



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Bailey Young  
Chronic licking of prepuce, potential urinary leakage (owner finding brown discharge around house)? Proteinuria. Bilateral cryptorchid. Is currently on Benazepril SID.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Recent UPCR 1.9 (<0.2). U/A shows mild suboptimal concentration but not a first AM sample. BUN 24.7 (3.2-11.0), Cl 105 (108-119), ALT 155 (18-121).  
Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

**PATIENT** Shih Tzu  
The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm 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 were noted.

**SEX**

**MI** 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient.  
**AGE** No evidence of pelvic dilation was present. Mild nonobstructive renoliths present bilaterally. The left kidney measured 4.3 cm in length. The right kidney measured 4.3 cm in length.

14yr

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

5.2kg  
Both testicles were visualized within the caudal abdominal cavity, the right testicle was mildly larger than the left testicle. Both testicles exhibited mild nonhomogeneous parenchyma with loss of discernable mediastinum testis. The right testicle measured 3.0 cm x 1.6 cm. The left testicle measured 2.3 cm x 1.6 cm.

**INTERPRETED BY**

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)  
The prostate was mildly enlarged in size with areas of minor asymmetry of the capsule. Non-homogeneous hyperechoic parenchyma was present without evidence of mineralization. The prostate measured 2.7 cm in diameter.

**IMAGING PERFORMED BY**

Crystal Hill

**Adrenal Glands**

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.59 cm width in the cranial pole and 1.9 cm length. The right adrenal gland measured 0.37 cm width in the cranial pole and 1.2 cm length.

**HOSPITAL NAME**

Snelgrove VS

**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.

**REFERRING VET**

Dr. Gunsinger

**INVOICE**

11359ag  
The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

**DATE**

08/15/2022



**PATIENT**  
Bailey Young  
The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with moderate nondependent nonorganized hyperechoic debris. The cystic and common bile ducts were normal.

**SPECIES** *Gastrointestinal*

Canine  
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate subtly progressive distal acoustic shadowing ingesta with no signs of ileus, obstruction or foreign material.

**BREED**  
Shih Tzu  
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.

**SEX** *Pancreas*

MI  
The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**AGE** *Free Abdomen*

14yr  
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

5.2kg

- Mild prostatomegaly exhibiting non-homogeneous non-mineralized parenchyma-benign hyperplasia, potential for prostatitis
- Overtly normal urinary bladder
- Bilateral chronic renal changes with non-obstructive medullary renolithiasis
- Moderate nondependent hyperechoic gallbladder debris-possible early mucocele
- Mild vacuolar hepatopathy pattern-benign
- Bilateral retained intra-abdominal testicles

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(Canine and Feline)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Continued monitoring of UPC level is recommended. Prostatic sampling is required for further assessment. No evidence of prostatic neoplastic criteria was noted. Prostatic wash for cytology +/- C/S as well as screening urine C/S on sterile sample to rule out underlying infection could be considered.

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Potential for emerging retained testicular pathology cannot be excluded. Resection of the retained testes could be considered with submission of testicles for histopathology. Hepatosupportive medications including Denamarin and Ursodiol along with monitoring for increasing cholestasis is recommended.

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**PATIENT**  
Bailey Young

**SPECIES**  
Canine

**BREED**  
Shih Tzu

**SEX**  
MI

**AGE**  
14yr

**WEIGHT**  
5.2kg

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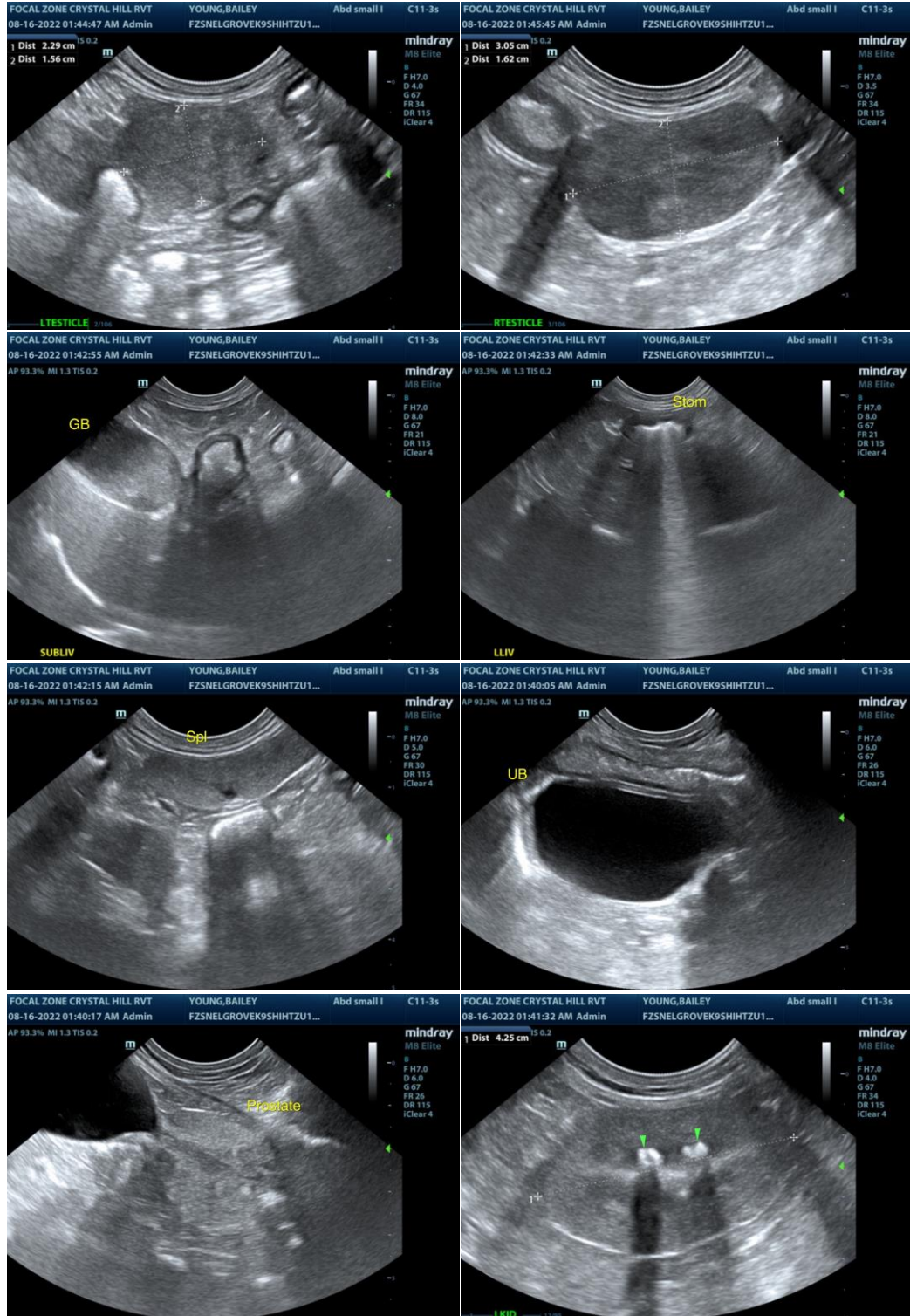
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**PATIENT**

Bailey Young

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

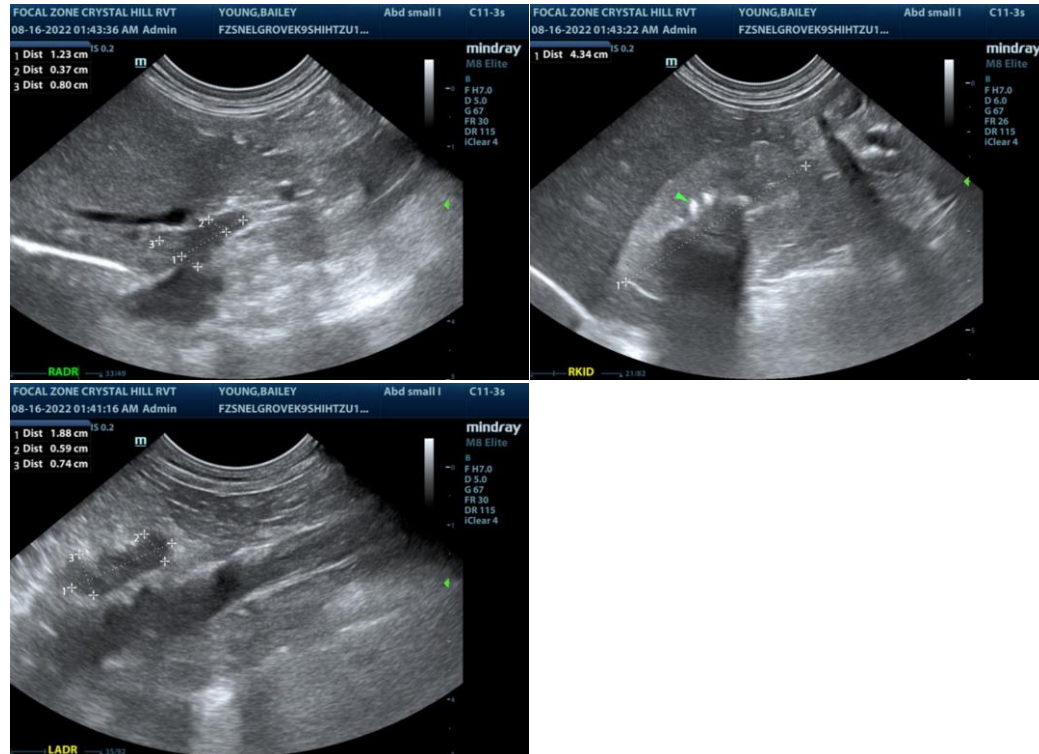
MI

**AGE**

14yr

**WEIGHT**

5.2kg



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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)

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