

PATIENT PRESENTING CLINICAL SIGNS

Bogey Keffer

Presented for several days of frequent urination and straining to urinate. Vomited several times this morning. Had similar symptoms in July (along with hematuria) which resolved with a 10 day course of Baytril. Physical exam: uncomfortable with abdominal palpation; rectal exam limited by temperament and fecal material.

SPECIES

Canine

BREED

Dachshund

SEX

MI

AGE

16yr

WEIGHT

15.75lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Q Street Animal
Hospital

REFERRING VET

Dr Cone

INVOICE

14642ag

DATE

08/18/2023

Abnormal PE/Chem/CBC/UA Results: Labwork from July: normal CBC/chem, UA 3+ protein, 3+ occult blood, >50 RBCs/hpf, 0-1 WBCs/hpf, SPG 1.033. Current Medications Carprofen, Gabapentin, Tramadol

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.0 cm in length. The right kidney measured 5.0 cm in length.

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. The prostate measured 5.0 cm x 3.5 cm. Anechoic, thinly walled parenchyma cysts were present.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.4 cm length and 0.89 cm width in the caudal pole. The right adrenal gland measured 1.9 cm length and 0.71 cm width in the caudal pole.

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.

Liver/Gallbladder

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



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margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and moderate non-organized sediment. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta with no signs of ileus, obstruction or foreign material.

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.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Enlarged non-homogenous to cystic prostate-primary suspicion for prostatitis given clinical history, benign prostatic hyperplasia possible. Prostatic neoplasia thought less likely.
- Sonographically normal urinary bladder.
- Bilateral chronic renal changes.
- Non-specific mildly enlarged non-homogenous adrenal glands.
- Mild benign hepatomegaly with gallbladder sediment (non-mucocele)
- Sonographically unremarkable GI tract with mild gastric ingesta-ingesta consistent with food.
- Mild pancreatitis remodeling.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prostatic sampling via prostatic wash or ultrasound guided FNA for cytology +/- C/S may be considered. Neutering is likely ideal for this patient. Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation or recurrent GI signs which may allude to low grade pancreatitis is recommended.

Given current clinical signs and lack of hepatic enzyme elevation, clinically insignificant mild adrenomegaly is suspected. Sonographic reassessment of the adrenal glands or an adrenal workup could be considered if clinical signs suggestive of adrenal disease arise.



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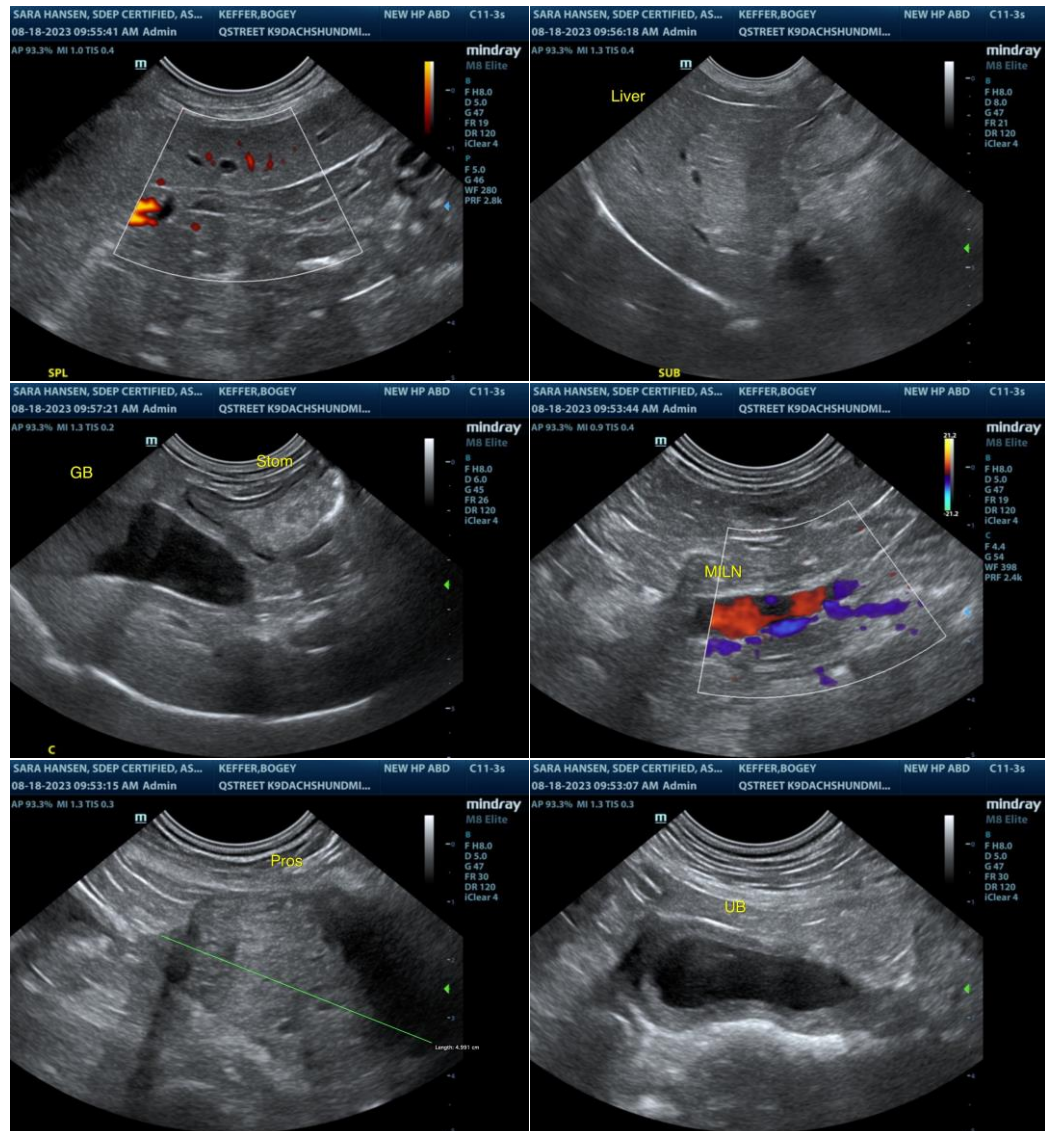
Dr Cone

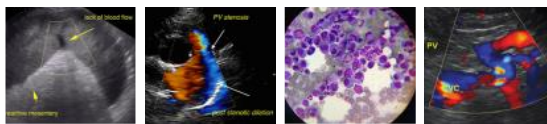
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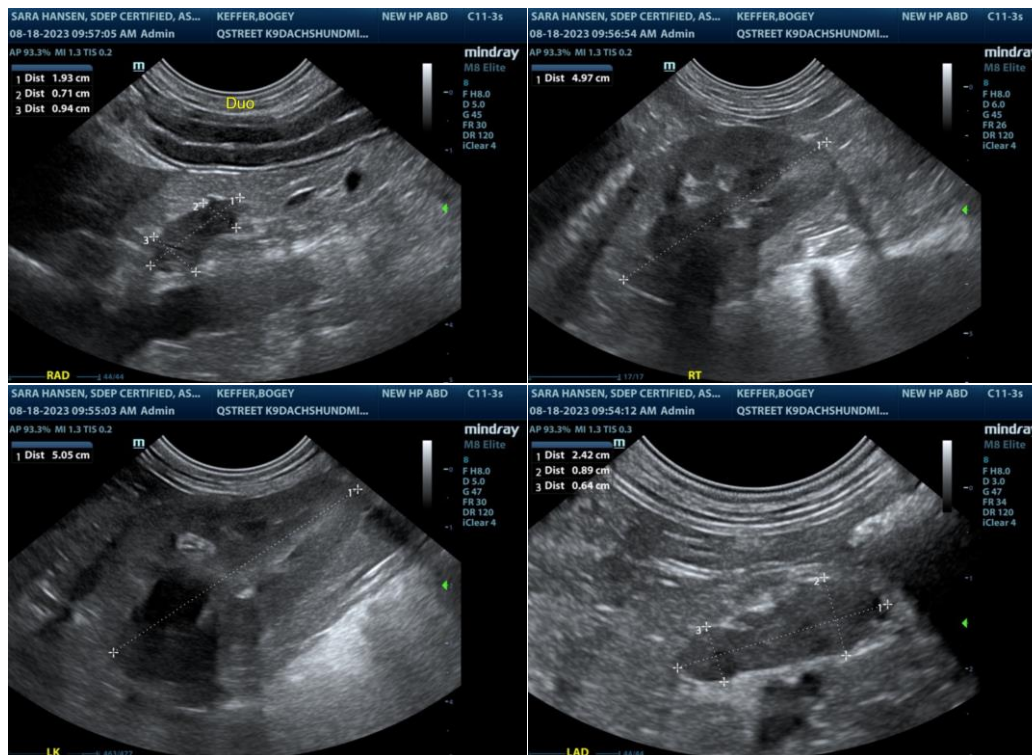
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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