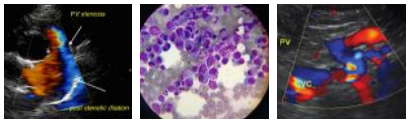
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

3/3/2022

PATIENT

Tyson Red

SPECIES

Canine

BREED

German Shepherd

SEX

Intact Male

AGE

7/8/16

WEIGHT

122 lbs

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Homeward Bound Veterinary

REFERRING VET

Dr. Vance

INVOICE

10487

PRESENTING CLINICAL SIGNS

History: bloody urine with hct of 58%. Has a TBIL of 11.9.

Lab Results: T Bill 11.9.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Patient sedated with Propofol.
Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is moderately distended. The wall is diffusely thickened (up to 0.49 cm), with a “double-walled” effect. A small amount of mineralized sand +/- tiny choleliths, are observed within the lumen. The cystic and common bile ducts are normal/not seen.

The left kidney presented normal size (9.04 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 presented normal size (8.40 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 (0.61 cm at cranial pole) (0.50 cm at caudal pole) (2.89 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 caudal pole of the right adrenal gland is visualized and is normal in size (0.77 cm in width); with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

Spleen

The spleen is subjectively prominent in size (3.22 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.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thickened (up to 0.43 cm) with a "double-walled" effect. A small amount of mineralized sand +/- tiny choleliths is present within the lumen. The cystic and common bile ducts are normal/not see

Gastrointestinal

The gastric lumen is gas 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 (xxx cm) with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative 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

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The prostate changes are consistent with benign prostatic hyperplasia with small parenchymal cysts. Concurrent bacterial prostatitis is also possible. Regional retroperitonitis is present.
- The gall bladder wall changes can be consistent with anaphylaxis, auto-mmune disease, cholecystitis, low oncotic pressure, increased hydrostatic pressure, other.

**The constellation of clinical signs, sonographic changes and lab abnormalities make it difficult to determine if one or more disease processes are present. Anaphylaxis, snake bite, or sepsis could result in several of these changes. Correlation with the patient's clinical history is strongly recommended.

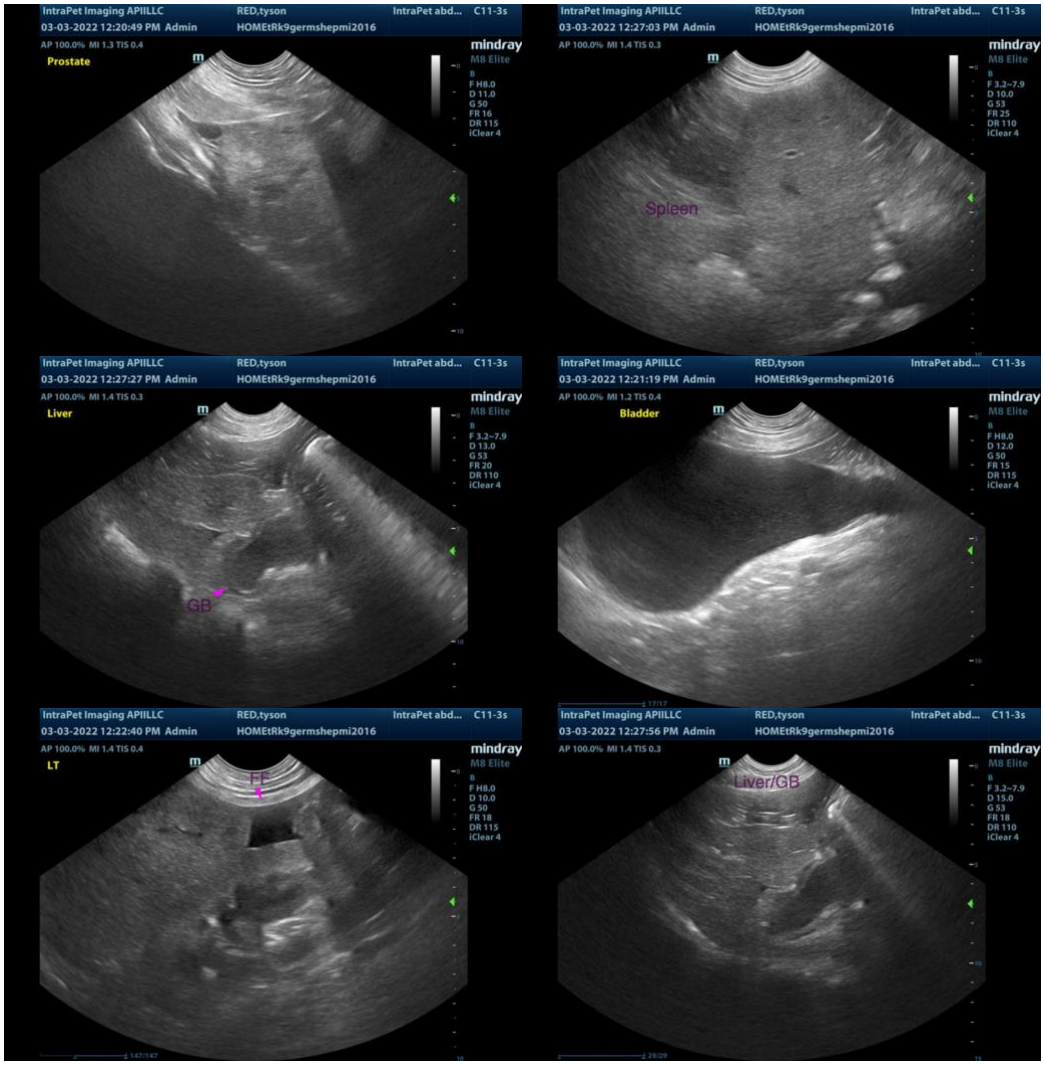
Secondary Findings

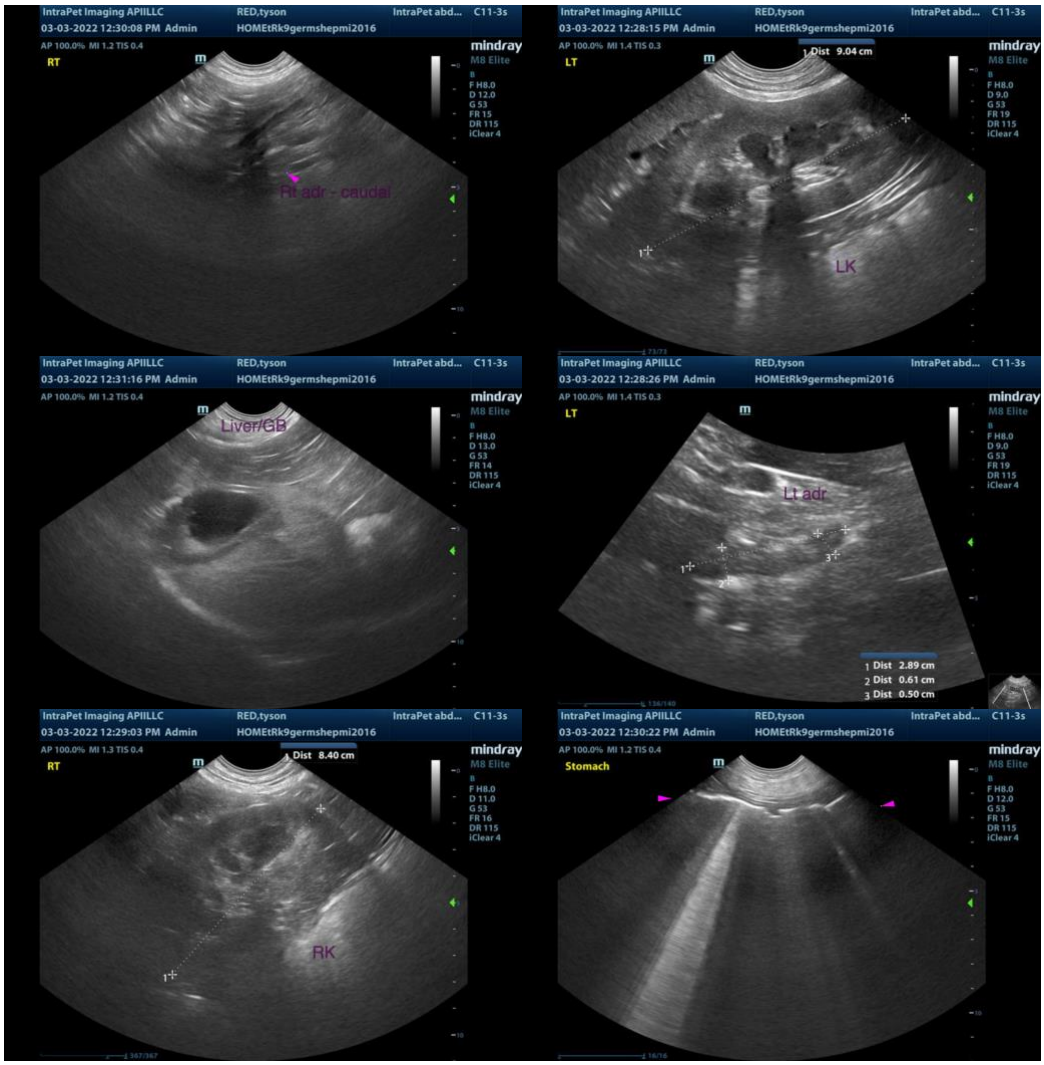
- The mild splenomegaly is most consistent with a benign process (i.e., antigenic stimulation, extramedullary hematopoiesis, lymphoid hyperplasia, splenitis), with a lower possibility of emerging neoplasia (i.e., lymphoma).
- Nonspecific diffuse hepatopathy. Differentials include inflammatory disease, vacuolar hepatopathy, infiltrative neoplasia, reactive hepatopathy, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A repeat total bilirubin is recommended to determine if the original value is artifactual (particularly if the patient is not clinically jaundiced).
- A urine culture and sensitivity +/- traumatic urethral catheterization is also recommended to further assess for bacterial prostatitis. While awaiting test results, initiation of fluoroquinolone is recommended. Castration should be considered when the patient is more stable.

- Given the gall bladder changes, three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- In addition, a slide agglutination test is recommended to assess for early hemolysis.
- Also consider a buccal to mucosal bleeding time to assess for platelet dysfunction.





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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com