



PATIENT

Mike Horowitz

SPECIES

Canine

BREED

Cane Corso

SEX

Neutered Male

AGE

7 years

WEIGHT

113.52 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

Balanced Veterinary
Care

REFERRING VET

Dr. Wright

INVOICE

12219

DATE

9/13/21

PRESENTING CLINICAL SIGNS

minimally responsive to D mannose pollakuria, not a steady stream and difficulty producing often straining with little to no output. Bladder was not enlarged. PE unremarkable except painful bladder on palpation

Abnormal PE/Chem/CBC/UA Results: UA Extreme hematuria WBC's 3+ no bacteria Attached

WBC- 13.1, mild monocytosis, BUN 7, ALP 289

Urine Specific Gravity- 1.026, WBC, RBC

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. The immediate pre-prostatic urethra was mildly thickened, measuring 0.83 cm width. 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 was enlarged in size. The prostatic parenchyma was primarily hypoechoic to heterogeneous with areas of parenchyma mineralization. The margins of the gland were indistinct and difficult to differentiate from the surrounding tissue. The prostate measured 7.8 cm x 7.8 cm.

The area of the aortic trifurcation was free of pathology.

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. A small cyst was noted in the medial cortex of the left kidney, measuring 1.2 cm width. The cyst was thinly walled containing anechoic fluid. The left kidney itself measured 8.5 cm in length. The right kidney measured 7.8 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 2.7 cm length x 0.95 cm width at the caudal pole. No overt pathology was noted in the area of the right adrenal gland.

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.



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Liver/ Gallbladder

The liver was normal 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 margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. 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, echogenic, nonshadowing ingesta most consistent with post prandial presentation without 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 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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Prostatomegaly with parenchymal mineralization
- Mildly thickened pre-prostatic urethra
- Mild age-related renal changes with left kidney cyst
- Mild vacuolar hepatopathy pattern
- Mild gallbladder debris (non-mucocele)

Secondary Findings

- Mild gastric ingesta - likely post prandial presentation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although prostatic sampling is required for further clarification, the prostatomegaly with parenchymal mineralization is strongly suggestive of prostatic neoplasia, either prostatic carcinoma or transitional

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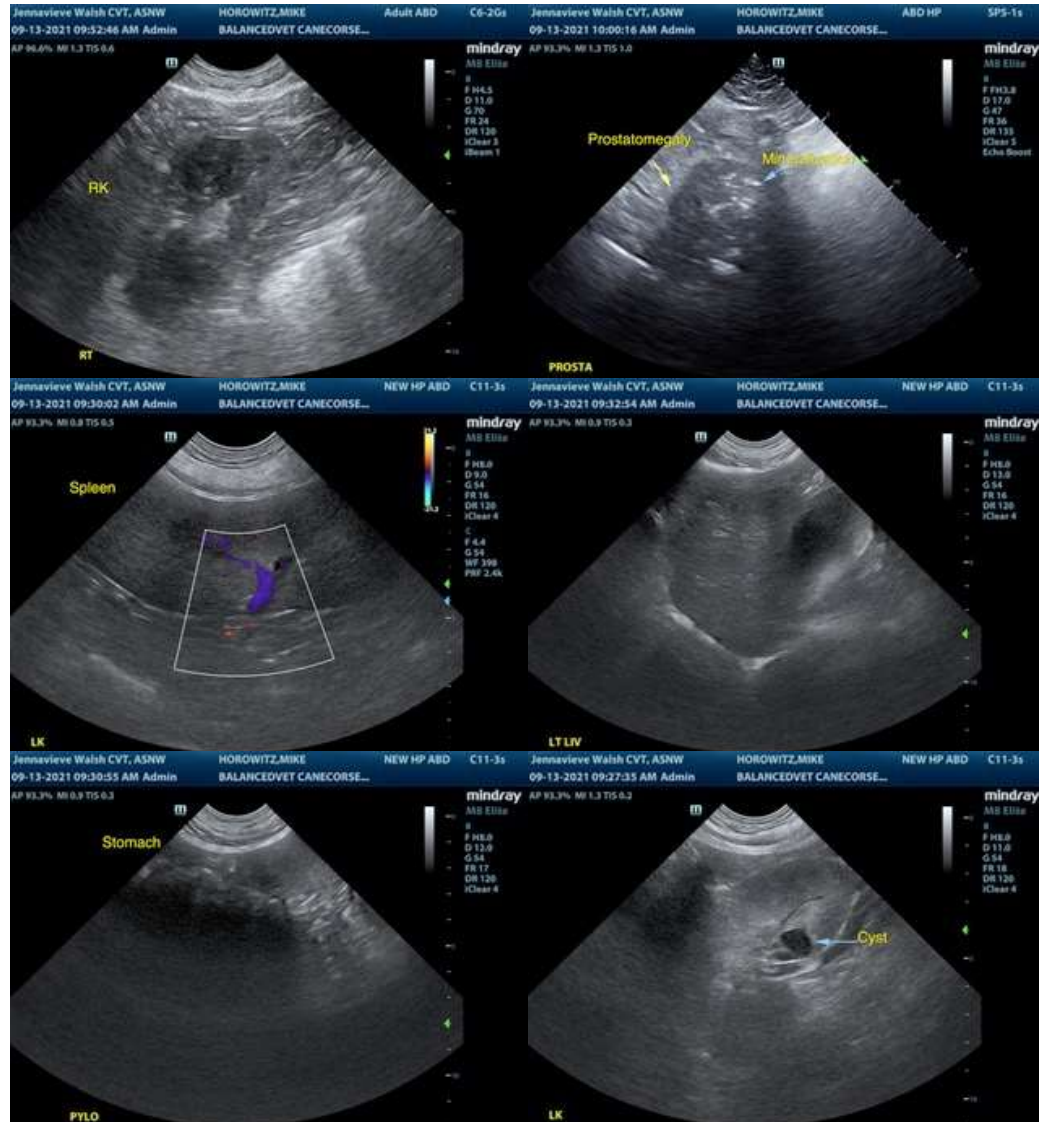
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cell carcinoma as primary differentials. Potential extension of neoplasia into the pre-prostatic urethra may be possible. If accessible, ultrasound-guided FNA of the prostate for screening cytology and/or prostatic wash are warranted for further clarification. Prostatic biopsy may be required for a definitive diagnosis. No overt evidence of regional metastasis. Potential for chronic prostatitis is possible yet considered less likely.





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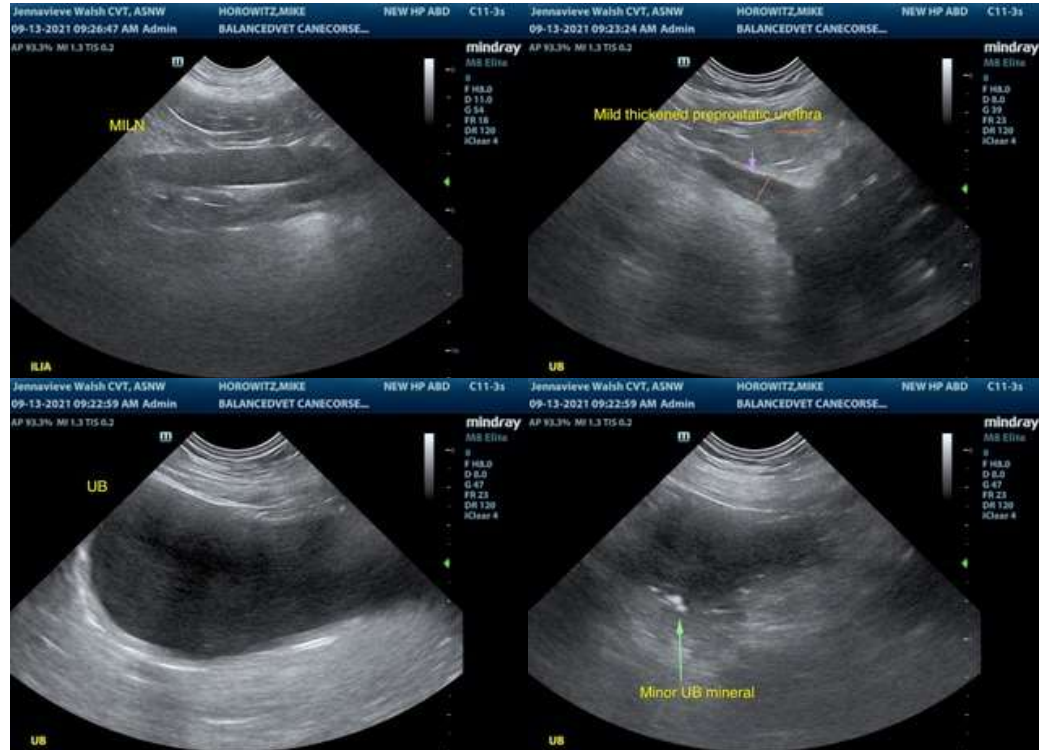
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com

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