

PATIENT PRESENTING CLINICAL SIGNS

Maximus Irvin

History of cystine stones and has a urethral obstruction. Had a scrotal urethrostomy and castration today. This scan is to assess for any evidence of residual stones in the bladder and urethra.

SPECIES

Canine

PE: Mentation: Bright, alert and responsive.

BREED

Pitbull Terrier

Eyes, Ears, Nose: No ocular discharge OU; no nasal discharge and airflow present bilaterally; mild debris AU; no significant abnormalities noted

SEX

Neutered Male

Cardiovascular: No murmur or arrhythmia noted, pulses were strong and synchronous.

AGE

8/2018

Respiratory: Eupnea, normal bronchovesicular sounds on all lung fields, no cough elicited on tracheal palpation

Neurologic: PLR (direct & consensual) positive OU, no pain elicited on manipulation and palpation of neck and spine; no obvious neurologic deficits noted (complete neurologic exam not performed).

WEIGHT

30.1 lbs

Gastrointestinal/Urogenital: Soft and non-painful abdomen with no evidence of mass or organomegaly on palpation

Rectal: Normal stool color and consistency with no mass or foreign material evident; anal glands soft and small, not expressed

INTERPRETED BY

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

Peripheral Lymph Nodes: Small, soft, smooth, and symmetrical

Integument: Hair coat in good condition for age and breed, no ectoparasites or dermatitis noted, mild dorsal scale

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Musculoskeletal: BCS 6/9, adequate musculature, no evidence of weakness or lameness during ambulation; no obvious orthopedic abnormalities noted (complete orthopedic exam not performed).

Current Medications: U/D Prescription Diet

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

HOSPITAL NAME

Blue Pearl VH

Urinary System

REFERRING VET

Dr. Henry Bianucci

Two tiny (0.14 cm) urethroliths were observed in the proximal urethra. These stones were flushed into the urinary bladder via a catheter during the scan. A tiny (0.1 cm) focus of mineralization is observed in the prostatic urethral wall. The prostatic urethra is not dilated.

INVOICE

11011

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 gas is observed within the lumen, likely introduced iatrogenically when catheterized. A scant amount of mineralized 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 3-4 cm, are normal.

DATE

6/2/22



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The prostate is enlarged (2.91 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is homogenous. No focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal size (7.28 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. Small foci of mineralization are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (7.95 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. Small foci of mineralization are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.54 cm at cranial pole) (0.61 cm at caudal pole) (0.10 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 (0.88 cm at cranial pole) (0.60 cm at caudal pole) (2.43 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 (1.88 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 mildly distended with ingesta. 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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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.

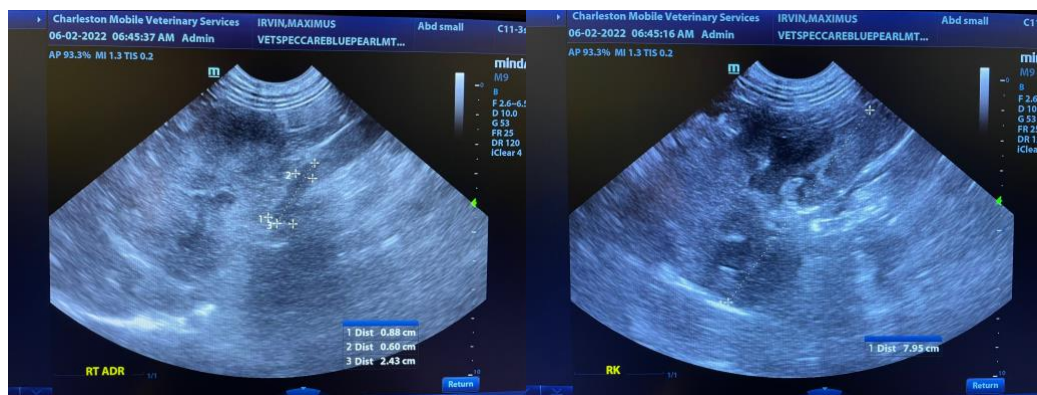
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Post-urethral flushing, there is no obvious evidence of residual urethroliths.
- Tiny mineralization in the prostatic urethral wall, with a scant amount of urinary bladder sand. The prostate changes are most consistent with benign prostatic hyperplasia.
- Minor, nonobstructive nephrocalcinosis bilaterally

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- The stones collected during the procedure today should be submitted for analysis and culture.
- Serial sonographic monitoring (i.e, every 4-6 months) of the patient's urinary tract is recommended to assess for recurrence of the stones.





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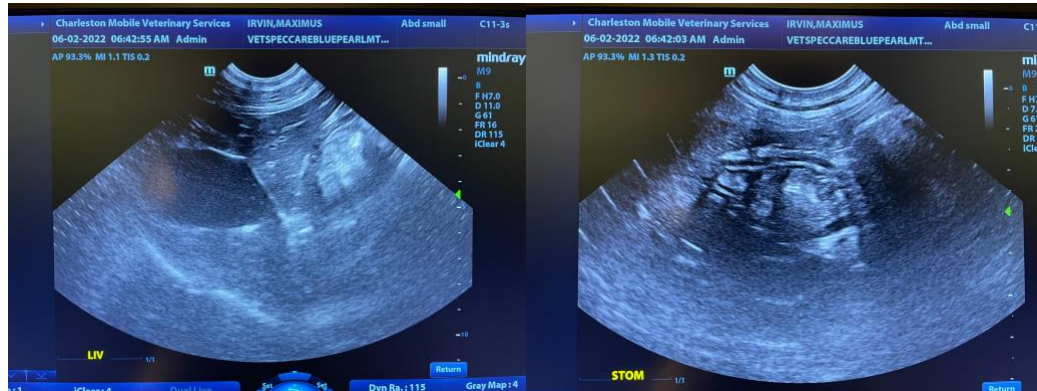
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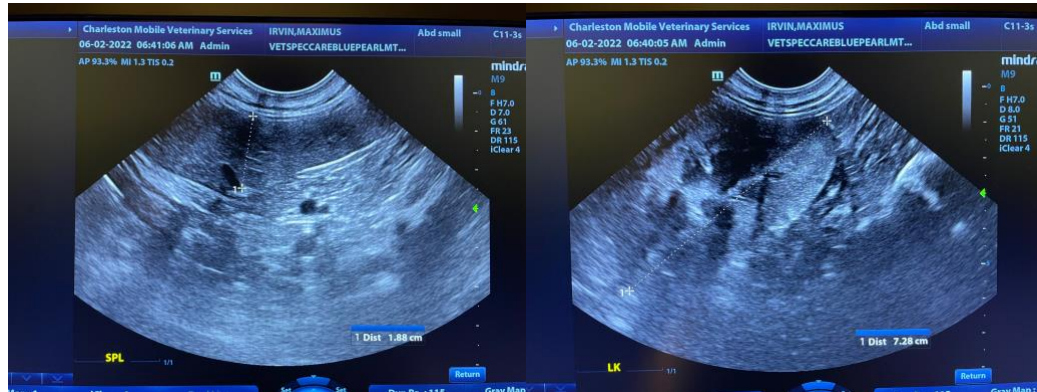
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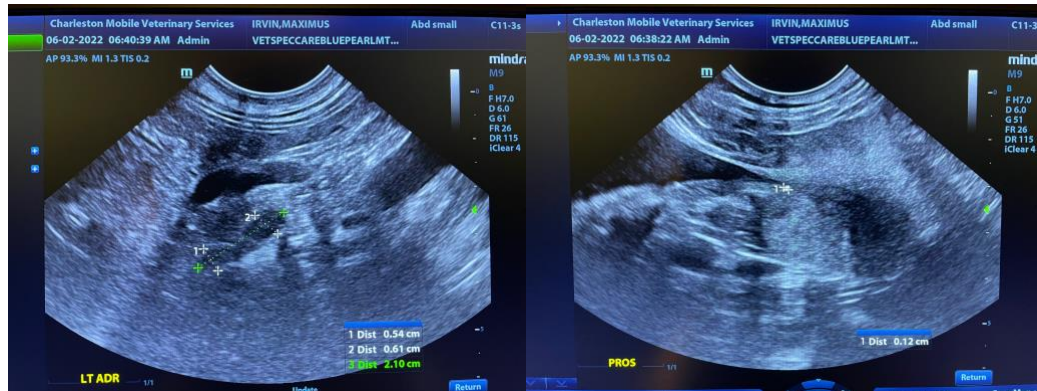


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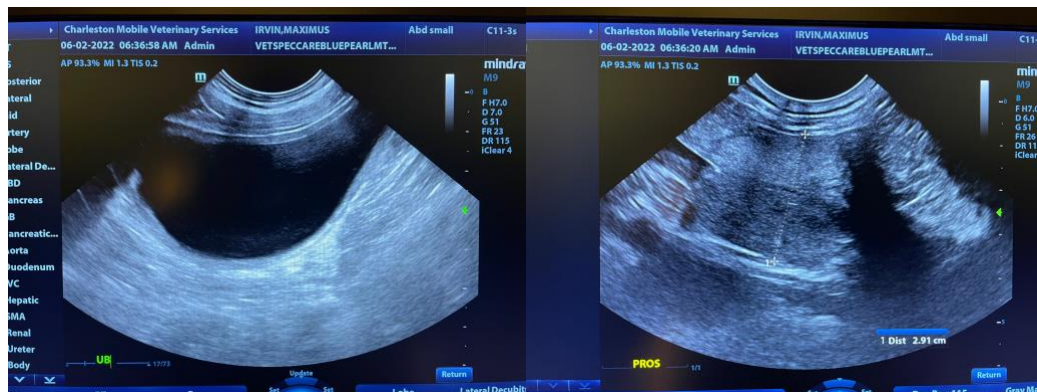
Dr. Henry Bianucci

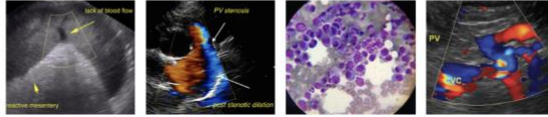
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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