



**PATIENT**

Henry Sauer

**PRESENTING CLINICAL SIGNS**

History: Presented for hematuria. Unable to get urine sample, CBC / Chem - ALT 188, ALP 986

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). There are multiple shadowing uroliths present, measuring up to (1.5 cm). No masses or mucosal irregularities are noted. Urethra visualized to (3.0) cm

**BREED**

Miniature Schnauzer

**SEX**

Neutered male

The prostatic parenchyma exhibits mixed and diffusely enlarged measuring (4.8 cm x 3.1 cm x 2.9 cm) There is mineralization noted within the parenchyma. The prostatic urethra is not dilated.

**AGE**

12 years

Both kidneys are hyperechoic, and exhibit poor cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is (5.6) cm in length. The right kidney is (5.9) cm in length.

**WEIGHT**

21 lbs

**Adrenal Glands**

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is (6.6) mm at the cranial pole and (5.3) mm at the caudal pole. The right adrenal gland height is (6.4) mm at the cranial pole and (5.5) mm at the caudal pole.

**INTERPRETED BY**

Tam Mengine, DVM,  
DABVP (canine/feline  
practice)

**Spleen**

There are multiple hyperechoic masses within the splenic parenchyma measuring (up to) (0.8) cm in size, with no visible deviation of the splenic capsule. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

**IMAGING PERFORMED BY**

Dr. Mengine

**Liver**

The liver is diffusely hyperechoic and subjectively enlarged. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

**HOSPITAL NAME**

Stoney Creek VH

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

**REFERRING VET**

Dr. Latterner

**Gastrointestinal**

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The stomach is empty. The gastric wall is (4.1) mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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<b>PATIENT</b>	The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures (4.8) mm. The jejunal wall measures up to (3.7) mm. . Intestinal motility appears normal.
Henry Sauer	
<b>SPECIES</b>	The visible portions of the colon are of normal thickness, up to (1.7) mm, with intact wall layering. The ileocecal junction is visualized and appears normal.
Canine	
<b>BREED</b>	<b><i>Pancreas</i></b>
Miniature Schnauzer	The left limb of the pancreas is hypoechoic, but of normal size and with no changes to the surrounding mesenteric fat. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.
<b>SEX</b>	<b><i>Free Abdomen</i></b>
Neutered male	There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.
<b>AGE</b>	
12 years	
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
21 lbs	<b>PRIMARY FINDINGS:</b>
<b>INTERPRETED BY</b>	<ul style="list-style-type: none"> <li>• Mineralized prostatic mass, consistent with prostatic adenocarcinoma.</li> </ul>
Tam Mengine, DVM, DABVP (canine/feline practice)	<b>SECONDARY FINDINGS:</b>
<b>IMAGING PERFORMED BY</b>	<ul style="list-style-type: none"> <li>• Bladder stones.</li> <li>• Reactive hepatopathy.</li> <li>• Chronic renal changes.</li> </ul>
Dr. Mengine	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
<b>HOSPITAL NAME</b>	The appearance of the prostate is concerning for prostatic neoplasia. Recommendations include:
Stoney Creek VH	<ul style="list-style-type: none"> <li>❖ Urethral catheterization with prostatic massage may provide cells for cytology, and is low risk</li> <li>❖ Ultrasound guided fine needle aspiration can be attempted, but poses the risk of seeding cells along the needle tract. If there is associated lymphadenopathy, then lymph node aspiration could be considered.</li> <li>❖ Definitive diagnosis often requires surgical biopsy.</li> <li>❖ NSAID therapy may provide some anti-neoplastic benefit and symptom relief.</li> </ul>
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The changes in the liver are non-specific and could be attributed to endocrine disease, other vacuolar hepatopathies, reactive hepatopathy, storage hepatopathy, chronic infectious or inflammatory disease (including leptospirosis), hepatic lipidosis, or less likely neoplasia. Ultrasound-guided or laparoscopic biopsies would be needed for definitive diagnosis. Recommendations include:

**SPECIES**

Canine

- ❖ screening for diabetes mellitus and hyperlipidemia if not already performed
- ❖ testing for Cushing's disease is recommended only if clinical signs support the diagnosis

**BREED**

Miniature Schnauzer

- ❖ bile acid testing is recommended to further assess severity of hepatic disease - if elevated then liver biopsies should be considered

**SEX**

Neutered male

- ❖ if bile acids are normal, but the ALT is increased, then initiation of liver support therapies such as SAME, Vitamin E and ursodiol, along with serial monitoring of liver enzyme levels every 2-3 months, could be initiated

**AGE**

12 years

The shadowing material in the urinary bladder is consistent with urinary calculi. Recommendations include:

- ❖ A lateral pelvic radiograph, including the entire pelvic urethra, and penile urethra in males.
- ❖ Cystotomy with stone analysis and culture of the urine or stones, followed by appropriate dietary therapy and/or antimicrobial therapy if indicated

**WEIGHT**

21 lbs

The changes in the kidneys are consistent with chronic renal disease. Findings should be correlated with laboratory values, IRIS staging and clinical signs.

**INTERPRETED BY**

Tam Mengine, DVM,  
DABVP (canine/feline practice)

**IMAGING PERFORMED BY**

Dr. Mengine

**HOSPITAL NAME**

Stoney Creek VH

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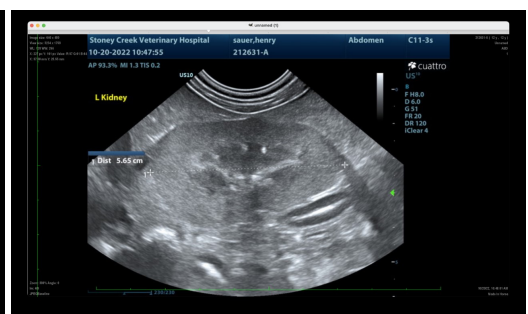
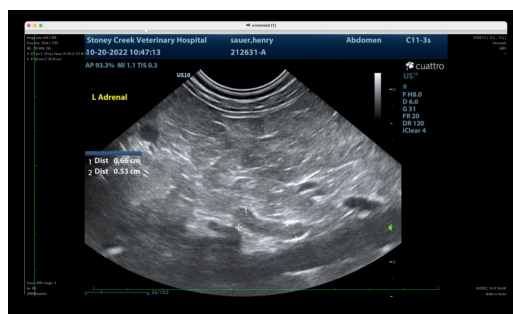
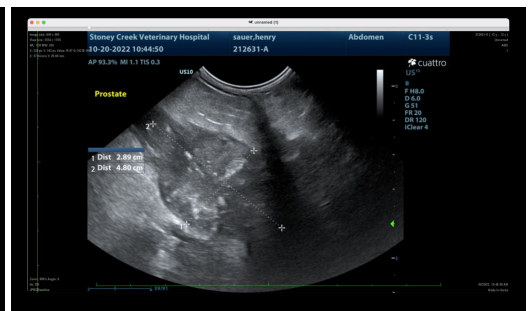
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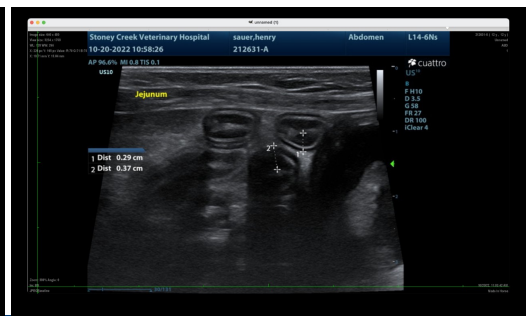
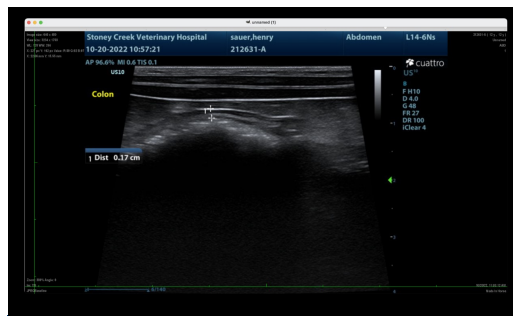
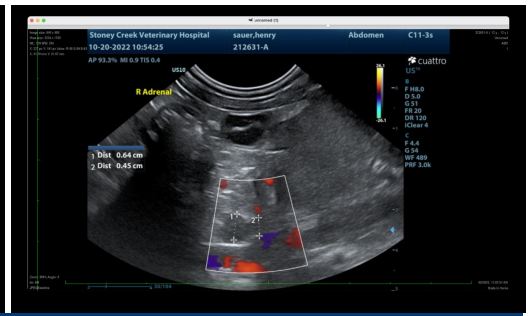
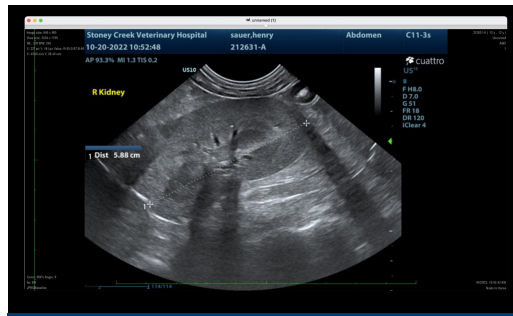
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Tam Mengine, DVM, DABVP (canine/feline practice)**

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