



PATIENT PRESENTING CLINICAL SIGNS

Buster Kline Cutaneous MCT prepuce found at recent castration 8.8, staging prior to Stelfonta.
 Medication: Baytril

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED The urinary bladder, trigone, and cystourethral junction 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 was noted.

Boxer mix
SEX Mildly enlarged, nonhomogeneous, indistinctly visualized prostate was noted owing to increased periprostatic omental artifact. The prostate measured 3.6 cm diameter.
 MN

AGE The area of the aortic trifurcation was free of pathology.

2015 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 pelvic dilation. The left kidney measured 7.2 cm in length. The right kidney measured 7.5 cm in length.

WEIGHT 93.2

Adrenal Glands

INTERPRETED BY The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.8 cm length x 0.49 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 2.7 cm length x 0.68 cm width at the caudal pole.
 R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY Spleen

Rebekah Jakum, CVT ARDMS/RVT 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.

HOSPITAL NAME Liver/ Gallbladder

Alburtis AH 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.

REFERRING VET Dr. Smith

INVOICE Gastrointestinal

14835 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.

DATE 8/16/23



PATIENT

Buster Kline

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.

SPECIES

Pancreas

Canine

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.

BREED

Boxer mix

Free Abdomen

Mild regional inguinal to peri inguinal hyperechoic tissue and mild inguinal lymphadenopathy was noted, not consistent with neoplastic criteria and likely associated with recent neuter.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

AGE

2015

- Mildly enlarged nonhomogeneous prostate - benign prostatic hyperplasia with early prostatic involution, potential for prostatitis
- Otherwise sonographically unremarkable abdomen
- Mild inguinal / peri inguinal inflammation and subjective benign / reactive inguinal lymphadenopathy - likely associated with recent neuter

WEIGHT

93.2

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Sonographically, there was no evidence of intrabdominal retroperitoneal primary or metastatic neoplastic criteria. Sonographic monitoring of the abdominal cavity based on oncology recommendations +/- monitoring of prostatic involution or sonographic reassessment in the inguinal / peri inguinal area, if persistent inflammation, subcutaneous swelling, or evidence of progressive inguinal lymphadenopathy, is recommended.

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Alburtis AH

REFERRING VET

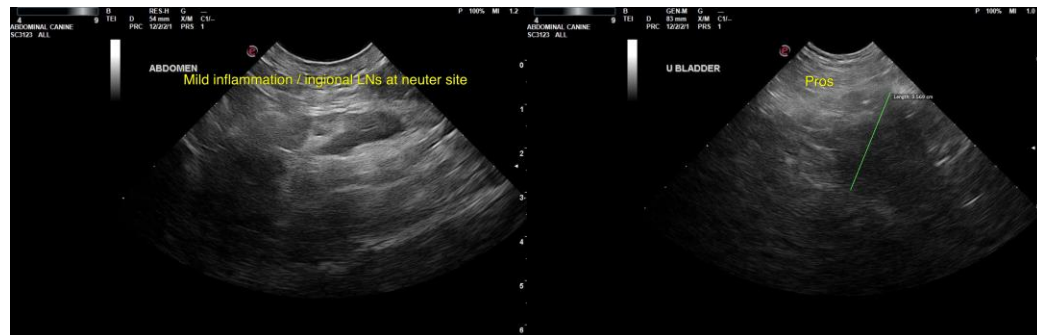
Dr. Smith

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SPECIES

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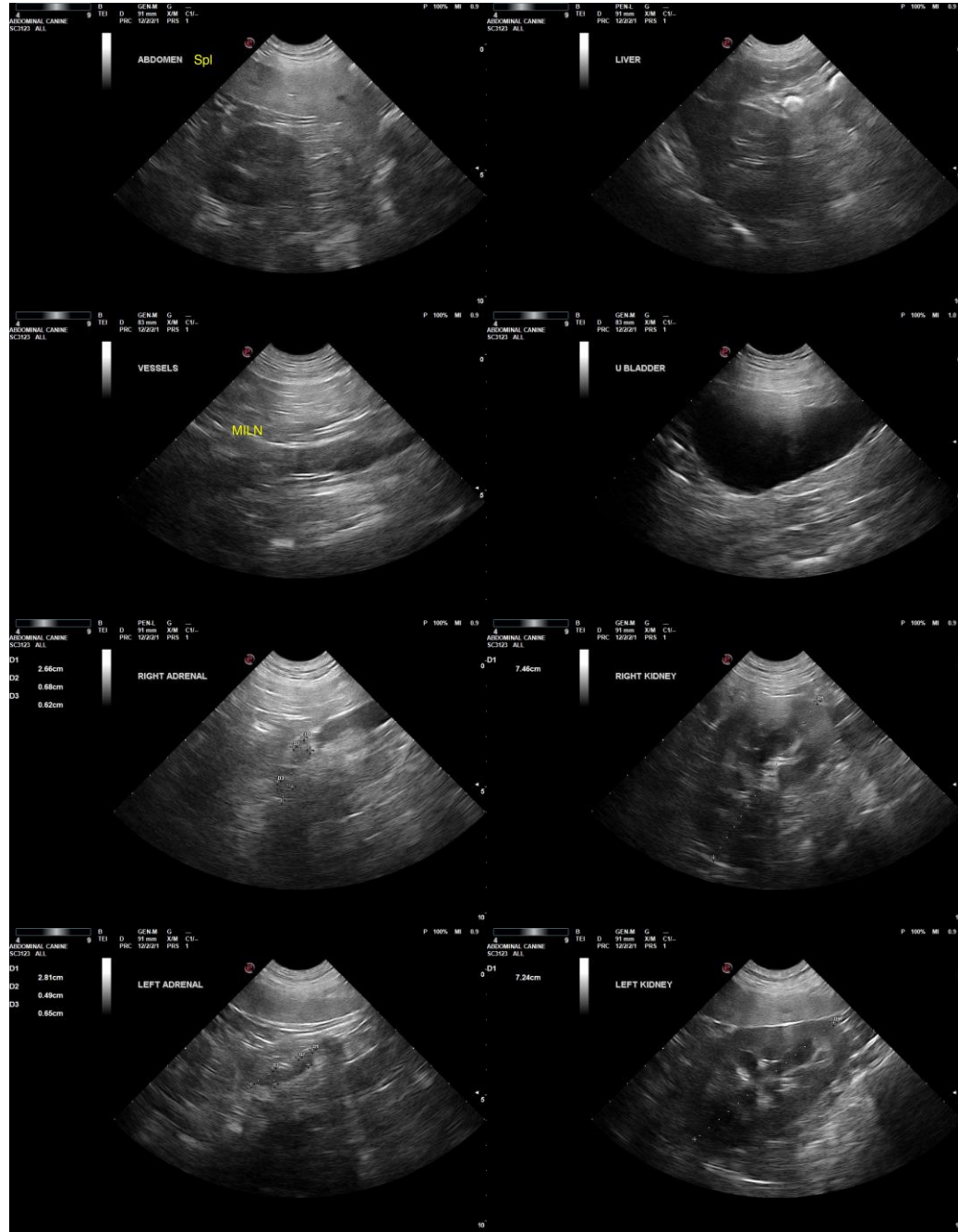
Dr. Smith

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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