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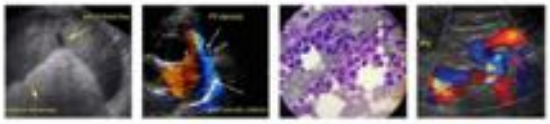

IMAGING PERFORMED BY
pawsonography@gmail.com 530-708-8340

PATIENT

Hershel Calderon

SPECIES

Canine

BREED

Mini Pinscher

SEX

Neutered Male

AGE

3 years

WEIGHT

18 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT LVT

HOSPITAL NAME

LuxPetVet

REFERRING VET

Dr Elyse Math

INVOICE

11757

DATE

9.30.22

PRESENTING CLINICAL SIGNS

History: adopted from shelter and neutered at 2 years of age, recent history of frank hematuria during repeated marking behavior after a normal urination. No dysuria, stranguria noted by owner. normal stream during initial urination, seems to be emptying bladder per O, then has repeated "marking" typical for him, and over last couple of weeks episodes of hematuria during the marking. Per O has always drank and urinated a lot in morning. penis and prepuce wnl, normal PE, mild prostatomegaly, BW wnl. UA with cx pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is mildly distended. The wall is of appropriate thickness for the level of repletion. A small amount of suspended, hyperechoic debris is observed within the lumen, as well as a small amount of mineralized sand +/- tiny calculi. The region of the trigone is normal.

The **prostate** is prominent in size (1.27 cm in width) with a normal shape and smooth peripheral contours. Parenchyma is homogenous. No focal lesions are observed. The prostatic urethra lumen contains mineralized sand.

The **left kidney** is normal size (4.59 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** is normal size (5.18 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 (0.59 cm at cranial pole) (0.54 cm at caudal pole); 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 (0.64 cm at cranial pole) (0.38 cm at caudal pole); 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 (1.34 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.

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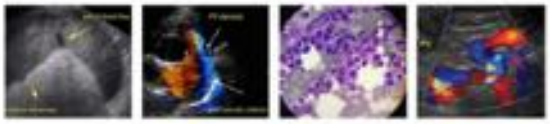

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Gastrointestinal

The **gastric lumen** is moderately distended with ingesta. 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 with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

A portion of the **pancreas** is obscured by the gastric distention. In the visualized portions, no obvious abnormalities are seen.

Free Abdomen

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. A 1.37 cm **lymph node** is observed at the aortic trifurcation. One to two prominent jejunal lymph nodes are also seen, the largest measuring 1.73 cm in length.

Other

A **brief echocardiogram** reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder and prostatic urethral sand +/- tiny calculi.
- The mild prostatomegaly may be secondary to later-in-life neutering with residual hyperplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal radiographs are recommended to better assess the number of cystic calculi that are present. Consider a cystotomy with stone/sand removal, analysis and culture. If surgery is not pursued at this time, a urine culture and sensitivity is recommended, along with an attempt at medical dissolution of the stones/sand with a prescription renal diet and broad-spectrum antibiotics.

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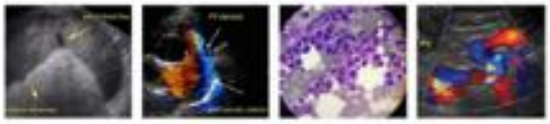

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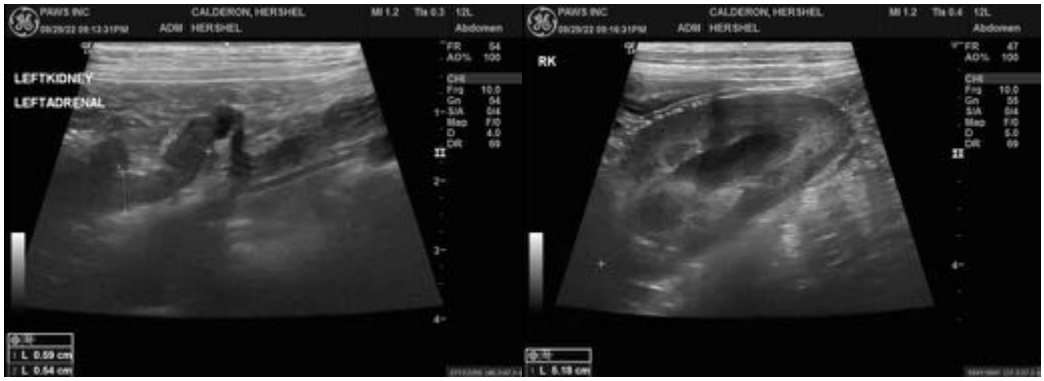

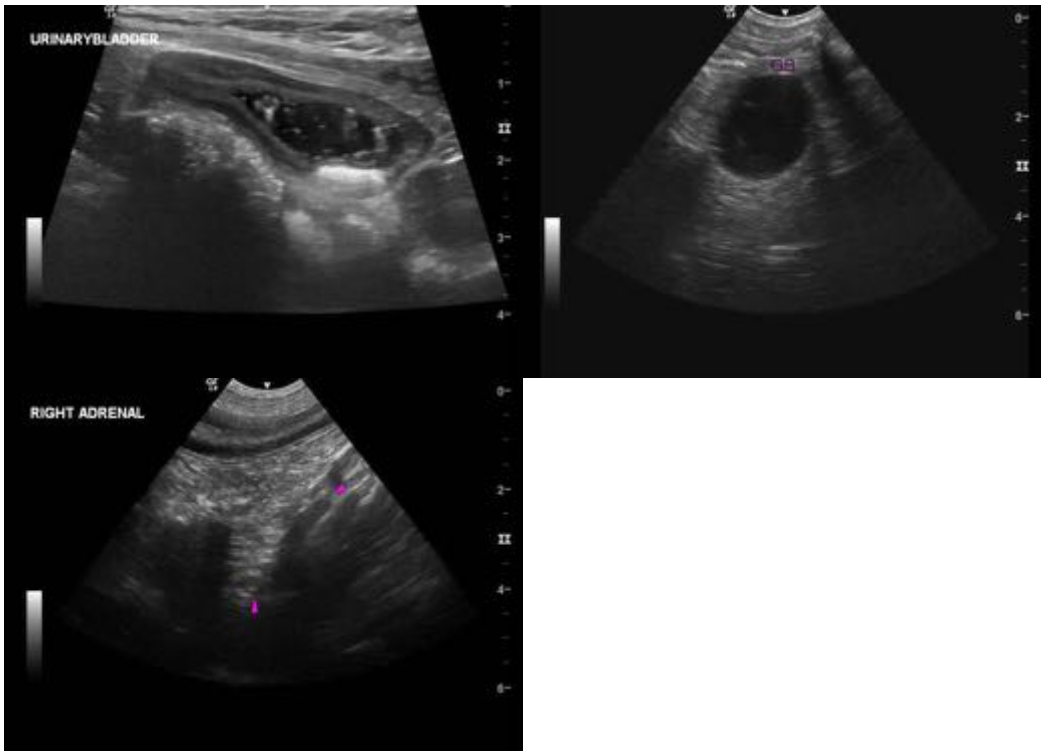

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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