



## Dr Paws Animal Hospital

Phone: 01008886446

Website : [www.dr-paws.com](http://www.dr-paws.com)

Email : [drpaws.hospital@gmail.com](mailto:drpaws.hospital@gmail.com)

Client ID : #6935    DATE : 19-08-2025

### PET EXAMINATION REPORT CARD

<b>PET INFO:</b>	Name: Ducks	Age/DOB: 13 years	<input checked="" type="checkbox"/> Canine <input type="checkbox"/> Feline    Breed: bully dog	<input checked="" type="checkbox"/> M
<b>OWNER INFO:</b>	Name : mazen ahmed	Phone Number: 01143115807		
	EMAIL : mazenmohamed96@gmail.com	Location :		

Ducks is a 13-year-old male American Bully dog was presented to the clinic with a complaint of testicular enlargement.

- History & Clinical Examination:

On physical examination, the dog exhibited normal vital parameters with no systemic abnormalities detected. Palpation revealed significant asymmetry of the testes, with the left testis being larger and demonstrating an abnormal texture compared to the right. An ultrasound examination was performed (findings detailed in the attached ultrasound report).

- Laboratory Findings:

- CBC:

- Marked leukocytosis with neutrophilia and eosinopenia → consistent with acute bacterial infection or strong inflammatory response.
- Mild non-regenerative anemia → possibly anemia of chronic disease.
- Thrombocytosis → likely reactive, secondary to inflammation or infection, less commonly neoplasia.

- Biochemistry:

- Marked hyperglobulinemia with low A/G ratio → indicative of chronic inflammation or possible neoplasia (e.g., chronic infection, immune-mediated disease, or multiple myeloma/lymphoma).
- Elevated ALP and bile acids, with mild hyperbilirubinemia → suggestive of hepatobiliary involvement (cholestasis or hepatocellular dysfunction).
- Kidneys within normal limits.
- Mild metabolic acidosis.

- Differential Diagnoses:

1. Chronic bacterial infection
2. Immune-mediated disease
3. Neoplasia (testicular tumor)
4. Chronic cholestatic liver disease (less likely primary hepatopathy, as ALT is not markedly elevated).

- Recommendations:

- Treatment Options:

- Supportive Care: Maintain hydration and address metabolic acidosis as needed.
- Antimicrobial therapy: Broad-spectrum antibiotics
- Anti-inflammatory therapy

- Definitive treatment:

- Orchidectomy (castration) is recommended if testicular neoplasia is suspected and the patient is a suitable surgical candidate.
- Oncology referral may be considered for staging and tailored treatment if systemic neoplasia is confirmed.

- Monitoring:

- Regular rechecks of CBC, biochemistry, and clinical status.
- Monitor for systemic signs of hepatic insufficiency or progression of anemia.



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**Ultrasound Report**

- Stomach:
  - Distended with food and gas.
- Intestines:
  - Gas distension noted within intestinal loops.
- Spleen:
  - Hypoechoic nodular pattern observed in body and tail.
  - Splenic vessels normal.
- Liver:
  - Normal echogenicity and sharp margins.
- Gall Bladder:
  - Echogenic sludge present.
  - Gall bladder wall thickened.
  - No choleliths detected.
- Pancreas:
  - Normal echopattern.
- Kidneys:
  - Both kidneys is normal echogenicity and size within acceptable limits.
- Urinary Bladder:
  - Clear lumen with normal wall thickness.
- Testes:
  - Left testis: Hydrocele present. Heterogeneous testicular texture with epididymal calcification and anechoic lesion.
  - Right testis: Nodular pattern observed.
  - Spermatic cord: Corrugated appearance with inflammatory changes.

**Impression / Conclusion:**

- Gastrointestinal tract: Stomach and intestines distended with food and gas (possible GI motility disorder, obstruction, or dietary cause—clinical correlation advised).
- Splenic changes: Hypoechoic nodular pattern in spleen body and tail—suggestive of nodular hyperplasia, lymphoma, or other infiltrative disease (recommend further evaluation if clinically indicated).
- Gall bladder: Sludge with thickened wall, no stones—findings compatible with cholecystitis or biliary stasis.
- Testicular abnormalities:  
 Left testis—hydrocele with heterogeneous parenchyma, epididymal calcification, and anechoic lesion (suggestive of degenerative, inflammatory, or neoplastic process).  
 Right testis—nodular pattern (possible neoplasia or chronic orchitis).  
 Corrugated inflamed spermatic cord (orchitis/epididymitis cannot be excluded).

**Recommendation:**

- Correlate with clinical findings, CBC/biochemistry, and consider fine-needle aspiration (FNA) or biopsy of spleen/testes if clinically warranted.



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### X-Ray Report

Ducks a 13 years male intact bully dog was admitted to the clinic for examination. Thoracic radiographs were obtained in right lateral and dorsoventral (DV) views.

➤ The radiographic findings are as follows:

- Normal ribs , sternum and spondylosis in thoracic vertebrae
- Intact diaphragm
- Mild pleural effusion
- Cardic VHS ~10.5 with normal range
- Great vessel dilated -Dilated pulmonary artery and vein-
- Lung show pulmonary pattern in cardiac lobe
- Displacement of the trachea dorsally from its normal position
- There is round soft tissue opacity Observed at base of heart

➤ Suspecting:

- Cardiomegaly
- heart base mass or cranial mediastinal mass.

➤ Recommend

- Echo
- Ct with contrast
- Blood pressure measurement



# Hematology Analysis Report

Patient: duck Species: Canine Patient ID: 6789  
 Client: mazen ahmed Gender: Male Sample No.: 6789  
 Doctor: ahmed emad Age: 13Years Time of analysis: 2024/08/19 21:02

Para.		Current result		Ref. Ranges		
WBC Para.	WBC	H	23.57	10 <sup>3</sup> /uL	6.00-17.00	
	Neu#	H	19.26	10 <sup>3</sup> /uL	3.62-12.30	
	Lym#		3.34	10 <sup>3</sup> /uL	0.83-4.91	
	Mon#		0.94	10 <sup>3</sup> /uL	0.14-1.97	
	Eos#	L	0.03	10 <sup>3</sup> /uL	0.04-1.62	
	Bas#		0.00	10 <sup>3</sup> /uL	0.00-0.12	
	Neu%	H	81.7	%	52.0-81.0	
	Lym%		14.2	%	12.0-33.0	
	Mon%		4.0	%	2.0-13.0	
	Eos%	L	0.1	%	0.5-10.0	
	Bas%		0.0	%	0.0-1.3	
	RBC Para.	RBC	L	4.94	10 <sup>6</sup> /uL	5.10-8.50
HGB			13.5	g/dL	11.0-19.0	
HCT			35.3	%	33.0-56.0	
MCV			71.5	fL	60.0-76.0	
MCH		H	27.4	pg	20.0-27.0	
MCHC		H	38.3	g/dL	30.0-38.0	
RDW-CV			16.3	%	12.5-17.2	
RDW-SD	H	47.2	fL	33.2-46.3		
PLT Para.	PLT	H	844	10 <sup>3</sup> /uL	117-490	
	MPV		12.2	fL	8.0-14.1	
	PDW		15.4		12.0-17.5	
	PCT		+++++	%	0.090-0.580	

Operator:Administrator

The results only applies to this test sample.

Test Instrument: Mindray BC-5000 Vet

Time of Printing: 2025-08-19 06:06:11



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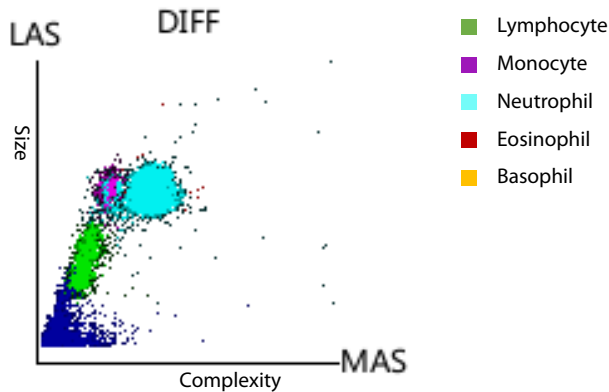




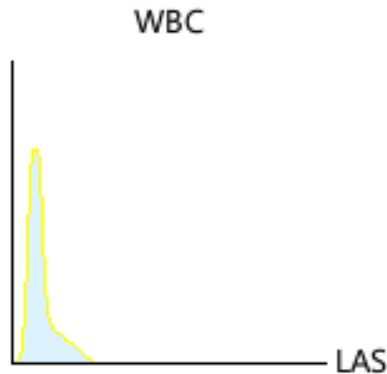
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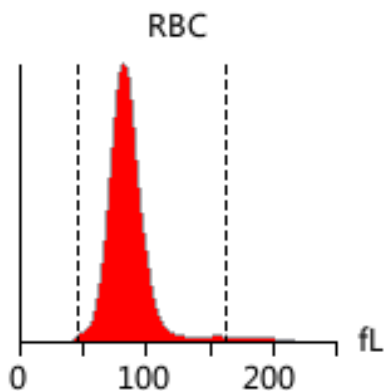
WBC Scattergram



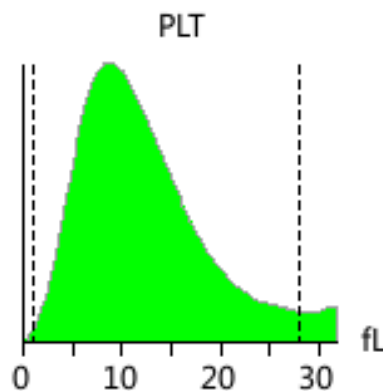
WBC Histogram



RBC Histogram



PLT Histogram



## Diagnosis implications:

Leucocytosis

Neutrophilia

Thrombocytosis

## Report Explan.

### Leucocytosis

It occurs in bacterial infection, burn, post-operation, malignant tumor, leukemia, etc

### Neutrophilia

It occurs in stress response or corticosteroid response, inflammation, granulocytic leukemia, and immune-mediated diseases

### Thrombocytosis

It occurs in reactive thrombocytosis, such as chronic inflammation, immune-mediated anemia, drug treatment, and iron deficiency anemia, or it occurs in neoplastic thrombocytosis

Note: Due to the complexity and individuality of disease diagnosis, the report interpretation is only for your reference. Please consult your doctors for clinical diagnosis results. The results only applies to this test sample.

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# DR Paws

## Biochemical Inspection Report

Species: dog ID: Patient: duck  
Owner: mazen khaled Gender: Male Age: 13 Years  
Sample Type: serum Diagnosis:

LOT: 27403-9-0148-0302-97-250352-27829

Item	Result	Indicator	Ranges	Unit
TP	9.70	↑	5.2-8.2	g/dL
ALB	3.20		2.2-4.4	g/dL
GLO	6.50	↑	2.3-5.2	g/dL
A/G	0.50			
TBIL	1.08	↑	0.1-0.9	mg/dL
ALT	91.0		10-140	U/L
AST	31.0		8.9-55	U/L
AST/ALT	0.34			
GGT	1.50		0-7	U/L
ALP	391.0	↑	20-150	U/L
TBA	34.2	↑	0-20	umol/L
CK	87.0		20-200	U/L
AMY	511.0		200-1800	U/L
TG	142.10	↑	8.8-79.7	mg/dL
CHOL	245.0		110-320	mg/dL
GLU	94.0		70-143	mg/dL
CRE	0.86		0.3-1.7	mg/dL
BUN	14.8		7-32	mg/dL
BUN/CRE	17.0			
tCO2	20.0		12-27	mmol/L
Ca	9.60		7.9-11.8	mg/dL
P	2.66		2.5-6.8	mg/dL
Ca*P	26.0			mg/dL
Mg	2.27		1.5-2.6	mg/dL

Submit Datetime: 2023-08-20 06:42 Analysis Datetime: 2023-08-20 07:12 Print Datetime: 2025-08-19 21:34

Submitt: Operator: Reviewer:

Remark: *The result is only responsible for this sample*