



PATIENT

Justice Forintos

PRESENTING CLINICAL SIGNS

Presented for lethargy, some difficulty breathing.

SPECIES

Canine

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 mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

BREED

American Bulldog

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 or retroperitoneal inflammatory criteria. The left kidney measured 7.6 cm in length. The right kidney measured 7.4 cm in length.

SEX

MI

AGE

7yr

Intermittent mildly enlarged medial iliac and mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 1.8 cm x 0.51 cm.

WEIGHT

28kg

The prostate was moderately enlarged in size with intact, asymmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was non-homogenous and cystic without parenchymal mineralization. The prostate measured 5.4 cm. Anechoic, thinly walled parenchyma cysts were present.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole and 0.47 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 cm width at the caudal pole and 0.47 cm width at the cranial pole.

IMAGING PERFORMED BY

Dr Sarah Barthelemy

Spleen

The spleen exhibited subjective enlargement with 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. No visualized masses/nodules.

HOSPITAL NAME

Fish Creek Pet
Hospital

Liver/Gallbladder

REFERRING VET

Dr Brust

The liver presented subjectively mildly enlarged in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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DATE

08/07/2023



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Gastrointestinal

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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

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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.

BREED

Pancreas

American Bulldog

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

Mild volume peritoneal effusion primarily around the liver and spleen yet also in the peri intestinal area.

AGE

7yr

Regional mild increased omental echogenicity was present around the small intestine and spleen.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

28kg

- Minor urinary bladder sediment.
- Enlarged non-homogenous to irregular cystic prostate- benign prostatic hyperplasia with cystic changes, potential for prostatitis.
- Splenomegaly- hyperplasia, hematopoiesis, incidental splenitis, potential for emerging neoplastic criteria possible.
- Hepatopathy- subjectively acute.
- Normal gallbladder.
- Mild volume peritoneal effusion.
- Sonographically unremarkable GI tract.
- Intermittent mild mesenteric and medial iliac lymphadenopathy- suggestive of benign criteria i.e., lymphoid hyperplasia or possible lymphadenitis. Early neoplastic lymphadenopathy is possible yet thought less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Prostatic sampling via prostatic wash or ultrasound guided FNA for cytology/histopathology +/- C/S is required for further definition. No overt evidence of overt prostatic neoplastic criteria.

REFERRING VET

Dr Brust

Assuming normal clotting status and using a 25g needle, a hepatosplenic FNA for screening cytology is warranted for further assessment. A leptospirosis titer/PCR may be considered if clinically indicated or if potential exposure/endemic to the area.

Concurrent peritoneal effusion analysis cytology +/- C/S if evidence of inflammatory cells is recommended.

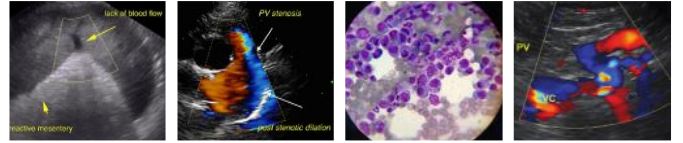
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Empirically as needed hepatic and GI support pending additional diagnostics with concurrent therapy for aspiration pneumonia if clinically indicated and monitoring is recommended.

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Recheck sonogram if evidence of persistent hepatopathy or peritoneal effusion is suggested.

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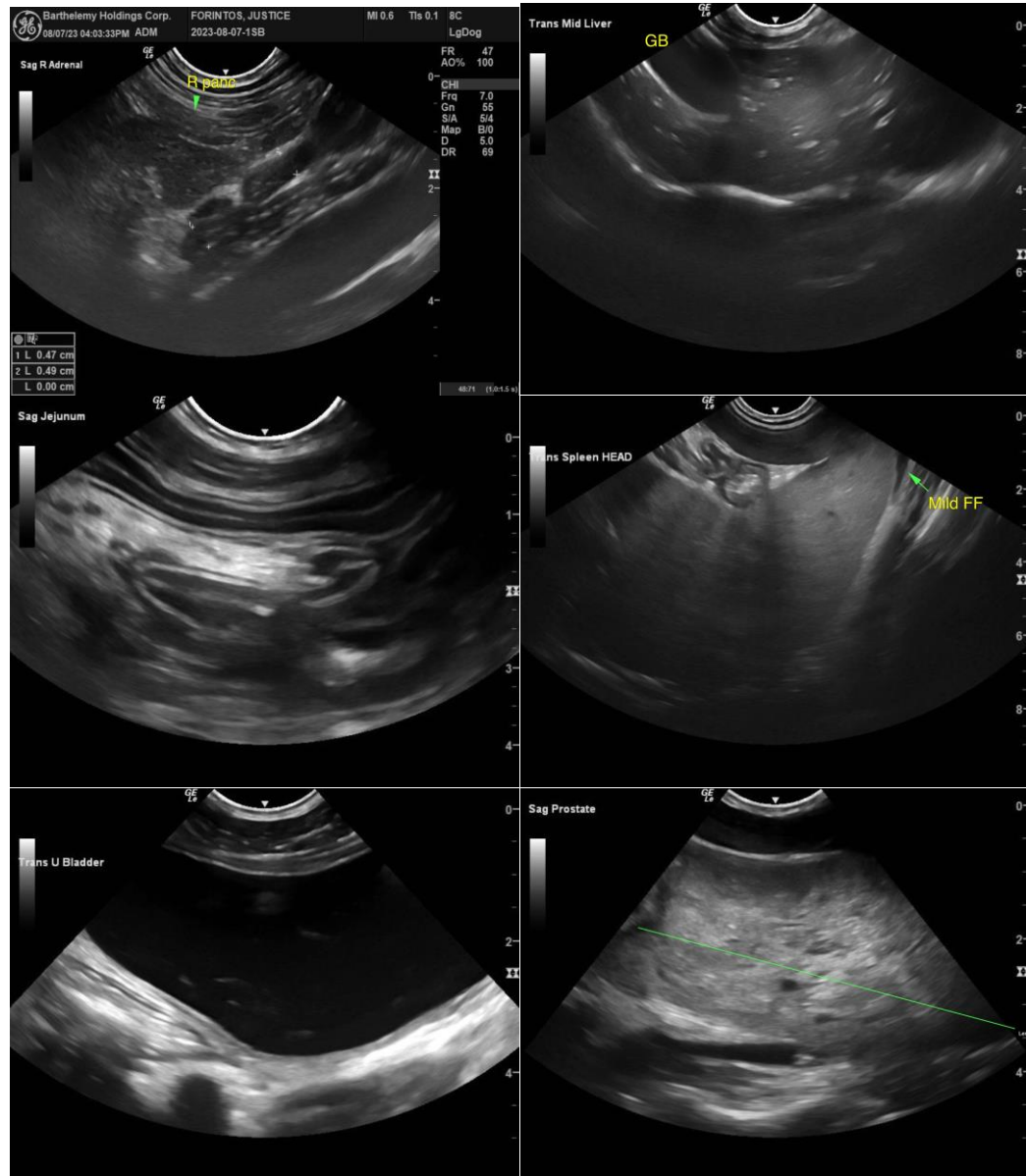
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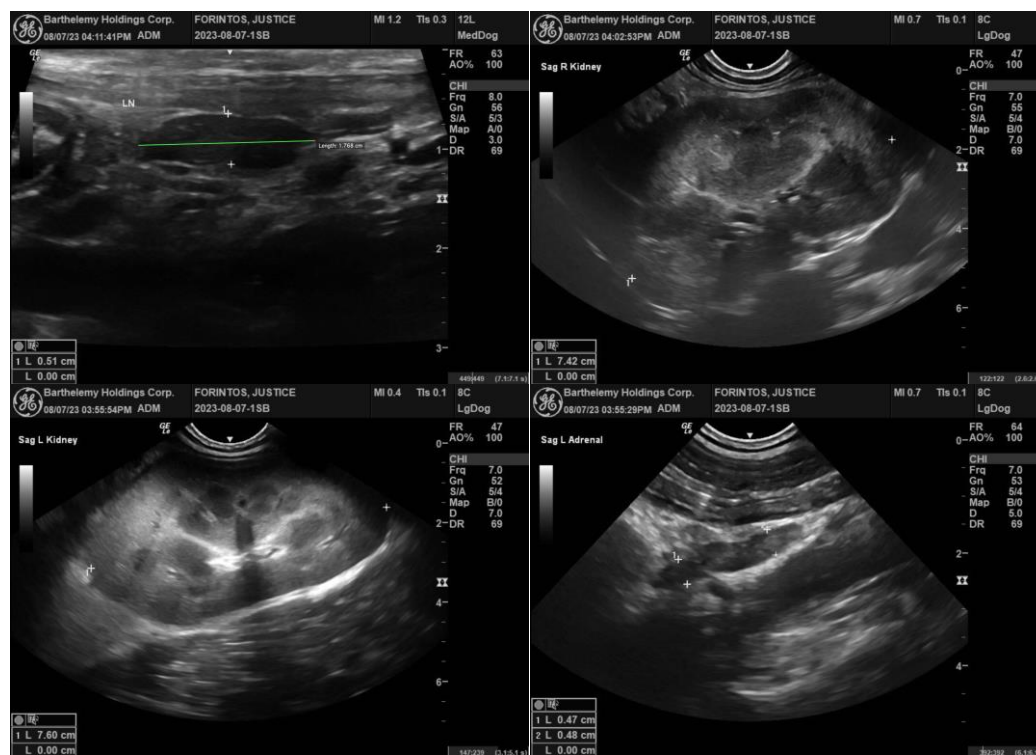
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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