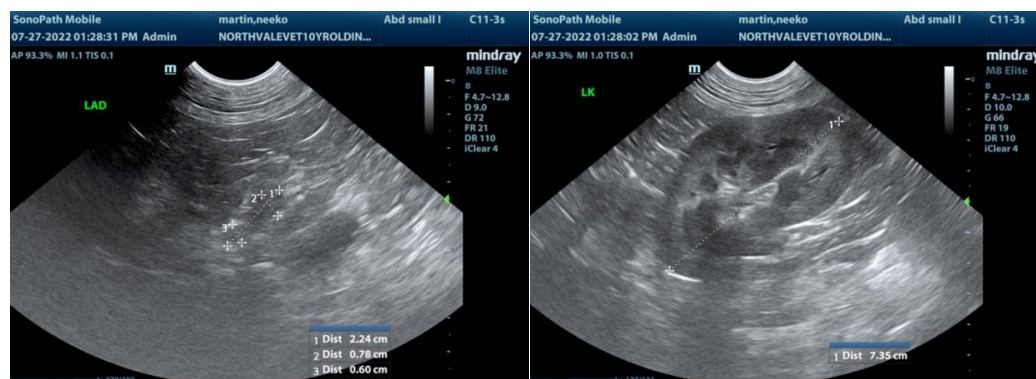
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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