



PATIENT

Rocky Hebel

SPECIES

Canine

BREED

Coton De Tulear

SEX

CM

AGE

13 YO

WEIGHT

20 1/4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jose

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Kwasnik

INVOICE

14912

DATE

9-20-22

PRESENTING CLINICAL SIGNS

Hx of HAC , controlled with RX, for the past few weeks Rocky's been PU/PD, incontinence. Rocky was on clavamox 125 mg, no improvement with treatment. Rocky is on Veteryl 15 mg
Abnormal PE/Chem/CBC/UA Results: Geriatric P. BCS 7/9 ACTH test: Cortisol 1 5.6 (H) 1-5 Cortisol 2 8.8 8.0-17.0 BW: Not performed UA: USG: 1.037 1.015-1.050 Protein : 1+

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited overtly 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 residual prostate exhibited mild prominent size with maintained symmetrical capsule contour and discernable prostatic capsule compared to adjacent periprostatic tissue. Nonhomogeneous to mildly mixed echogenic residual prostatic parenchyma was present. No overt evidence of mineralization was noted. The residual prostate measured 1.6 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the left kidney. 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. Scant to minor left kidney pyelectasia was present along with intermittent cortical cysts. The left kidney measured 4.4 cm in length.

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. The right kidney measured 4.6 cm in length.

Adrenal Glands

Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.70 cm width at the caudal pole and 0.65 cm width at the cranial pole. The right adrenal gland measured 0.71 cm width at the caudal pole and 0.65 cm width at the cranial pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. Potential for mild splenic folding, which is not indicative of underlying splenic pathology and likely a patient variant, was present. The capsule was without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.



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Liver/ Gallbladder

Rocky Hebel

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma exhibited a moderate coarse echotexture with evidence of parenchymal remodeling. 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. No masses or nodules were noted. The gallbladder was non-distended in size containing moderate, mildly hyperechoic, primarily dependent gallbladder debris. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

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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.

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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.

WEIGHT

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

Pancreas

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. This is likely consistent with age-related pancreatic changes and incidental.

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Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

Jose

ULTRASONOGRAPHIC FINDINGS

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- Mildly prominent to nonhomogeneous residual prostate
- Vacuolar hepatopathy pattern exhibiting parenchymal remodeling - subjectively benign
- Moderate gallbladder debris (non-mucocele)
- Mild chronic renal changes with scant to minor left kidney pyelectasia
- Bilateral prominent adrenal glands - consistent with PDH

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The mildly prominent to nonhomogeneous residual prostate is nonspecific with potential for patient or age-related variant. The possibility of emerging prostatic pathology such as inflammation or neoplasia, cannot be definitively excluded. If possible, palpation of the prostate for evidence of discomfort or pain is suggested. Prostatic sampling is required for further assessment. Sonographic monitoring of the residual prostate would be a more conservative approach.

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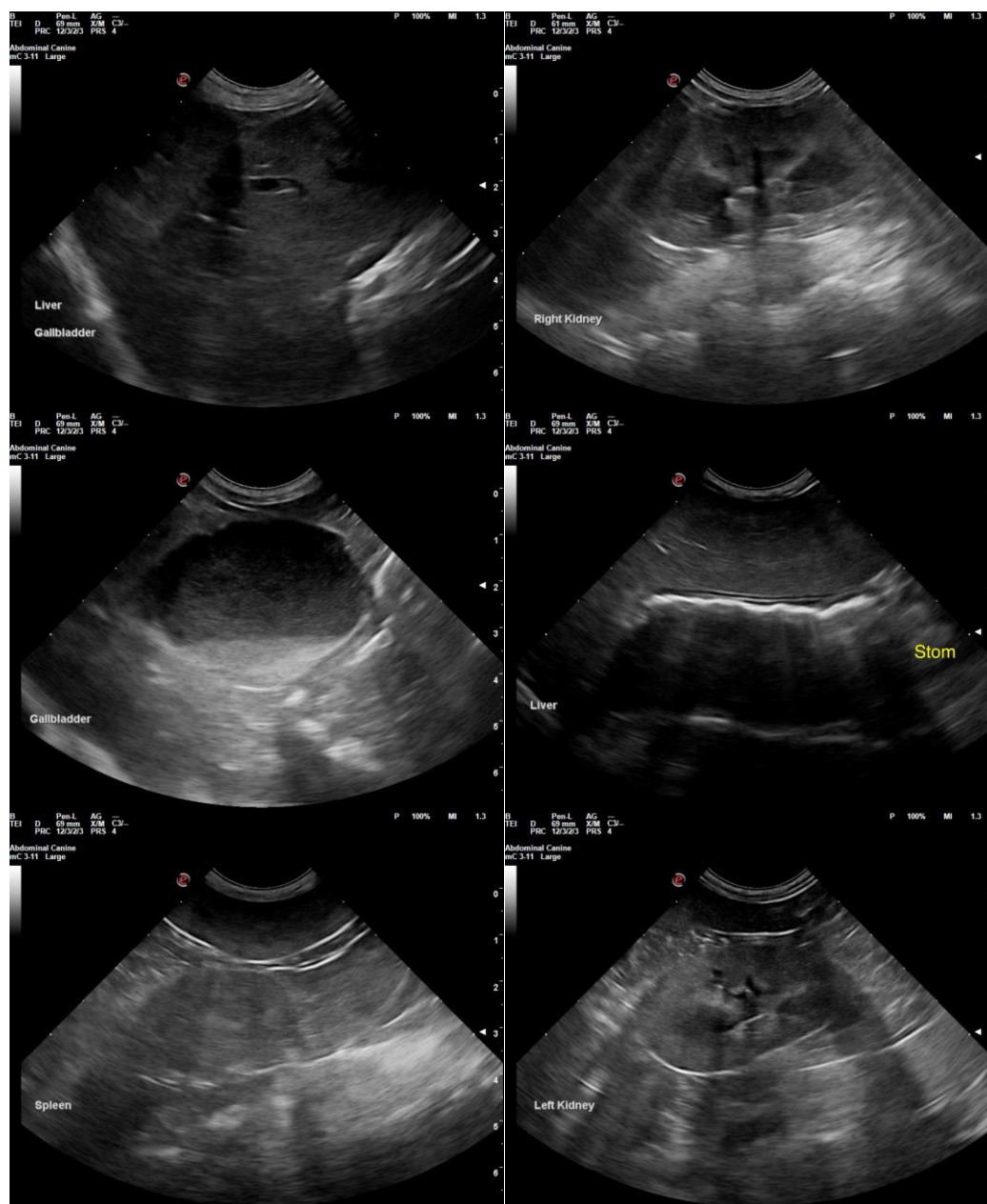
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If off of antibiotics for >7days, urine C/S +/- baseline UPC level could be considered. Assessment of hepatic enzyme levels is suggested if not recently done. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial if hepatic enzyme elevations or evidence of cholestasis.

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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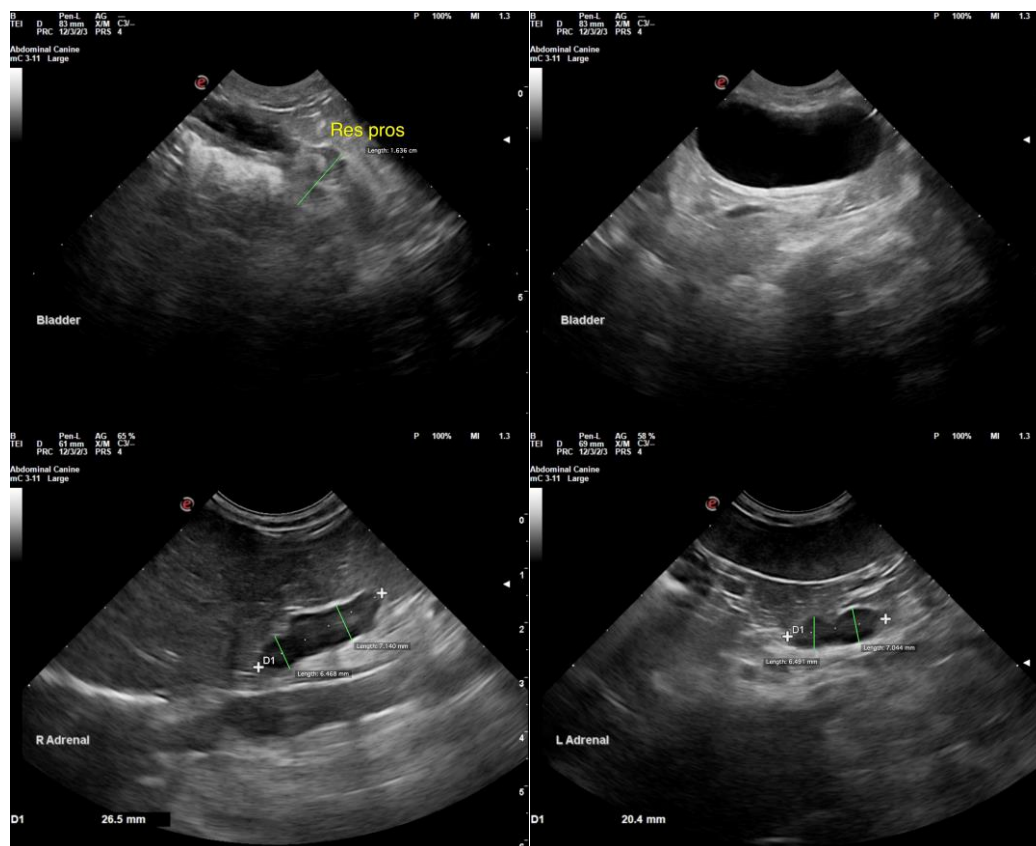
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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