



**PATIENT**

Sargent Weinlein

**SPECIES**

Canine

**BREED**

American Bulldog

**SEX**

Male, intact

**AGE**

2 Yrs.

**WEIGHT**

47 kg.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

Dr. Graham

**INVOICE**

14631

**DATE**

2/22/23

**PRESENTING CLINICAL SIGNS**

**History:** Sargent, a 2 years old M American Bulldog was presented to the MVS Emergency Service on Feb 21, 2023 for evaluation of continued Hematuria Sargent had surgery to remove stones from his bladder and urethra on 1/19/23. He was still passing blood in his urine about 1 week later. His pcDVM told her there was nothing wrong, however he has continued to leak hematuric urine and intermittently pass large clots of blood. Throughout this time, owner reports that Sargent has been eating and drinking normally, and has not had any vomiting or diarrhea. He was taken to another ER service yesterday at 11am as the blood clots he was passing were increasing in volume. She felt they were unable to help determine the cause of the continued bleeding, so she opted to bring Sargent to MVS for another opinion and further diagnostics.

**Abnormal PE/Chem/CBC/UA Results:** CBC/Chem 10/lytes: HCT 17.6%, reticulocytes 131K, WBC 14.07K, Neu 11.2K, PLT 279K, chemistry and lytes unremarkable BMBT: 1 minute, 3 seconds PCV/TP: 7PM: 19%/6.2 4AM: 21%/6.6

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is mildly distended. The wall in the region of the apex is thickened (up to 1.37 cm) and irregular with a few ill-defined hyperechoic foci within the wall in this region. An approximately 1.7 cm irregular, echogenic structure is observed within the lumen along with a small amount of suspended echogenic debris. Distinct cystic calculi are not visualized. The region of the trigone and the proximal, prostatic, post-prostatic and penile urethra appear normal.

The prostate is enlarged (2.06 cm in width) with normal curvilinear peripheral contours. The parenchyma is slightly hyperechoic relative to surrounding omental fat and heterogeneous in appearance with a small anechoic cyst within the parenchyma. The prostatic urethra is not overtly dilated.

The left kidney is normal size (7.67 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.

The right kidney is normal size (7.99 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 (0.63 cm at cranial pole) (0.55 cm at caudal pole); 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 borderline enlarged (0.92 cm at cranial pole) (0.86 cm at caudal pole); 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 (2.43 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



**PATIENT**

Sargent Weinlein

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**

**SPECIES**

Canine

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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. There is no evidence of an obstructive pattern.

**BREED**

American Bulldog

**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.

**SEX**

Male, intact

**Free Abdomen**

There is no obvious evidence of free fluid. The medial iliac lymph nodes are prominent in size (left 2.94 x 1.10; right 2.23 x 0.78 cm). The nodes are normal in shape and echogenicity. A few prominent mesenteric lymph nodes are also seen, the largest measuring 1.86 cm in length.

**AGE**

2 Yrs.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

47 kg.

**Primary Findings:**

- The urinary bladder wall changes are most consistent with cystitis with a low possibility of emerging neoplasia. The hyperechoic foci at the apex are thought to represent suture material from the recent cystotomy although mineralization within the wall cannot be completely excluded. The echogenic structure within the urinary bladder lumen is thought to represent a clot. The urinary bladder debris may represent cells, crystals, exfoliated material and/or lipid droplets.
- The prostate changes are as expected for a young intact male. The cystic lesion within the prostate is consistent with a benign prostatic cyst.

**Secondary Findings:**

- The borderline right adrenomegaly may be a normal variant for this large breed patient or less likely, may represent early hyperplastic change or adrenalitis.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Consider assessing clotting times (PT/PTT) to assess for an underlying coagulopathy. If there is no evidence of a coagulopathy and the anemia does not improve, a repeat cystotomy may be necessary to assess for and remove the source of the bleeding. If a repeat surgery is pursued, also consider castration to reduce the risk of future prostate issues (i.e., bacterial prostatitis and abscessation). The patient's PCV should be closely monitored in the interim.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

Dr. Graham

**INVOICE**

14631

**DATE**

2/22/23



## PATIENT

Sargent Weinlein

## SPECIES

Canine

## BREED

American Bulldog

## SEX

Male, intact

## AGE

2 Yrs.

## WEIGHT

47 kg.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Tom McNeill

## HOSPITAL NAME

SVS Imaging CT

## REFERRING VET

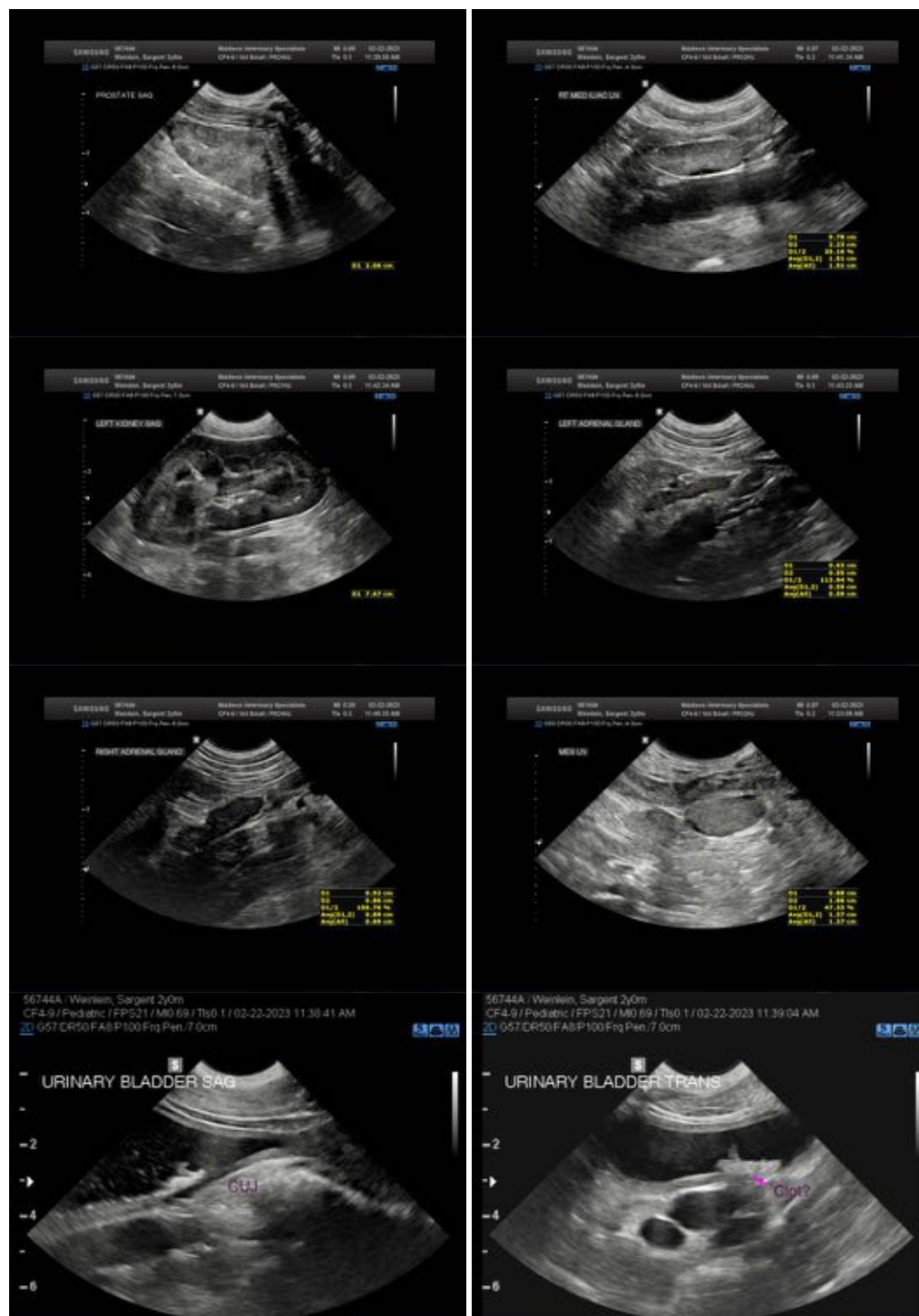
Dr. Graham

## INVOICE

14631

## DATE

2/22/23





**PATIENT**

Sargent Weinlein

**SPECIES**

Canine

**BREED**

American Bulldog

**SEX**

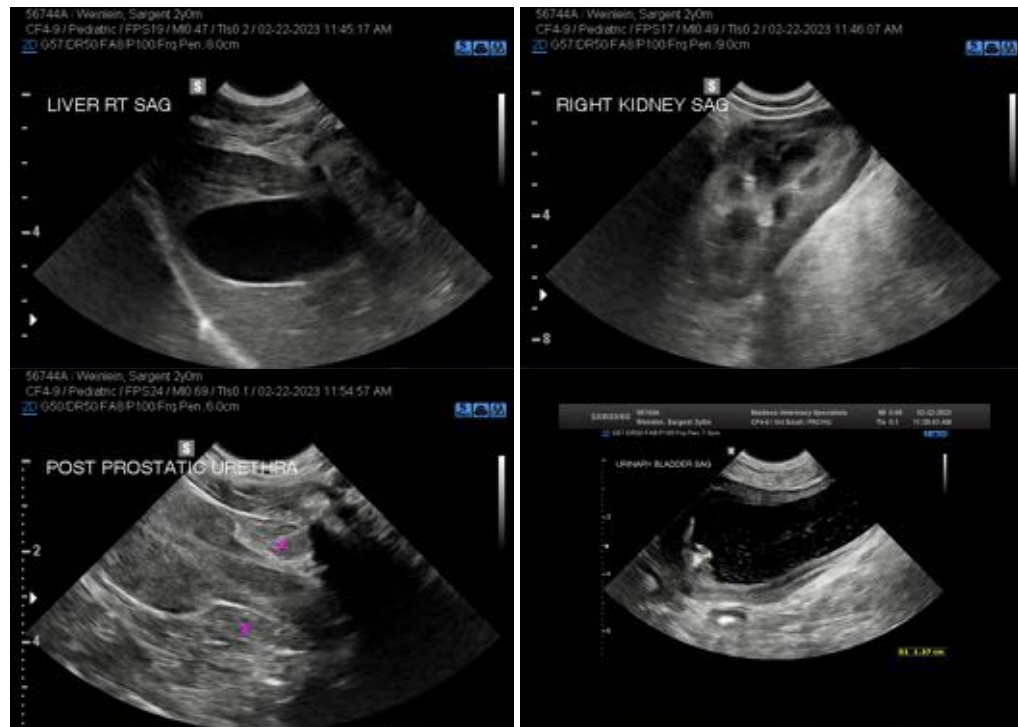
Male, intact

**AGE**

2 Yrs.

**WEIGHT**

47 kg.



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.

**INTERPRETED BY**

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

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine) [info@SonoPath.com](mailto:info@SonoPath.com)

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

Dr. Graham

**INVOICE**

14631

**DATE**

2/22/23