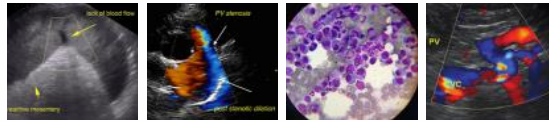




PATIENT	PRESENTING CLINICAL SIGNS
Hudson Sittler	History: Patient has had soft stools most of life, however patient is now straining more to have BM's. Patient also has trouble urinating, appears to urinate with a full stream, but then tends to keep trying to urinate, but can't. P also appears to be painful when laying down.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: Current Medications Trazodone & Gabapentin (for sedation), carprofen
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
German Shepherd	Urinary System
SEX	The urinary bladder exhibited mildly prominent walls with focal apical bladder wall thickening exhibiting minor polypoid component measuring 1.0 cm in width. The 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.
MN	
AGE	
5yr	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 7.7 cm in length. The right kidney measured 7.7 cm in length.
WEIGHT	
94lb	
INTERPRETED BY	The area of the aortic trifurcation was free of pathology.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The residual prostate exhibited generalized enlargement and mild asymmetrical capsule contour. The residual prostate measured 5.0 cm x 4.0 cm.
IMAGING PERFORMED BY	Adrenal Glands
Sara Hansen	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.77 cm width at the caudal pole and 3.3 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.86 cm width at the caudal pole and 3.4 cm length.
HOSPITAL NAME	Spleen
Reid Veterinary Hospital	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. Heider	
INVOICE	Liver
11287ag	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 with mild hyperechoic nondependent luminal debris. The cystic and common bile ducts were normal.
DATE	
08/05/2022	



PATIENT *Gastrointestinal*

Hudson Sittler 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.

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.

BREED

German Shepherd

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

SEX

MN

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.

AGE

5yr

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

94lb

ULTRASONOGRAPHIC FINDINGS

- Residual prostatomegaly
- Non distended urinary bladder exhibiting mild generalized moderate wall thickening
- Overtly normal GI tract

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming the patient is correctly labeled as neutered, the residual prostatomegaly is concerning for prostatic pathology including inflammatory/infectious or neoplastic etiologies. Concurrent mild generalized cystitis is possible. Potential for emerging urinary bladder mural neoplastic criteria cannot be definitively excluded. Impingement on urine outflow and possible impingement on the colon resulting in stranguria and abnormal defecation is possible.

IMAGING PERFORMED BY

Sara Hansen

Further assessment may include cytospin cytology of free catch urine, prostatic sampling via FNA or prostatic wash +/- C/S and screening BRAF assay. Rectal palpation is recommended to assess for prostatic discomfort.

HOSPITAL NAME

Reid Veterinary
Hospital

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, and conservative therapy for mild colitis would be reasonable.

REFERRING VET

Dr. Heider

INVOICE

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DATE

08/05/2022



PATIENT

Hudson Sitler

SPECIES

Canine

BREED

German Shepherd

SEX

MN

AGE

5yr

WEIGHT

94lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Reid Veterinary
Hospital

REFERRING VET

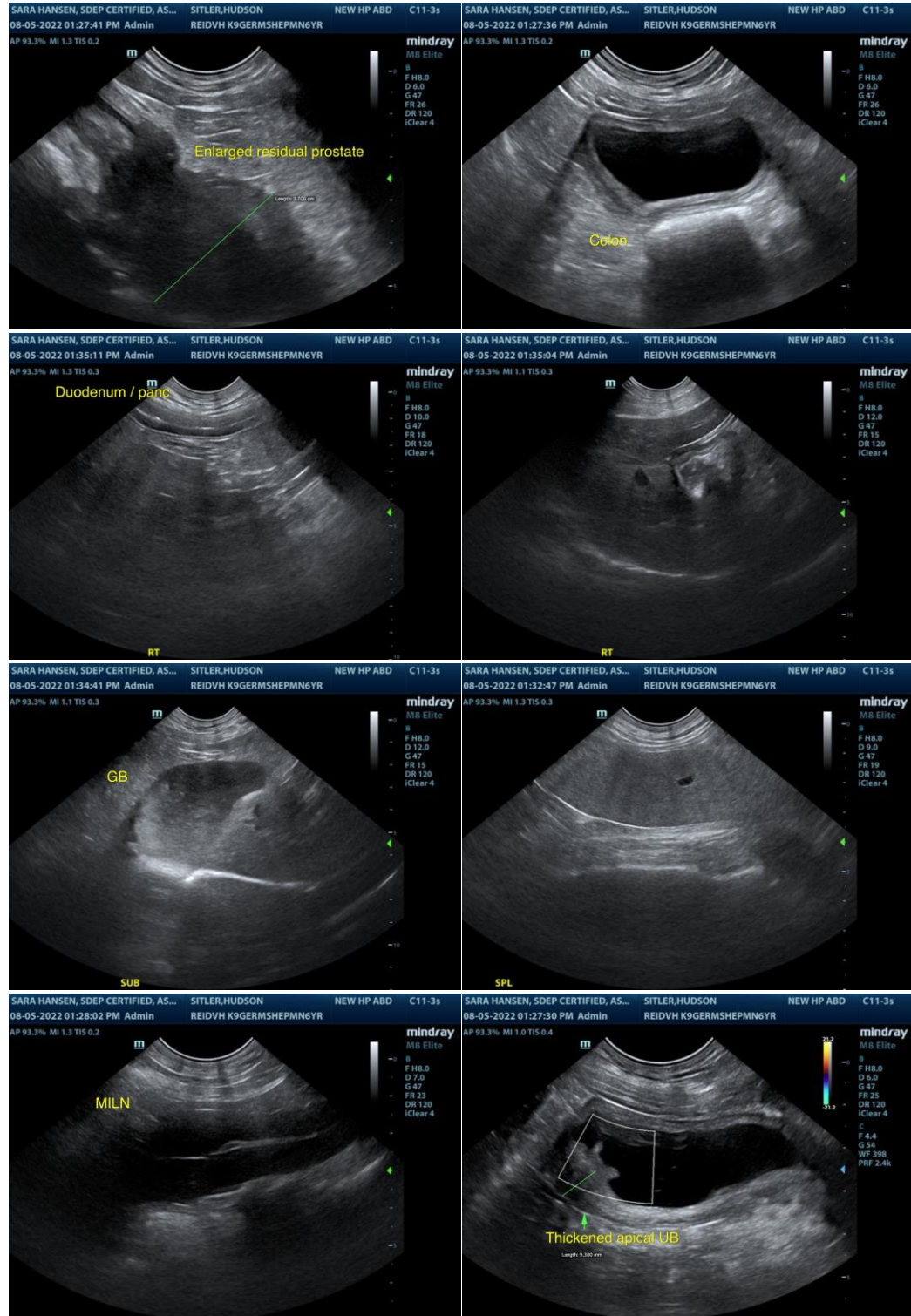
Dr. Heider

INVOICE

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DATE

08/05/2022





PATIENT

Hudson Sitler

SPECIES

Canine

BREED

German Shepherd

SEX

MN

AGE

5yr

WEIGHT

94lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Reid Veterinary
Hospital

REFERRING VET

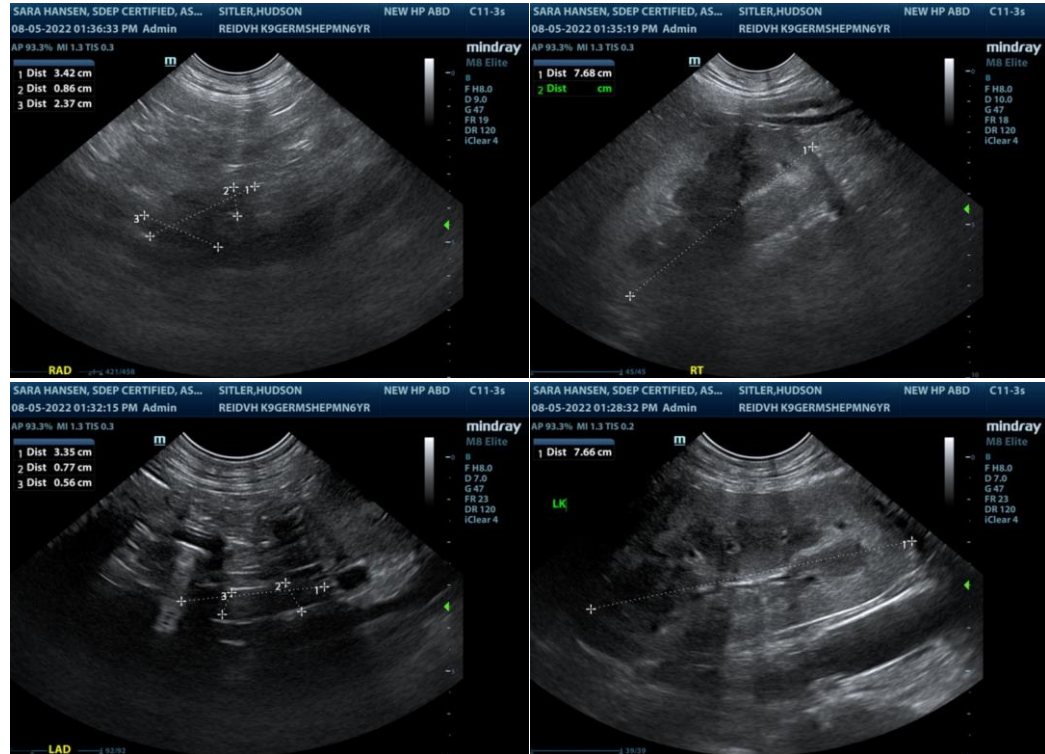
Dr. Heider

INVOICE

11287ag

DATE

08/05/2022



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