



PATIENT PRESENTING CLINICAL SIGNS

Zeus Cowley 9.2 penis outside sheath for 3 days, unable to urinate, difficulty passing urinary catheter Amoxicillin, Metronidazole, Galliprant, Baytril

SPECIES ALP 345, ALT 150, GGT 42, Phosphorus 7.3, Hematocrit 37.1, WBC 46.3 with neutrophilia and monocytosis

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Great Pyrenees Mix The urinary bladder was moderately distended in size with moderate, non-dependent, hyperechoic urinary bladder sediment. Proximal urethra urine dilation to a depth of 3.0-4.0 cm was present. No overt evidence of visualized obstructive proximal urethral pathology was noted.

SEX

M

The prostate was mildly 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 4.2 cm x 2.6 cm. Anechoic, thinly walled parenchyma cysts were present.

AGE

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The left and right testicles were sonographically normal in size. Evidence of scrotal edema around the left and right testicles was noted. The left testicle measured 3.4 cm length. The right testicle measured 3.7 cm length.

WEIGHT

37

Normal size and contour were present in the kidneys. Adequate corticomedullary border demarcation was noted. Mild to moderate hydronephrosis is present in both the left and right kidneys. Concurrent left and right hydroureter exiting the left kidney extending caudally to the level of the urinary bladder. The left kidney measured 7.2 cm in length. The right kidney measured 7.1 cm in length.

INTERPRETED BY

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Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.68 cm width at the caudal pole and 0.53 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 0.69 cm width at the caudal pole.

HOSPITAL NAME

Blue Ridge VC

REFERRING VET

Spleen

Filchner 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.

INVOICE

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DATE

9/14/22

Liver/ Gallbladder

The liver presented subjective borderline to mild enlarged 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



PATIENT

Zeus Cowley

signs of congestion. The gallbladder was non-distended in size containing mild, non-dependent yet nonorganized, hyperechoic gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

SPECIES

Canine

The stomach presented intact yet mildly prominent wall layering. The stomach contained a moderate amount of retained fluid along with focally shadowing ingesta.

The upper duodenum exhibited mild to moderate fluid and ingesta retention without overt evidence of mural pathology. The jejunum and ileum to the level of the colon were overtly normal in appearance without evidence of mechanical / metabolic ileus.

BREED

Great Pyrenees Mix

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

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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.

AGE

2015

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

37

ULTRASONOGRAPHIC FINDINGS

- Distended urinary bladder with moderate sediment
- Concurrent proximal urethral dilation
- Mild prostatomegaly exhibiting intraparenchymal cysts - benign prostatic hyperplasia with parenchymal cysts, potential for prostatitis
- Sonographically unremarkable testicles with evidence of scrotal edema
- Mild to moderate bilateral hydronephrosis with concurrent left and right hydroureter to level of urinary bladder
- Hypomotile stomach containing focally shadowing ingesta
- Benign hepatopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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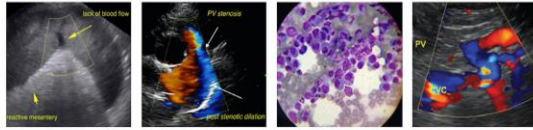
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No overt evidence of obstructive left or right ureteral pathology or overt pathology at the level of the ureteral papilla. Given the clinical history, presence of distended urinary bladder, visible proximal urethra, and left / right hydronephrosis, urethral obstruction is a primary concern in this patient.

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Passage of a urinary catheter with potential indwelling catheter and sonographic monitoring of urinary bladder and bilateral kidneys, if clinically indicated or if continued dysuria, stress / stranguria, is recommended. Monitoring of renal parameters going forward is advised. Urine C/S on a sterile urine sample +/- prostatic sampling for cytology is suggested. Monitoring for evidence of gastric emptying vs. retained ingesta, if evidence of inappetence or vomiting, is recommended.



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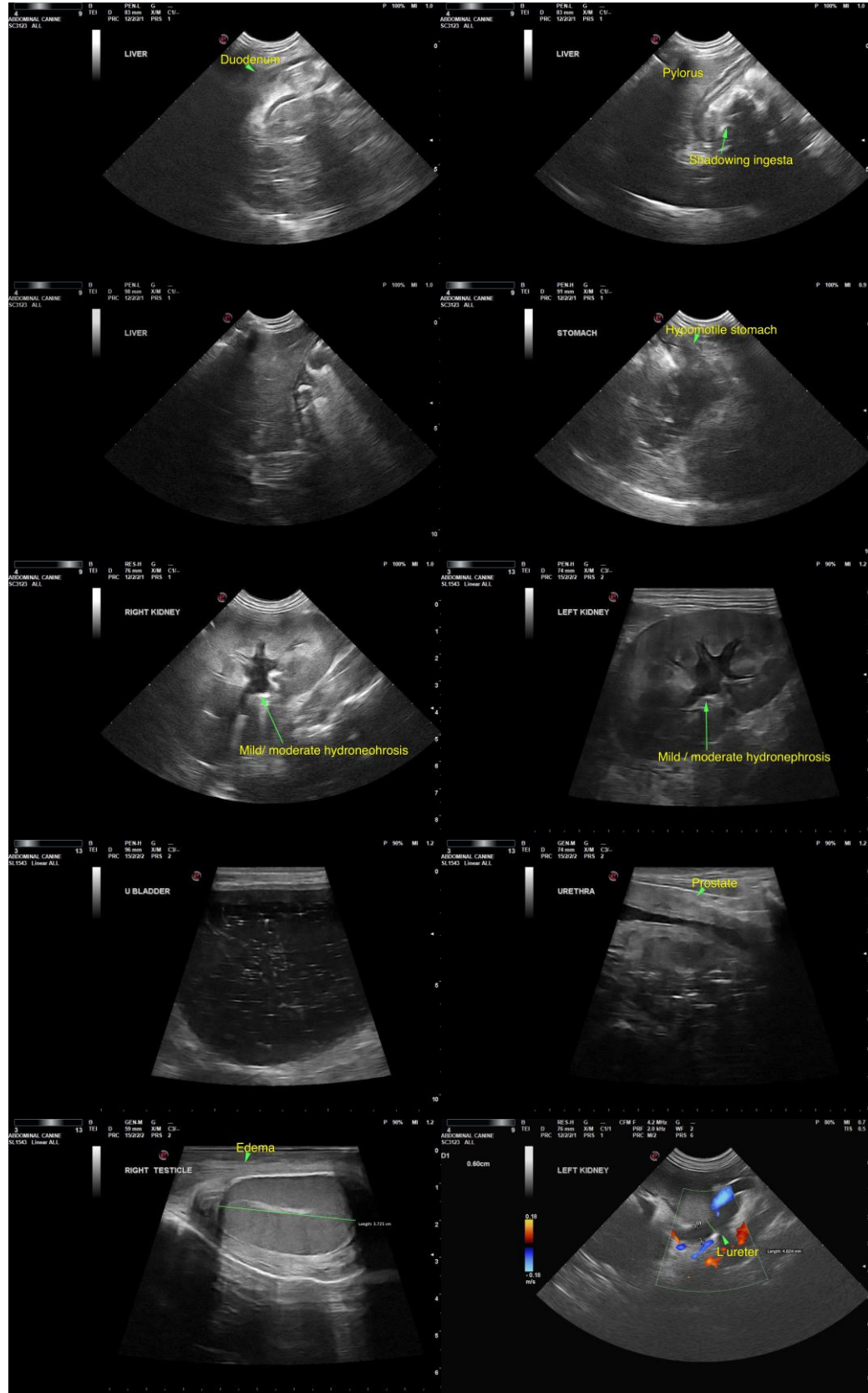
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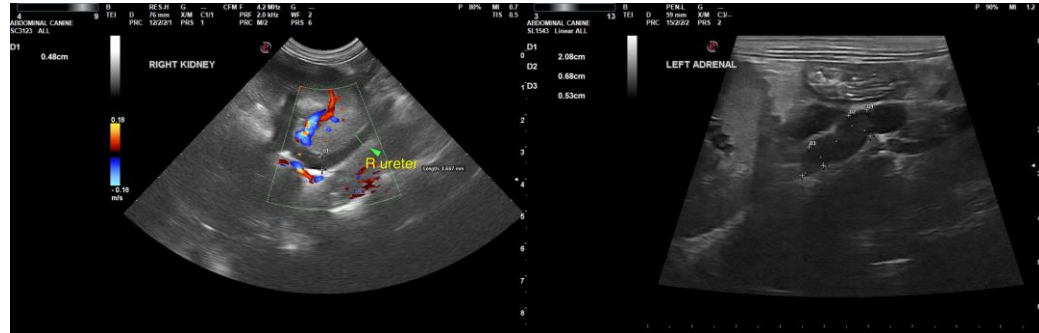
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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