



PATIENT PRESENTING CLINICAL SIGNS

Kazak Kirilo Follow up to June 3, 2021 U/S. Kazak is still not doing well, further weight loss, waxing and waning appetite and lethargy. Follow up u/a shows continued presence of RBCs WBCs and epithelial cells(decreased from initial)

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Terrier X

The urinary bladder presented uniformly mildly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. Urinary bladder wall measured 0.30 cm. Anechoic urine present. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present.

SEX

Neutered Male

The prostate was enlarged in size with intact, primarily symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was heterogeneous with a mixed pattern of varying echogenicity without evidence of parenchymal mineralization. Parenchymal cysts were present including moderately sized, previously noted parenchymal cyst containing anechoic fluid with subjective cellular component measuring approximately 2.2 cm in diameter. The overall prostate measured approximately 3.2 cm x 2.8 cm. Pinpoint medullary hyperechoic foci suggestive of pinpoint mineralization present.

AGE

13 Years

WEIGHT

5.2 kg

Normal size and margination were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint dystrophic medullary mineralization was present. The right kidney measured 4.7 cm. The left kidney measured 3.5 cm.

INTERPRETED BY

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

The area of the aortic trifurcation was free of pathology.

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 right adrenal gland measured 1.0 cm at the cranial pole and 0.67 cm at the caudal pole. The left adrenal gland measured 0.38 cm at the cranial pole and 0.55 cm at the caudal pole.

IMAGING PERFORMED BY

Crystal Hill

Spleen

HOSPITAL NAME

AH of Stoney Creek

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. Egbers

Liver

The liver presented 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. Variable lobar swelling was noted and regional mildly non-homogeneous parenchyma, primarily in the area of the subjective right lateral to caudate liver. 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. The gallbladder was non distended in size with mild to moderate, non-dependent, echogenic, yet non-organized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

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8/18/21



PATIENT *Gastrointestinal*

Kazak Kirilo 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. Gastric body wall measured 0.27 cm.

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. Intermittent subtle jejunal mucosal speckling was present. Jejunum wall measured 0.38 cm.

BREED Terrier X 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 was evident.

SEX

Neutered Male

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

13 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

5.2 kg

- Possible mild cystitis
- Similar appearing prostatomegaly with persistent parenchymal cysts versus abscess and likely pinpoint mineralization – prostatitis with parenchymal cyst versus abscess or potential necrosis with potential for prostatic neoplasia possible.
- Static mild chronic renal changes with pinpoint medullary mineralization
- Hepatomegaly with variable lobar swelling – metabolic, reactive, vacuolar hepatopathy, hepatitis (infectious, immune mediated, or other), or hepatic neoplasia possible.
- Moderate gallbladder debris (non-mucocele)
- Mild enteritis pattern

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided prostatic FNA with centesis of the cyst versus abscess for cytology +/- culture and sensitivity indicated if not done. Concurrent hepatic FNA (assuming normal clotting status) recommended for screening cytology. GI panel to include PLI, TLI, cobalamin and folate (given the weight loss) as well as 3-view chest radiographs (if not done) suggested to rule out occult or concurrent thoracic pathology. Continued gastrointestinal supportive care indicated.





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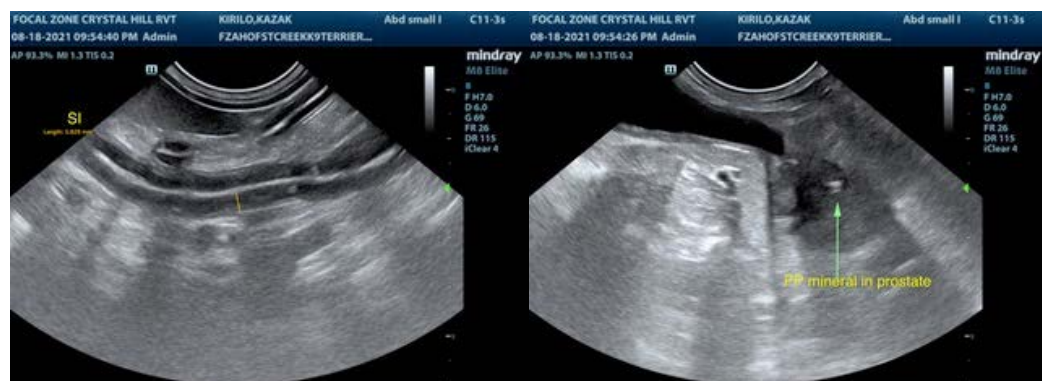
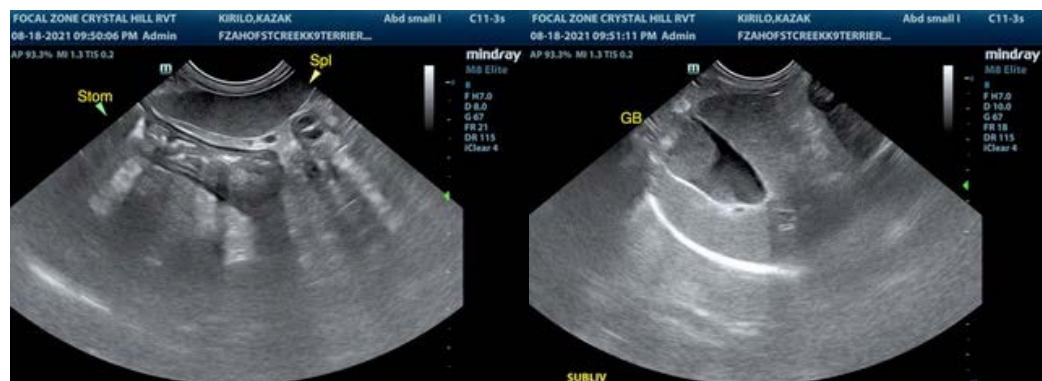
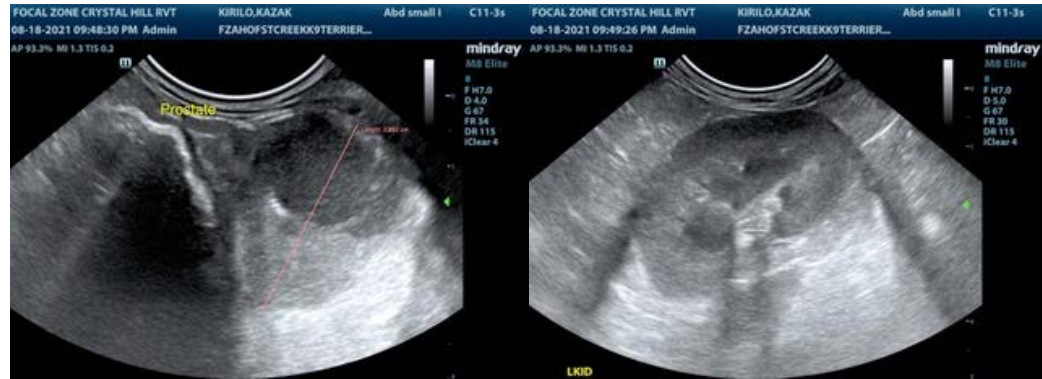
Dr. Egbers

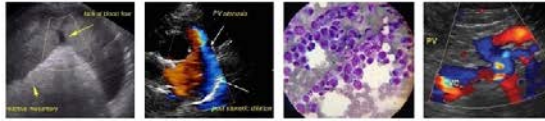
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PATIENT

Kazak Kirilo

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.

SPECIES

Canine

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.

BREED

Terrier X

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

SEX

Neutered Male

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