



PATIENT

Poquin Duran

SPECIES

Canine

BREED

Lhasa Apso

SEX

Male / Intact

AGE

8 YO

WEIGHT

13 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jose

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Thomas

INVOICE

14526

DATE

8/9/22

PRESENTING CLINICAL SIGNS

Hx of cryptorchidism , 3 weeks ago O noticed a blood in the urine, on visit to rDVM on PE possible perianal hernia was founded, pre OP blood work high kidney values.

Abnormal PE/Chem/CBC/UA Results: R testicle cryptorchid, DDZ gr 1 BCS 5/9, Enlarged prostate. 8/1/22 CHEM: BUN: 140 (H) 6-31 CREATININE: 8.1 (H) 05-1.6 PHOSPHORUS: 9.1 (H) 2.5-6.0 CHOLESTEROL: 380 (H) 92-324 CBC: PLATELET: 419 (H) 170-400 UA: Not-performed.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 was noted.

The prostate exhibited generalized asymmetrical enlargement with ill-defined prostatic capsule border and nonhomogeneous prostatic parenchyma including intraparenchymal and suspect paraprostatic cysts containing anechoic content. The overall prostate measured approximately 3.5-4.0 cm in diameter. An example of an intraparenchymal prostatic cyst measured 0.78 cm diameter. An example of a likely paraprostatic cyst measured 3.3 cm diameter. Subjective regional periprostatic inflammation and potential for scant periprostatic free fluid was noted.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.4 cm in length. The right kidney measured 3.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 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 0.72 cm width at the caudal pole and 0.59 cm width at the cranial 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 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 mildly distended in size,



PATIENT	suspected to be secondary to fasting, with anechoic content. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.
Poquin Duran	
SPECIES	<i>Gastrointestinal</i>
Canine	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.
BREED	<i>Pancreas</i>
Lhasa Apso	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.
SEX	<i>Free Abdomen</i>
Male / Intact	No evidence of omental lymphadenopathy was noted.
AGE	Probable retained intraabdominal testicle was noted in the ventral mid to caudal abdomen likely correlating with retained right testicle. The likely retained right intraabdominal testicle measured approximately 1.1 cm in diameter. The left testicle within the presumed scrotal sac was overtly normal measuring 2.4 cm length.
8 YO	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
13 lbs.	<ul style="list-style-type: none"> • Asymmetrical nonhomogeneous prostatomegaly exhibiting intraparenchymal and likely paraprostatic cysts • Overtly normal urinary bladder • Nonspecific bilateral chronic renal changes • Retained intraabdominal right testicle
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The prostatic presentation may indicate chronic benign prostatic hyperplasia with Intraparenchymal and likely paraprostatic cysts. Potential for prostatitis or less likely neoplastic criteria are possible. Laparotomy with removal of the retained intraabdominal testicle, gross inspection of the prostate with potential surgical drainage of likely paraprostatic cysts, +/- excision or omentalization, along with neuter could be considered. Percutaneous drainage of a cyst, as well as prostatic FNA for cytology and C/S could also be considered.
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8/9/22	Potential prostatic therapy and surgical considerations are likely dependent upon stabilization of renal values and determination between prerenal vs. renal azotemia. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Hospitalization with



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appropriate diuresis protocol and monitoring of renal response, urine output, and bodyweight are recommended.





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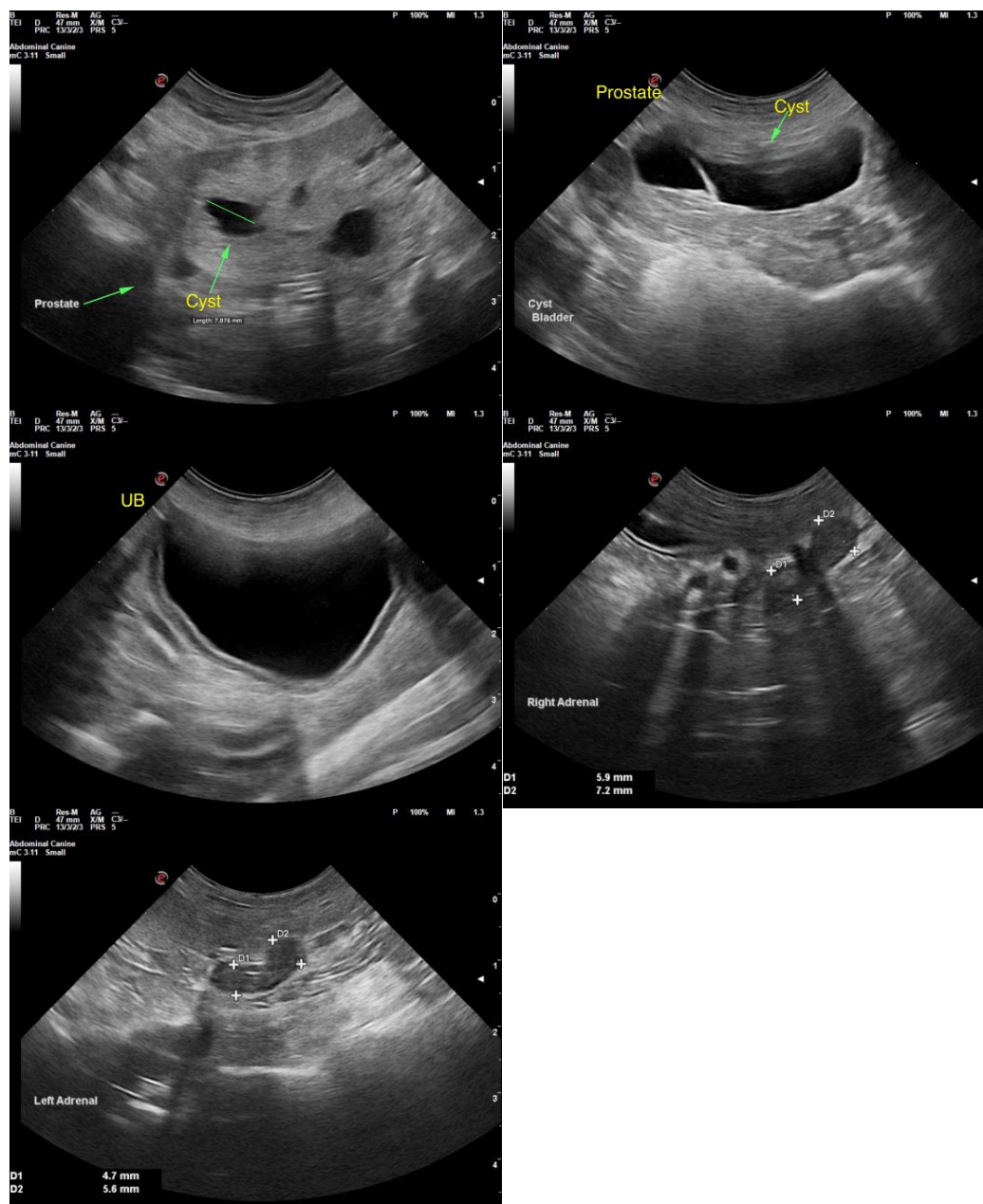
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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