



PATIENT PRESENTING CLINICAL SIGNS

Bear Jeanette Mild pancreatitis. Continuing workup to evaluate prostatomegaly.

SPECIES Abnormal PE/Chem/CBC/UA Results: Current Medications Carprofen, Cerenia

Canine

BREED

Sheherd Mix

SEX

MI

AGE

11yr

WEIGHT

79.8lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Reid Veterinary
Hospital

REFERRING VET

Heider

INVOICE

14694ag

DATE

08/21/2023

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.7 cm in length. The right kidney measured 7.7 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy or masses.

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 6.4 cm in diameter. Multiple anechoic, thinly walled parenchyma cysts were present.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.66 cm width at the caudal pole and 2.9 cm length. The right adrenal gland was not definitively visualized.

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 was borderline to mildly enlarged in size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Focal small thinly walled cysts were present in the ventrocaudal liver were present. Normal vascular volume. 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.

Gastrointestinal



PATIENT	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-specific ingesta consistent with food with no signs of ileus, obstruction or foreign material.
Bear Jeanette	
SPECIES	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.
Canine	
BREED	Pancreas
Sheherd Mix	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	
MI	Free Abdomen
AGE	No omental masses or overt lymphadenopathy was present.
11yr	Moderate volume mildly echogenic peritoneal effusion and generalized mild non-uniform omentum was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
79.8lb	<ul style="list-style-type: none">• Enlarged non-homogenous cystic prostate-benign prostatic hyperplasia vs prostatitis with intraparenchymal cysts, no overt neoplastic criteria.• Sonographically normal spleen.• Borderline hepatomegaly with normal vascular volume and minor parenchymal remodeling with solitary small intraparenchymal cyst.• Sonographically unremarkable GI tract with minor gastric ingesta.• Moderate volume mildly echogenic peritoneal effusion.
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Correlation of the prostate with pending cytology and C/S if evidence of inflammatory cells is recommended. No overt sonographic evidence of active pancreatitis. A definitive cause of the peritoneal effusion without evidence of hepatic congestion or intra-abdominal masses was not obvious. Some degree of effusion owing to sedation with dexdomitor is possible although the degree of effusion was increased as what is typically noted with sedation.
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REFERRING VET	Recommend abdominocentesis with C/S of the fluid if any suspicion of inflammatory elements is noted. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.
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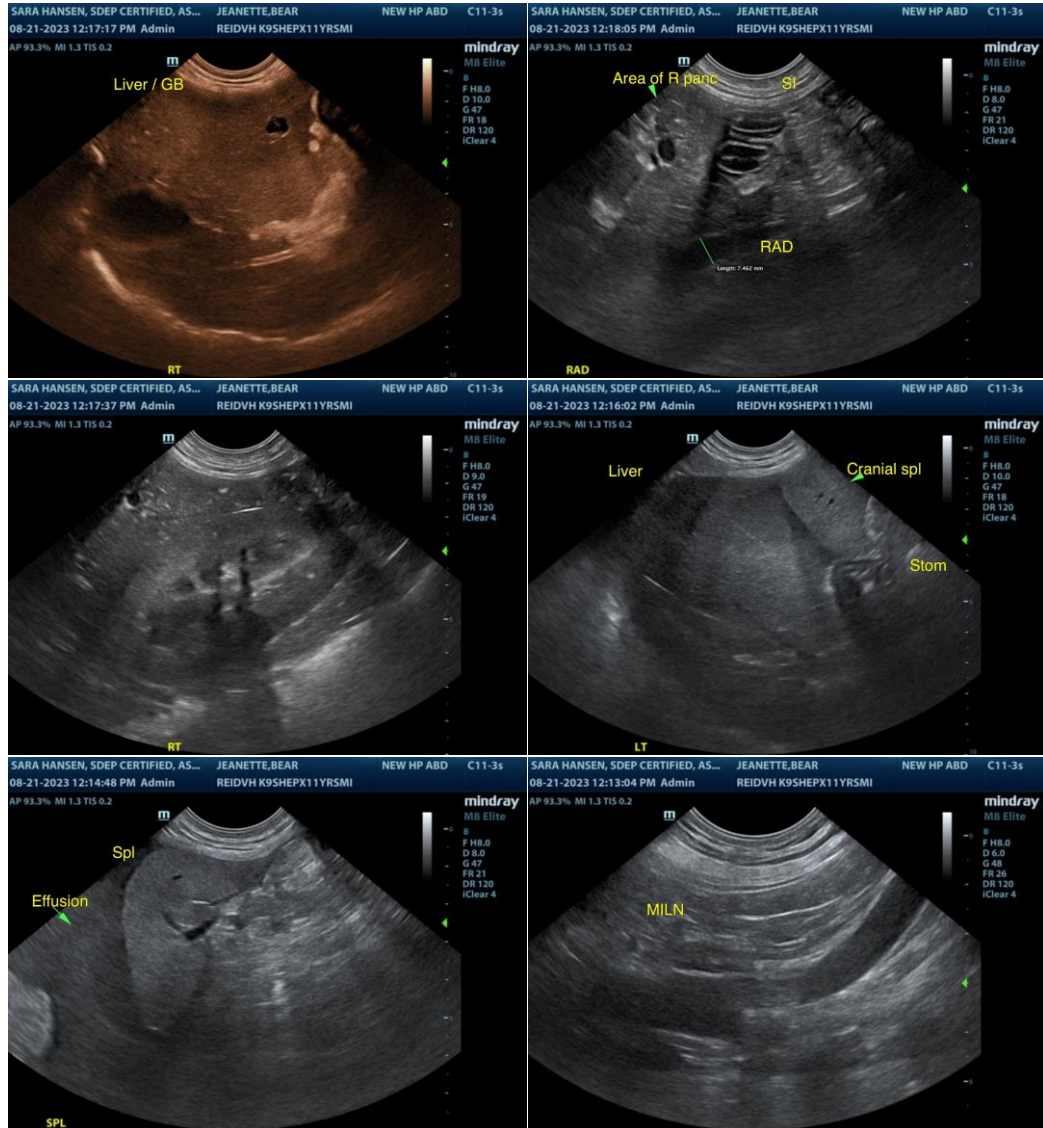
Heider

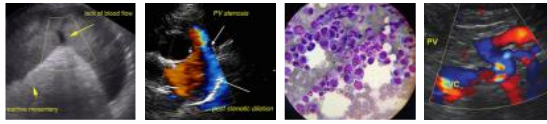
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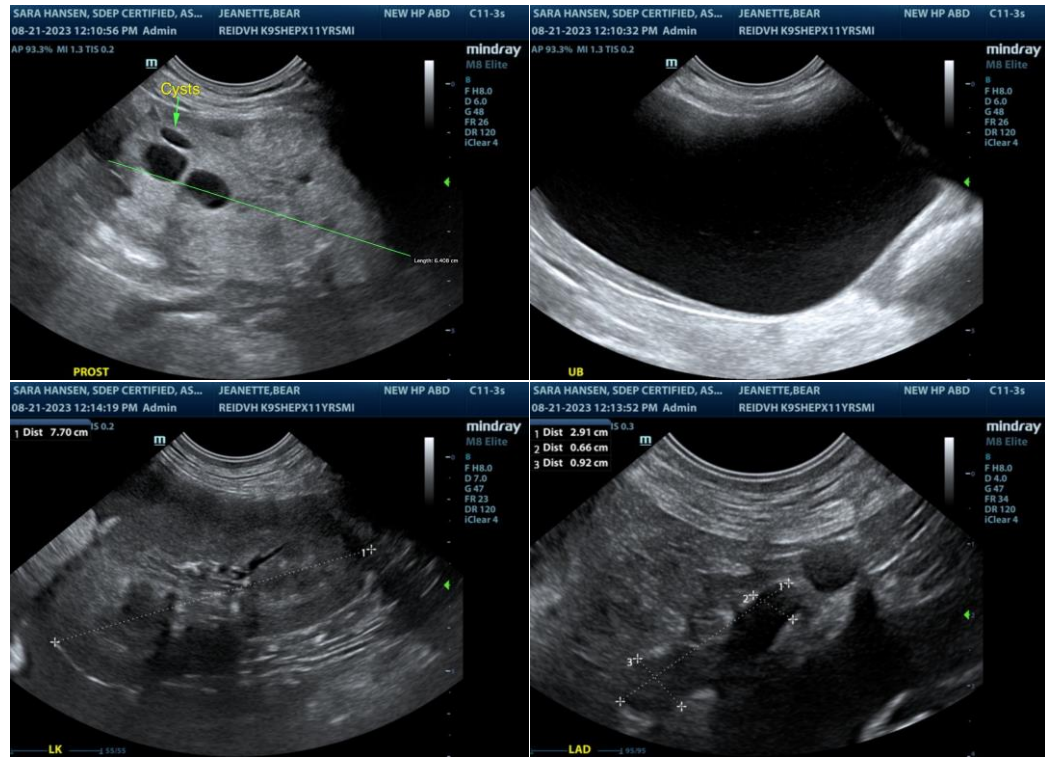
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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