



PATIENT PRESENTING CLINICAL SIGNS

Prime Glieman History: Lethargy, FUO, urinary incontinence for approx. 6 months.
Abnormal PE/Chem/CBC/UA Results: BUN, creat. 3.1, Na 140, Cl. 108, T. bili. 1.3, HCT 26.5%, WBC 41.4, neuts. 32.1, lymphs 7.39, monos. 1.8.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Pit Bull Terrier

The urinary bladder is distended. The wall is normal in thickness with a smooth mucosal surface. A moderate amount of suspended echogenic debris is observed within the lumen. The region of the trigone is normal. The urethra is dilated (1.37 cm proximally; 0.81 cm just distal to the prostate). In the visible portion of the proximal urethra lumen, there is no obvious evidence of an intraluminal obstruction. The penile urethra is also evaluated. No obvious abnormalities are observed.

SEX

Male, intact

The prostate is enlarged with smooth curvilinear peripheral contours. The parenchyma is heterogeneous with numerous ill-defined, cavitated areas containing suspended echogenic debris. The prostatic urethra is dilated (up to 1.18 cm in diameter).

AGE

14 Yrs. old

The left kidney is normal size (7.43 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Moderate pyelectasia is present (0.46 cm in the longitudinal plane). There is no evidence of nephroliths or infarcts. The proximal ureter is minimally dilated (0.36 cm) just distal to the renal pelvis after which it can no longer be visualized.

WEIGHT

62.3 lbs.

The right kidney is normal size (8.24 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Moderate to severe pyelectasia is present (0.95 cm in the longitudinal plane). There is no evidence of nephroliths or infarcts. The proximal ureter is minimally dilated (0.36 cm) just distal to the renal pelvis after which it can no longer be visualized.

INTERPRETED BY

Andrea Nicastro, DVM,
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(Small Animal Internal
Medicine)

Adrenal Glands

The left adrenal gland is normal size (0.72 cm at cranial pole) (0.79 cm at caudal pole) (2.22 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

The right adrenal gland is normal size (0.77 cm at cranial pole) (0.70 cm at caudal pole) (2.46 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

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Spleen

The spleen is subjectively contracted (0.86 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or

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regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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Canine

Gastrointestinal

The gastric lumen is mildly to moderately distended with echogenic fluid. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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Pit Bull Terrier

Pancreas

SEX

Male, intact

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

AGE

14 Yrs. old

Free Abdomen

There is no evidence of free fluid. A 2.19 x 1.07 cm medial iliac lymph node is visualized.

Other

WEIGHT

62.3 lbs.

The left testicle is subjectively normal in size (3.12 x 1.67 cm) with normal curvilinear peripheral contours. A 2.2 cm ill-defined heterogeneous nodule/area is observed within the parenchyma.

One still image of the right testicle is available for interpretation. The right testicle is subjectively normal in size (2.47 x 1.41 cm) with a normal shape and smooth peripheral contours. There are no obvious parenchymal abnormalities in the available image.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The prostate changes are consistent with benign prostatic hyperplasia with cystic or abscessed areas. Dilation of the proximal and prostatic urethra without obvious evidence of luminal obstruction.
- The bilateral pyelectasia and slight hydroureter could be consistent with pyelonephritis. Bilateral distal ureteral obstructions (i.e., strictures) are possible but considered less likely.
- The left testicular nodule could be consistent with neoplasia or age-related remodeling/benign change.

Secondary Findings:

- The splenic contraction is consistent with dehydration.
- Mild gastric ileus.
- The prominent medial iliac lymph node is most likely reactive with a lower possibility of infiltrative neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Urine culture and sensitivity.
- Consultation with a board-certified surgeon is recommended to discuss castration +/- prostatic omentalization. The testicles should be submitted for histopathology.
- Broad spectrum antibiotic therapy (i.e., a fluoroquinolone) is recommended in the interim along with IV fluid diuresis and supportive care.
- Given the anemia and hyperbilirubinemia, a slide agglutination test and reticulocyte count are recommended to further assess for autoimmune disease.

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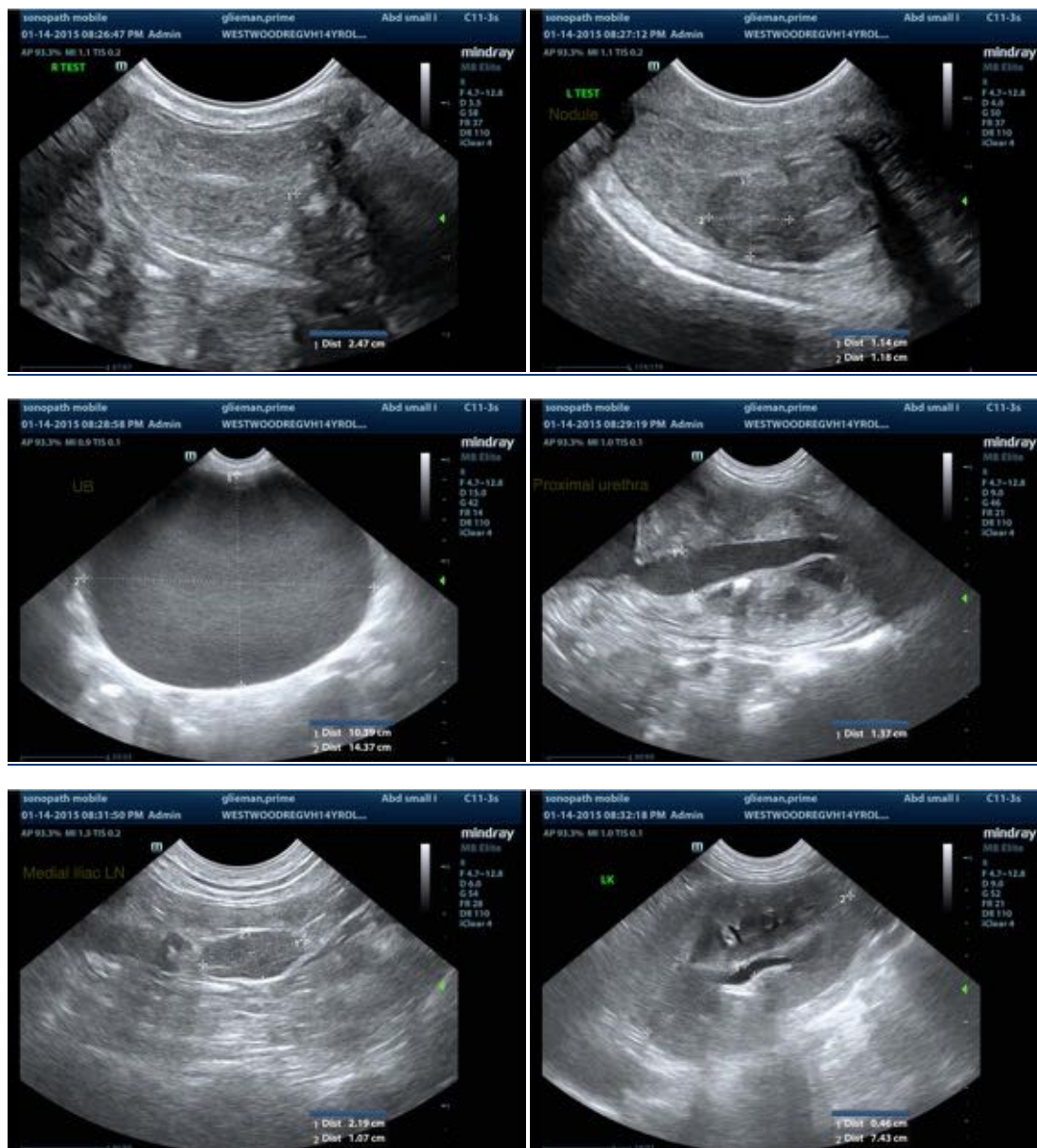
Dr. Kelly Murphy

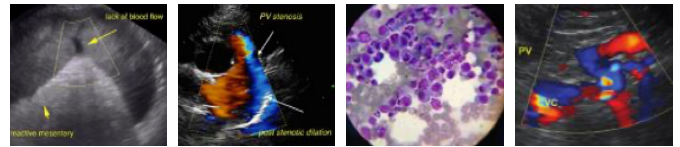
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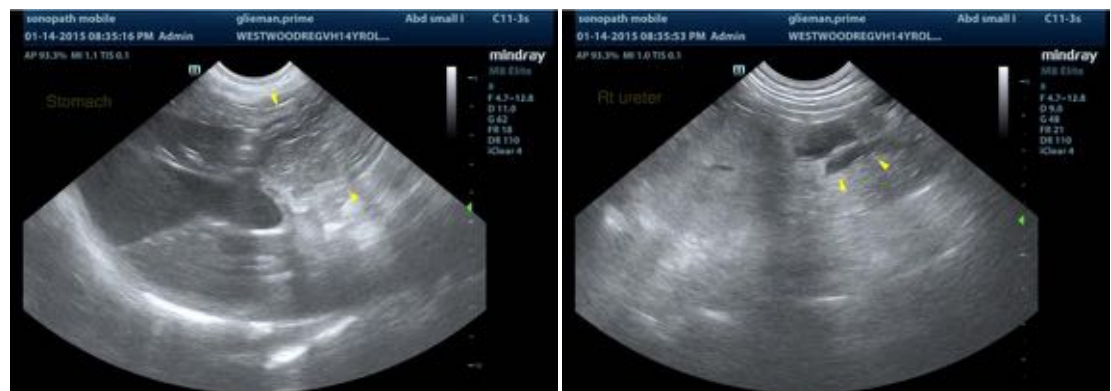
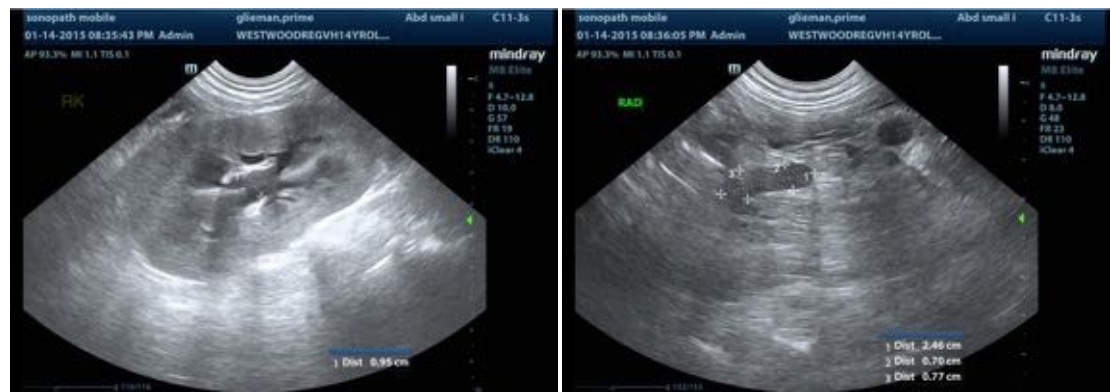
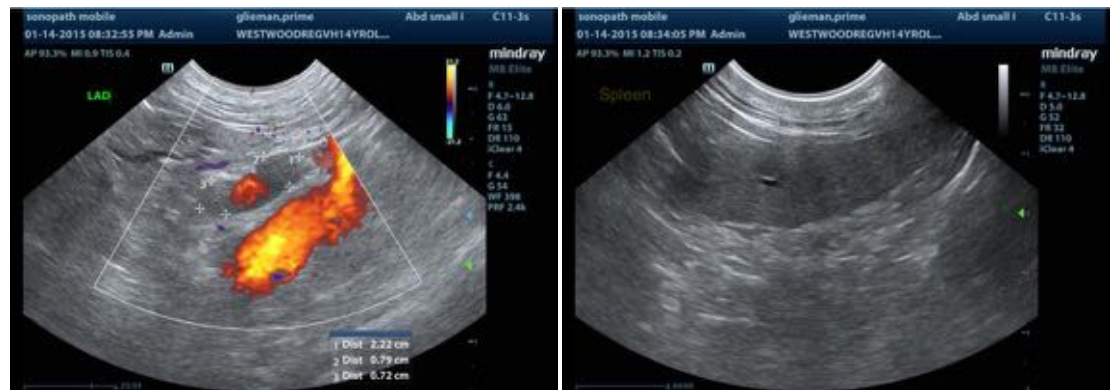
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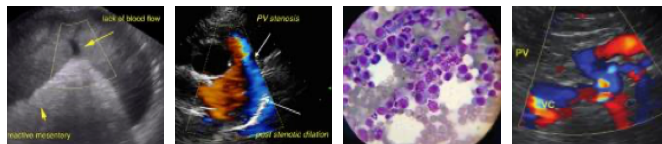
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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