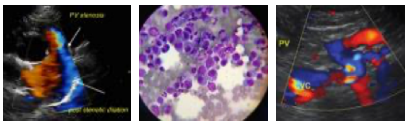
IMAGING PERFORMED BY

IntraPet.com



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

DATE

9/16/21

PATIENT

Bubbay Foit

SPECIES

Canine

BREED

Labrador retriever

SEX

Male, neutered

AGE

11/9/2019

WEIGHT

86 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Madonna VC

REFERRING VET

Dr. Brockett

INVOICE

12107

PRESENTING CLINICAL SIGNS

History: trouble urinating; blood in urine; dripping urine. Liver shunt surgery August 2020; multiple cystotomies and urinary blockages since. The patient was castrated in February 2021.

Current Medications: Amoxicillin/Clavamox 375mg.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: not needed
Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is mildly thickened (up to 0.50 cm) with a smooth mucosal surface. Numerous small calculi are observed within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is prominent in size (1.77 cm in width; neutered 7 months ago) with a normal shape and smooth peripheral contours. The parenchyma is homogeneous. No focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal size (8.19 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.

The right kidney is normal size (8.59 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 (0.72 cm at cranial pole) (0.69 cm at caudal pole) (2.92 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 (0.74 cm at cranial pole) (0.74 cm at caudal pole) (2.53 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 (1.45 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. 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 of appropriate echogenicity and echotexture. A 3.11 x 1.50 cm vascular structure with turbulent blood flow is observed on the right side. This is thought to represent the previous site of the intrahepatic shunt ligation. Intrahepatic biliary tracts are normal. No focal lesions are 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.

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. A few prominent lymph nodes are observed in the mid to caudal abdomen, the largest measuring 2.78 cm in length.

ULTRASONOGRAPHIC FINDINGS
Primary Findings:

- Numerous cystic calculi.
- Bladder wall changes consistent with mild cystitis.

Secondary Findings:

- Bilateral non-specific chronic renal changes.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The prominent prostate is likely residual from the recent neutering (February 2021).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
- A cystotomy with stone removal, analysis and culture is recommended.
- Baseline labwork including a CBC chemistry panel and urinalysis should be performed prior to anesthesia.


IntraPet Imaging RIIILLC
foit,bubba
Abd small I
C11-3s
09-16-2021 08:21:23 AM Admin
MADbfk9labma2019
mindray
Bladder
calculi


IntraPet Imaging RIIILLC
foit,bubba
Abd small I
C11-3s
09-16-2021 08:21:46 AM Admin
MADbfk9labma2019
mindray
Bladder
PROSTATE
1 Dist 1.77 cm


IntraPet Imaging RIIILLC
foit,bubba
Abd small I
C11-3s
09-16-2021 08:27:17 AM Admin
MADbfk9labma2019
mindray
Lt adr
1 Dist 2.92 cm
2 Dist 0.69 cm
3 Dist 0.72 cm


IntraPet Imaging RIIILLC
foit,bubba
Abd small I
C11-3s
09-16-2021 08:25:17 AM Admin
MADbfk9labma2019
mindray
Rt ADR
1 Dist 2.53 cm
2 Dist 0.74 cm
3 Dist 0.74 cm


IntraPet Imaging RIIILLC
foit,bubba
Abd small I
C11-3s
09-16-2021 08:26:10 AM Admin
MADbfk9labma2019
mindray
CAUD
LN


IntraPet Imaging RIIILLC
foit,bubba
Abd small I
C11-3s
09-16-2021 08:26:33 AM Admin
MADbfk9labma2019
mindray
Lt Kidney

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*)
Andrea.nicastro@sonopath.com