

**DATE PRESENTING CLINICAL SIGNS**

9/16/21

History: Straining to urinate, blood in urine. PE: unilateral cryptorchid, rectal: enlarged, firm, painful prostate. No other abnormalities on exam.

**PATIENT**

Burna Maith

Current Medications: Zeniquin 25mg 1.5 tablets daily, Rimadyl 25 mg twice daily.

Lab Results: Free catch UA: SpecG [ $>1.040$ ], Protein [+300], Blood [+50], pH [7]. Sediment: TNTC RBC, TNTC WBC, 1-2 Epithelial cells, occasional cocci clumping, sperm present.

Radiographs: Not provided by the veterinarian.

**SPECIES**

Canine

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Sedation not required for scan.

Stat Report: STAT report requested by the veterinarian.

**BREED**

French bulldog

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder is distended. The wall is mildly thickened (up to 0.36 cm) with a slightly irregular mucosal surface. Several gravity-dependent small cystic calculi are observed as well as a moderate to large amount of suspended echogenic debris along with some hyperechoic, stranding material. The region of the trigone is normal. The urethral lumen is dilated. Numerous urethroliths are observed within the penile urethra.

**SEX**

Male, intact

**AGE**

6/16/2020

The prostate is enlarged (2.68 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is hyperechoic to slightly mottled in appearance. Ureteroliths are observed within the prostatic urethra. The urethral lumen within the prostatic gland is dilated (0.78 cm in diameter).

**WEIGHT**

26.4 lbs.

The left kidney is normal size (5.90 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. Severe pyelectasia/hydronephrosis is present (1.52 cm in the longitudinal plane). There is no evidence of nephroliths or infarcts. The proximal ureter is visible/dilated (0.40 cm in diameter). The mesentery surrounding the kidney is hyperechoic. A small to moderate amount of anechoic retroperitoneal fluid is seen.

**INTERPRETED BY**

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

The right kidney is normal size (5.98 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. Severe pyelectasia/hydronephrosis is present (1.31 cm in the longitudinal plane). There is no evidence of nephroliths or infarcts.

**HOSPITAL NAME**

Banfield Pet Hospital  
of Towson

**Adrenal Glands**

The left adrenal gland is not definitively visualized.

The caudal pole of the right adrenal gland is visualized and is normal size (0.51 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

**REFERRING VET**

Dr. Lewis

**Spleen**

The spleen is normal in size (1.73 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.

**INVOICE**

12098

**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 portal vein: caudal vena cava ratio is approximately 1:1, making a congenital extrahepatic portosystemic shunt unlikely. 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***

Left retroperitonitis is present. The abdominal lymph nodes are normal/not visible.

### ***Other***

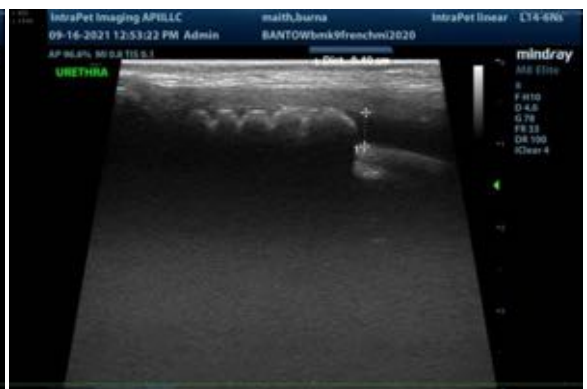
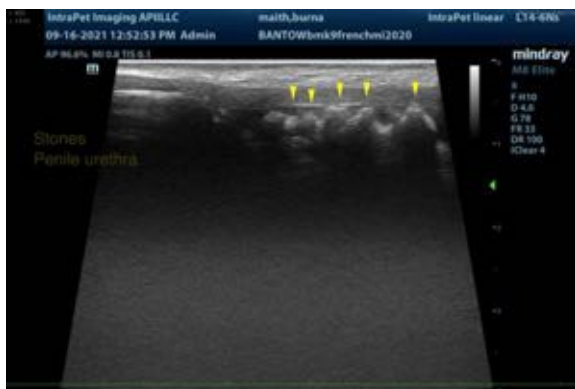
The left testicle (2.12 x 1.07 cm) is cryptorchid and located superficially at the mid-bladder level. It is subjectively normal in size with a normal shape and smooth peripheral contours. The parenchyma is homogeneous. No focal lesions are observed.

## **ULTRASONOGRAPHIC FINDINGS**

- Urethroliths causing urethral obstruction and secondary bilateral hydronephrosis. Left retroperitonitis is present, secondary to renal pathology. Cystic calculi and echogenic urinary bladder debris are also present.
- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a consideration.
- Left unilateral cryptorchidism.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Referral to a board-certified veterinary surgeon is recommended to alleviate the urethral obstruction. Cystic and urethral calculi should be submitted for analysis and culture. Castration is recommended at the time of surgery.
- Baseline labwork including a CBC and chemistry panel should be performed to assess metabolic function, particularly with regard to the kidneys.





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

