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Clinical Sonography & Telecytology
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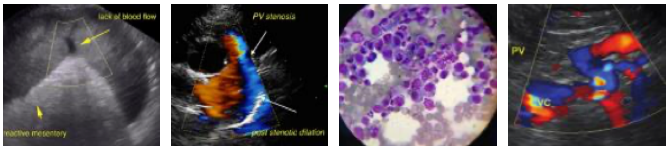


PATIENT
Ollie Feis

SPECIES
Canine

BREED
Pitbull mix

SEX
Male, neutered

AGE
3 Yrs.

WEIGHT
40.4 lbs.

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

IMAGING PERFORMED BY
Jessica Miller

HOSPITAL NAME
Legacy AH

REFERRING VET
Dr. Potenzone

INVOICE
13087

DATE
3/7/22

PRESENTING CLINICAL SIGNS

History: Hematuria - radiopaque stones. R/o prostate vs other Current meds: carprofen /UT strength by vetri science
Abnormal PE/Chem/CBC/UA Results: UA: RBC 15-20 SG: 1.056

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall in the region of the apex is thickened (up to 0.56 cm) and irregular. The wall tapers to a normal thickness as it extends toward the urinary bladder neck. Several cystic calculi are observed within the lumen along with a moderate amount of suspended echogenic debris. The region of the trigone and the proximal urethra, visible to a depth of 2 cm are normal.

The prostate is enlarged (3.14 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and slightly heterogeneous in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal size (6.48 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 (7.38 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

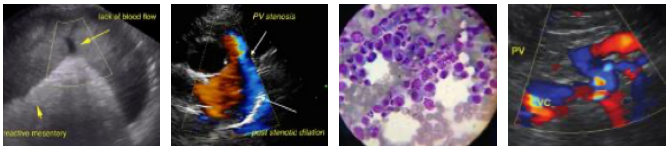
The left adrenal gland is normal size (0.59 cm at cranial pole) (0.48 cm at caudal pole) (3.63 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.47 cm at cranial pole) (0.46 cm at caudal pole) (4.51 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 (1.58 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



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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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other

A 1.22 x 1.92 cm oval echogenic structure is observed in the mid to caudal abdominal cavity, just cranial to the urinary bladder.

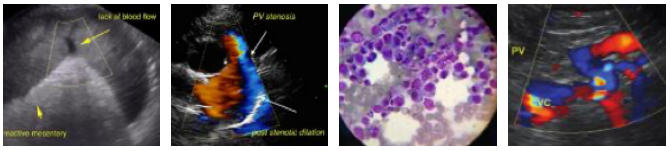
A large vessel, measuring 1.18 cm in diameter, curls around the lateral aspect of the right kidney.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The prostate changes are most consistent with benign prostatic hyperplasia. However, this finding does not fit with the patient's neutered status.
- The echogenic structure cranial to the urinary bladder could represent a retained intrabdominal testicle although additional images would be necessary to confirm this.
- The large aberrant vessel adjacent to the right kidney is suspected to be a congenital extrahepatic portosystemic shunt. However, further characterization would require a contrast CT scan.
- Cystic calculi with echogenic debris. Urate stones are a consideration, particularly if a portosystemic shunt is present. The bladder wall changes are suggestive of cystitis.

Secondary Findings:



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- Minor non-specific chronic changes in the right kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Additional sonographic images are recommended to assess for a retained intraabdominal and/or inguinal testicle.
- To further investigate the large vessel adjacent to the right kidney, a contrast abdominal CT scan is recommended. Also consider pre- and post-prandial serum bile acids to further assess for a possibility of a congenital portosystemic shunt.
- Regarding the cystic calculi, a cystotomy with stone removal, analysis and culture is recommended.

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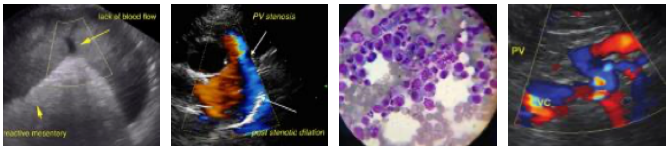

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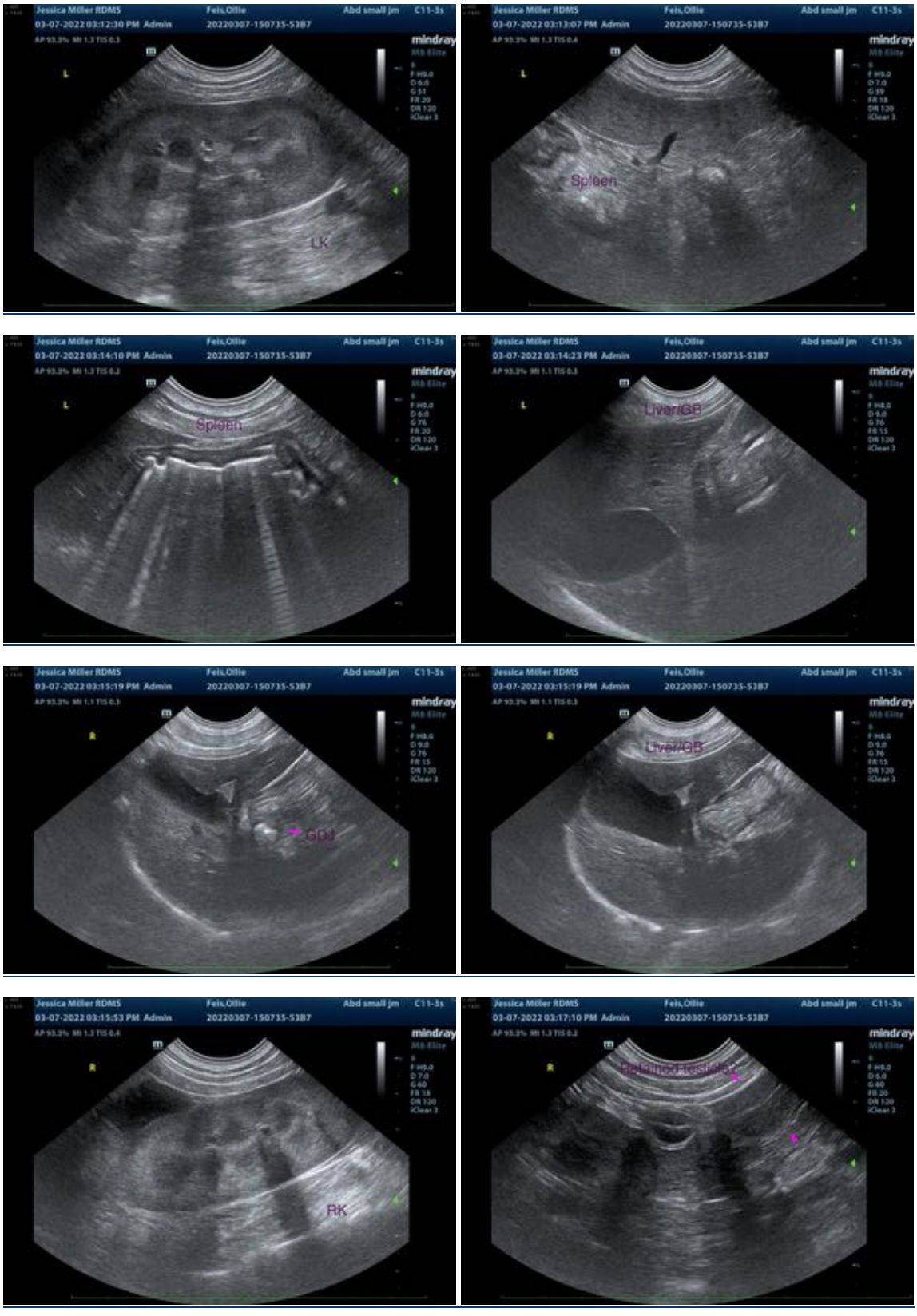

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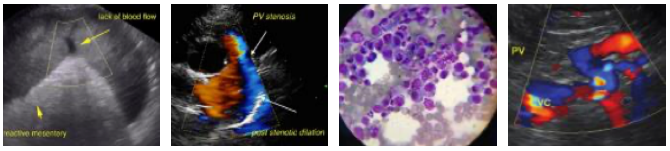

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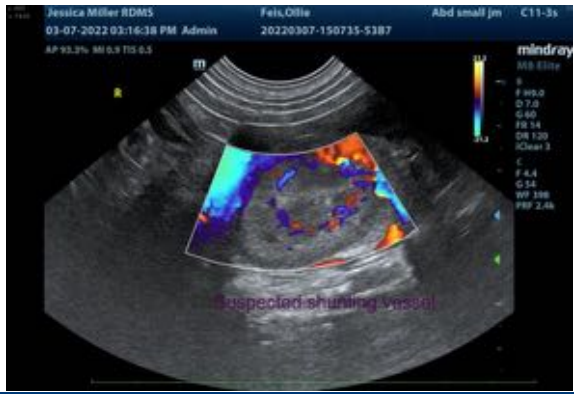

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com