



PATIENT PRESENTING CLINICAL SIGNS

Bear Benitez
SPECIES Canine
BREED German Shepherd
SEX Intact Male
AGE 11 Years
WEIGHT 72.7 Pounds

Clinical Exam Findings: Dog has been off food and vomiting for about 7 days. Lost 10 pounds 3 firm perianal masses but on rectal none are palpated into the rectum. Current Medications None
Radiographic Findings Diffuse loss of detail in the cranial and mid-abdomen Chest rads OK.
Abnormal PE/Chem/CBC/UA Results: Laboratory Findings WBC normal at 11.85, but does have stress leukogram with 78.9%PMN's and 7% Lymphs Chem17/lytes all normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder 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.

The area of the aortic trifurcation was free of pathology.

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. Anechoic, thinly walled, variably sized parenchyma cysts were present. Example of prostatic cyst measured 2.5 cm diameter. The overall prostatic measured 6.4 cm x 5.6 cm.

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 right kidney measured 8.0 cm. The left kidney measured 6.1 cm. Minor dystrophic medullary mineralization present in both kidneys.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.6 cm length x 0.82 cm at the caudal pole. The left adrenal gland measured 2.8 cm length x 0.76 cm at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. The capsule was smooth and regular without apparent expansion. Intermittent, indistinct echogenic, non-expansive splenic nodules were present. These nodules are likely indicative of benign nodular process such as myelolipomas, hyperplasia, or previous infarction. No overt evidence of splenic asses. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

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. No distinct hepatic masses or nodules. The gallbladder was non-distended

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

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REFERRING VET

Dr. Hiett

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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. Minor retained echogenic ingesta/chyme noted. No evidence of mechanical pyloric outflow obstruction. Gastric body wall measured 0.50 cm.

BREED

German Shepherd

The visualized 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. Duodenum wall measured 0.51 cm.

SEX

Intact Male

Normal visible colon wall layers were present with apparent formed feces in lumen.

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Pancreas

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

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Free Abdomen

Generalized, non-uniform mesentery and subjective moderate cellular and peritoneal effusion was present. No evidence of significant lymphadenopathy. No overt intraabdominal or omental masses.

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ULTRASONOGRAPHIC FINDINGS

- Prostatomegaly with parenchymal cysts – benign prostatic hyperplasia with parenchymal cysts with potential for prostatitis, prostatic neoplasia considered less likely.
- Bilateral mild chronic renal changes with minor medullary dystrophic mineral
- Age related hepatosplenic changes with mild hepatic parenchymal remodeling and likely indistinct yet benign splenic nodules
- Subjective cellular peritoneal effusion and generalized non-uniform mesentery
- Heterogeneous pancreas – likely age related pancreatic changes, minor potential for low-grade inflammation possible, no overt pancreatic neoplasia or masses.
- Overtly normal gastrointestinal tract

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend abdominocentesis, rapid cytospin and rapid slide preparation of the sediment to conserve the integrity of the cells would be recommended in order to optimize the cytological interpretation.

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Culture of the fluid can also be considered if any suspicion of inflammatory elements is noted. Although not definitive, carcinomatosis or lymphomatosis may be considered primary differentials.

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The free fluid has mild echogenic changes to it. Given that no subnormal albumin that would diminish oncotic pressures to the point of causing free fluid as well as no evidence of passive congestion with hepatic vasculature or vena cava and no significant, diffuse hepatic disease is noted as well as no evidence of intestinal perforation or other pathology (i.e., significant pancreatitis or pancreatic



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neoplasia) that would be responsible for effusion of this nature, lymphatic obstruction owing to carcinomatosis, lymphomatosis or similar is my primary concern.

If evidence of hemorrhagic effusion, coagulation panel +/- exploratory laparotomy may be indicated.





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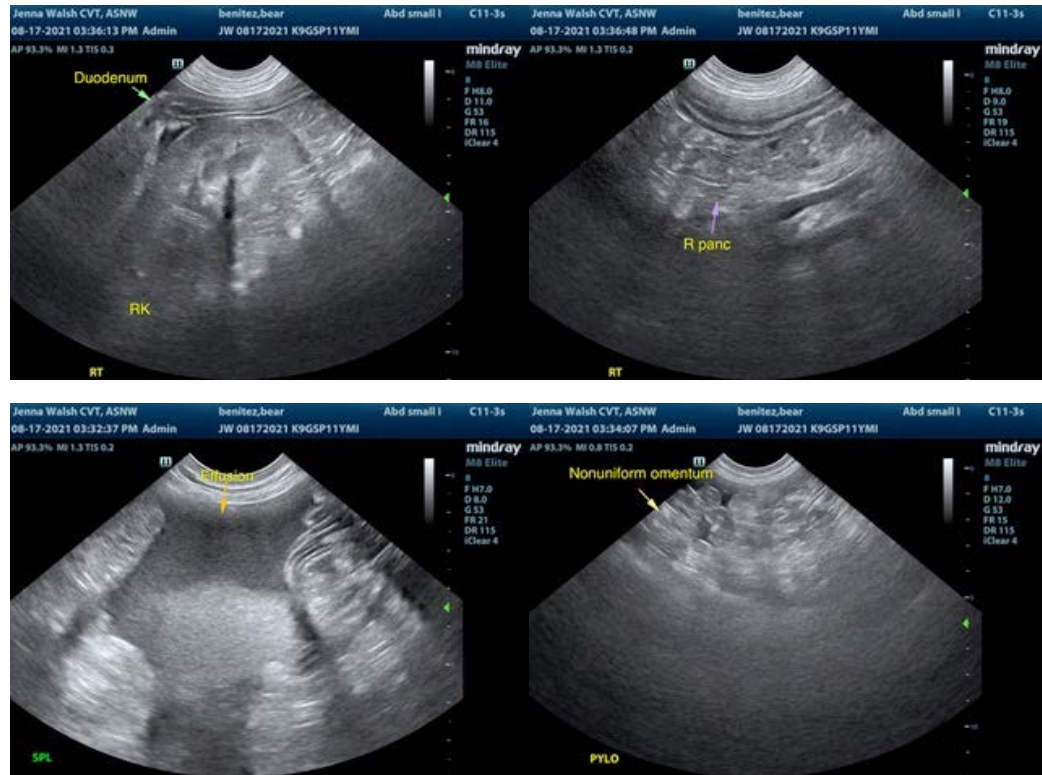
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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