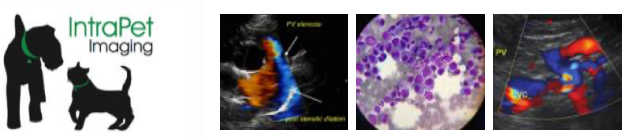
IMAGING PERFORMED BY

IntraPet.com



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DATE

2/21/22

PATIENT

Cody Weber

SPECIES

Canine

BREED

Golden retriever

SEX

Male, neutered

AGE

6/27/2019

WEIGHT

90.5 lbs.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

HOSPITAL NAME

Bayside Animal Medical Center

REFERRING VET

Dr. Oliver

INVOICE

13003

PRESENTING CLINICAL SIGNS

Urinary retention for 1 week. Treated for otitis externa last week, was on Keflex and Temaril P for 1 day then stopped, has been on Otomax.

Current Medications: Amoxicillin 500mg, Ondansetron HCL 8mg.
Radiographs: Enlarged bladder.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is evaluated when distended. The wall is normal in thickness with a smooth mucosal surface. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, is normal. The urinary bladder is then drained via catheterization. Once contracted, the bladder appears slightly folded. Surrounding mesentery is hyperechoic. The penile urethra is also evaluated. No obvious abnormalities were observed.

The prostate is normal in size (1.30 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (6.90 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.90 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.71 cm at cranial pole) (0.55 cm at caudal pole) (2.39 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.

The right adrenal gland is normal size (0.83 cm at cranial pole) (0.44 cm at caudal pole) (2.17 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.

Spleen

The spleen is normal in size (1.56 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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 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.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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.

Pancreas

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.

Free Abdomen

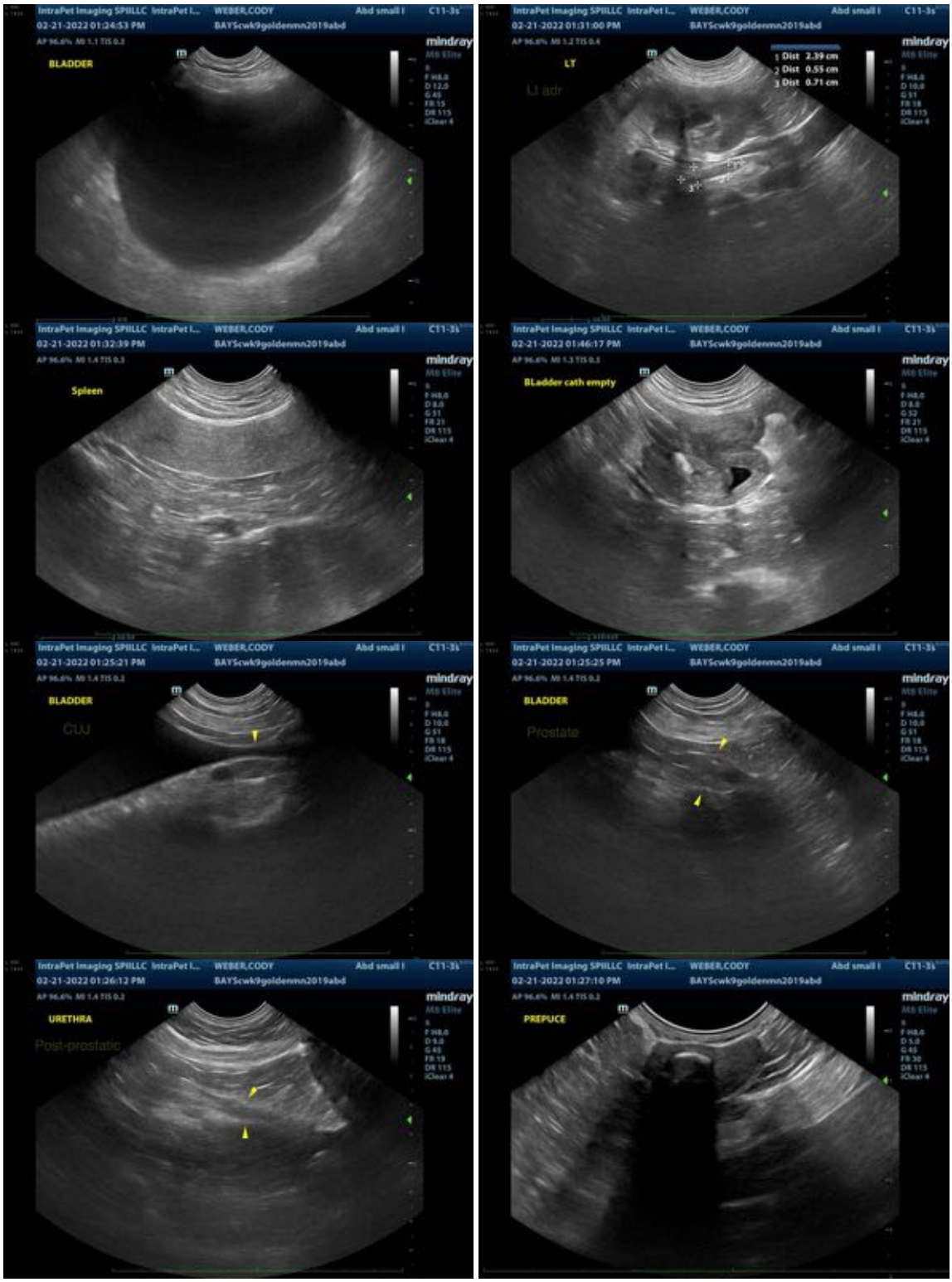
There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- An obvious cause for the urinary bladder retention is not identified in this study. Considerations include primary neurologic disease, reflex dyssynergia, structural urethral obstruction (less likely), other.
- Caudal retroperitonitis is present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity and full neurologic examination are recommended.
- Consider a lower urinary tract contrast study (cystourethrogram) to further evaluate for reflex dyssynergia. If reflex dyssynergia is diagnosed, initiation of Prazosin can be considered.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BLADDER
IntraPet Imaging SPIILLC IntraPet I... WEBER,CODY Abd small I C11-3s
02-21-2022 01:31:00 PM BAYScwk9goldenmn2019abd
LT
LJ adr
1 Dist 2.39 cm
2 Dist 0.55 cm
3 Dist 0.71 cm
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Spleen
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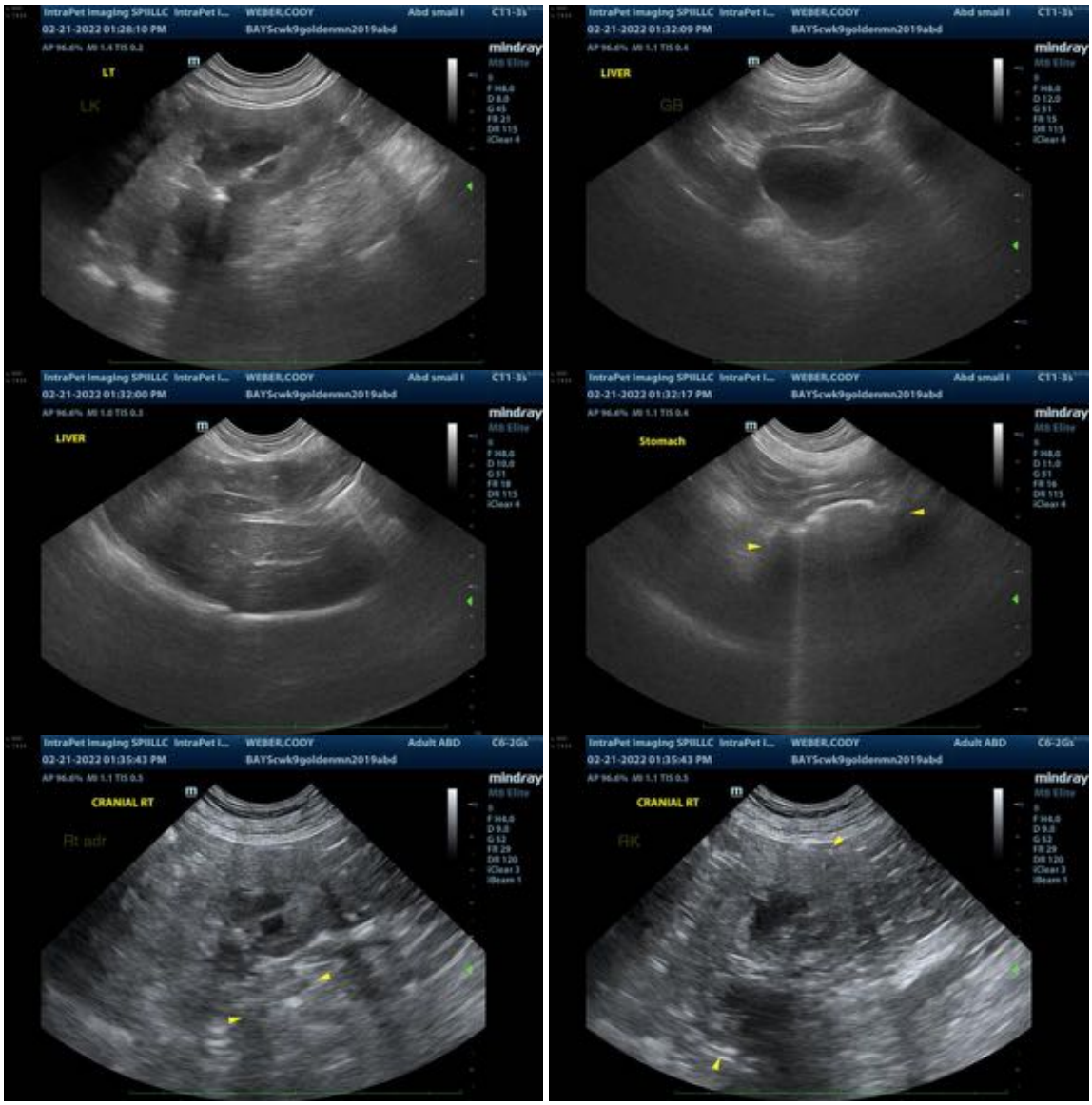

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
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