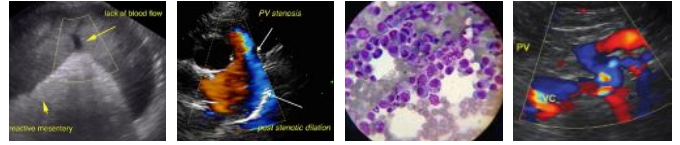




PATIENT	PRESENTING CLINICAL SIGNS
Rexy Battaglia	History: Limping 2 weeks, started carprofen. Not eating since starting NSAID. Prostatomegaly noted incidentally on radiographs
SPECIES	Abnormal PE/Chem/CBC/UA Results: NWB RH limb otherwise PE unremarkable. BW NSF (attached)
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Goldendoodle	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild nondependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
SEX	Normal size and margination was 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 6.8 cm in length. The right kidney measured 7.8 cm in length.
MN	The area of the aortic trifurcation was free of pathology.
AGE	The residual prostate was enlarged in size. The residual prostatic parenchyma was primarily hypoechoic to heterogeneous with areas of parenchyma mineralization. The margins of the gland were distinct and differentiated from the surrounding tissue without evidence of periprostatic inflammation. The residual prostate measured 4.1 cm in diameter.
11yr	
WEIGHT	
26.8kg	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.84 cm width at the caudal pole and 2.4 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.78 cm width at the caudal pole and 1.9 cm length.
IMAGING PERFORMED BY	Spleen
Wendy Turner	The spleen exhibited subtle parenchyma heterogeneity with indistinct areas of hyperechoic medial parenchyma adjacent to the hilus consistent with probable discrete myelolipomas. A solitary subtly expansive nonhomogeneous to mildly hypoechoic nodule was present in the medial spleen with minor associated capsule distortion measuring 1.8 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.
HOSPITAL NAME	Liver
Pennsauken Animal Hospital and Urgent Care	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.
REFERRING VET	
Taryn Mooney	
INVOICE	
11255ag	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
DATE	Gastrointestinal
08/01/2022	



PATIENT

Rexy Battaglia

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor anechoic fluid and mildly echogenic chyme 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

Goldendoodle

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

MN

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

11yr

ULTRASONOGRAPHIC FINDINGS

- Residual prostatomegaly exhibiting areas of parenchymal mineralization
- Mild chronic renal changes
- Nonspecific subtly expansive splenic nodule-hyperplasia, hematopoiesis, small hematoma, splenitis, granuloma while potential emerging primary vs metastatic neoplasia is possible
- Mild hepatic parenchymal remodeling-subjectively benign
- Possible mild hypomotile stomach

WEIGHT

26.8kg

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation of the residual prostatic presentation and splenic nodule with pending cytology is recommended. No evidence of regional periprostatic metastasis was observed. An oncology consult could be considered pending cytology.

Three view chest radiographs suggested if not done. As needed GI supportive care and conservative therapy for potential mild gastritis would be reasonable.

IMAGING PERFORMED BY

Wendy Turner

HOSPITAL NAME

Pennsauken Animal
Hospital and Urgent
Care

REFERRING VET

Taryn Mooney

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DATE

08/01/2022



PATIENT

Rexy Battaglia

SPECIES

Canine

BREED

Goldendoodle

SEX

MN

AGE

11yr

WEIGHT

26.8kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Wendy Turner

HOSPITAL NAME

Pennsauken Animal
Hospital and Urgent
Care

REFERRING VET

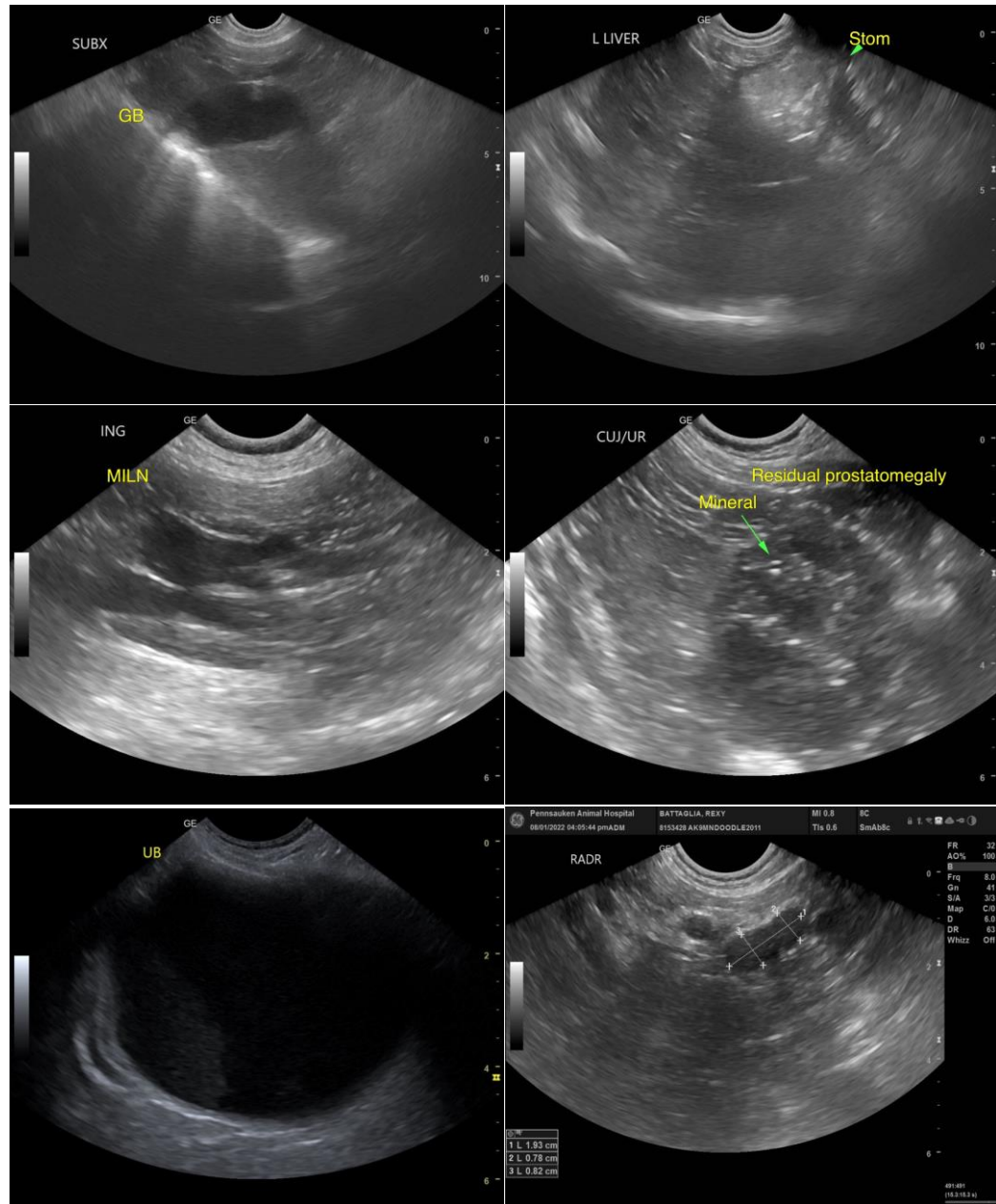
Taryn Mooney

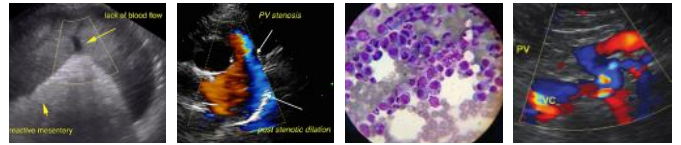
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DATE

08/01/2022





PATIENT

Rexy Battaglia

SPECIES

Canine

BREED

Goldendoodle

SEX

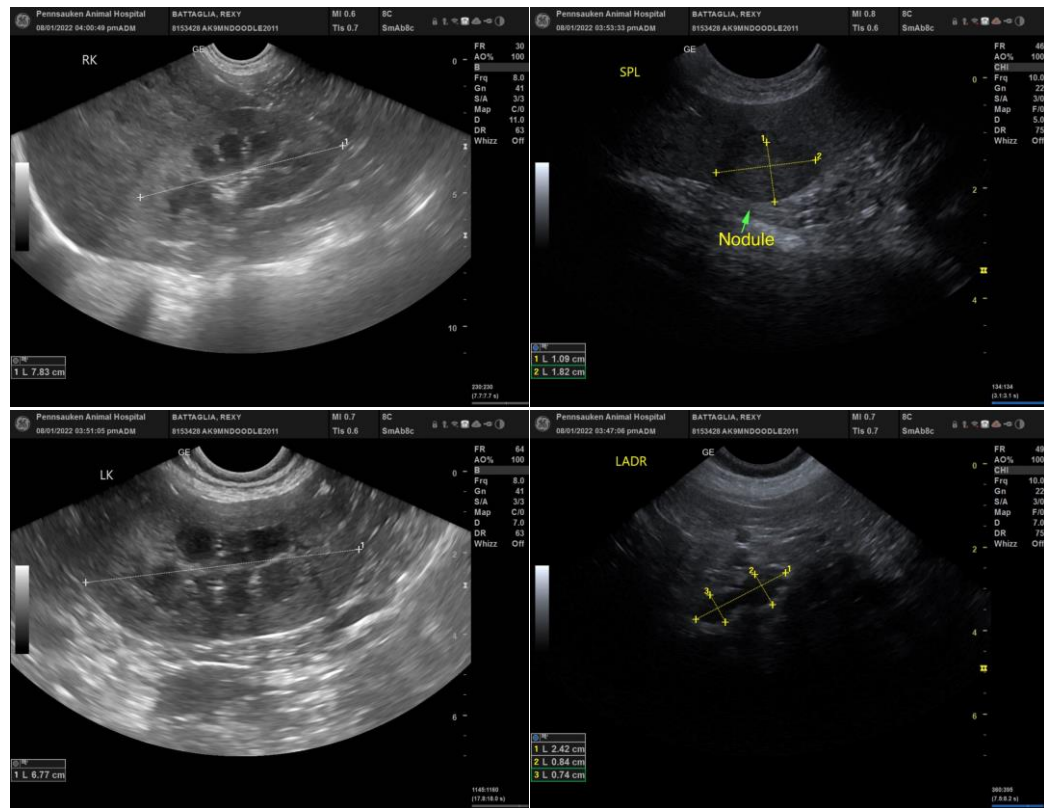
MN

AGE

11yr

WEIGHT

26.8kg



INTERPRETED BY

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

IMAGING PERFORMED BY

Wendy Turner

HOSPITAL NAME

Pennsauken Animal
Hospital and Urgent
Care

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Taryn Mooney

INVOICE

11255ag

DATE

08/01/2022

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