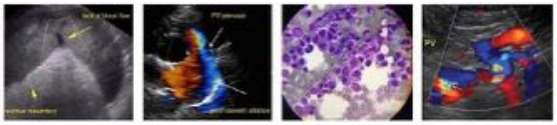


PATIENT

Elephants Team Dog Rescue

SPECIES

Canine

BREED

Malamute mix

SEX

Male, normal

AGE

18 Yrs.

WEIGHT

69 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Southside Pet Hospital

REFERRING VET

Dr. Hughes

INVOICE

12872

DATE

1/18/22

PRESENTING CLINICAL SIGNS

History: - recurrent chronic (5-6 mo) hematuria and bactiuria - responds to clavaseptin but then hematuria returns - previous urine culture showed proteus mirabilis - was neutered late, about 6 months ago, right after coming into the dog rescue program - no weight loss -discomfort on cranial and caudal abdominal palpation, but no discomfort on rectal exam and cannot feel an enlarged prostate and doesn't seem painful in area of prostate. meds: gabapentin, tramadol, galliprant, started clavaseptin today.

Bloodwork from December- thrombocytosis, UPC 0.4, urine specific gravity 1.010, hematuria, pyuria with rare rods. Normal T4, positive urine culture. Urinalysis on 1/4 USG 1.009, trace proteinuria, hematuria, pyuria on a free catch sample.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended with mostly anechoic urine. The wall in the region of the apex is thickened (up to 1.13 cm) and irregular/nodular in appearance. The bladder wall tapers to a normal thickness as it extends toward the urinary bladder neck. A 0.95 cm aggregation of mineralized sand (vs distinct calculus) is observed within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is mildly enlarged (1.94 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is mostly homogeneous in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal size (6.32 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Mild to moderate pyelectasia is present (0.39 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is small in size (4.56 cm in length) with an irregular shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Mild to moderate pyelectasia is present (0.30 cm in the longitudinal plane). There is no obvious evidence of nephroliths or hydroureter. Renal vasculature is normal.

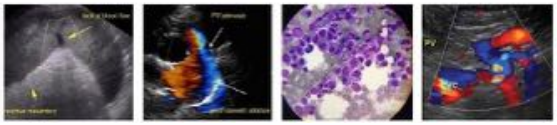
Adrenal Glands

The left adrenal gland is normal size (0.66 cm at cranial pole) (0.63 cm at caudal pole) (2.96 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 (1.59 cm at cranial pole) (0.71 cm at caudal pole) (1.87 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 (1.54 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.



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Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. 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 gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

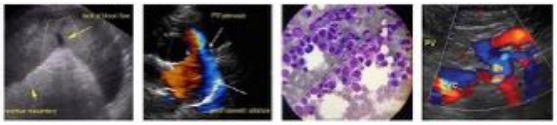
- The urinary bladder wall changes are most consistent with polypoid cystitis. Infiltrative neoplasia (i.e., transitional cell carcinoma) is also possible but considered less likely. There is also an aggregation of mineralized debris +/- a distinct calculus within the bladder lumen.
- Bilateral non-specific age-related renal changes with dystrophic mineralization and pyelectasia.

Secondary Findings:

- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- The prostate changes are most consistent with residual hyperplasia secondary to late in life neutering.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A repeat urine culture and sensitivity is recommended, preferably on a pre-antibiotic sample. A prolonged antibiotic course (i.e., 3-4 weeks) may be warranted given the possibility of pyelonephritis. A urine culture and sensitivity is recommended halfway through the antibiotic course and again 5-7 days after the last dose.
- Regarding the mineralized sand/stone within the urinary bladder lumen, consider a lateral abdominal radiograph to further assess for a distinct calculus. If a stone is found, consider surgical removal with submission for analysis and culture. Alternatively, a prescription urinary



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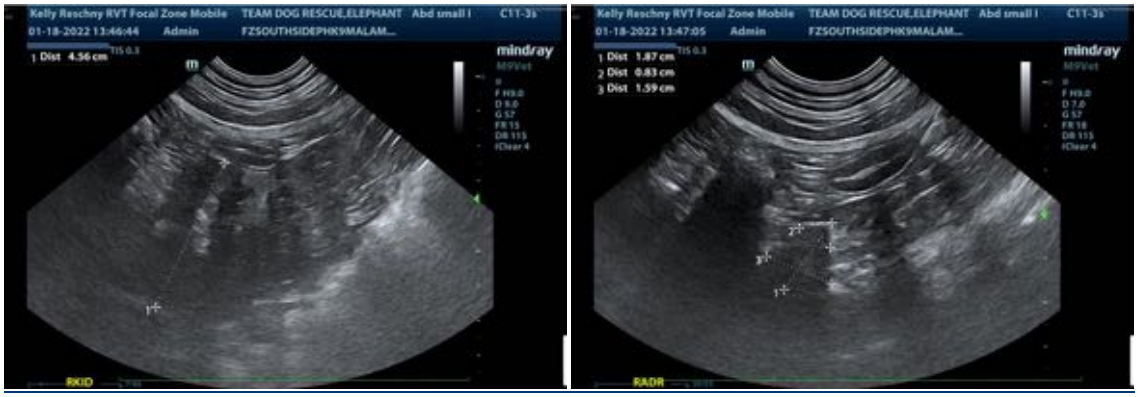
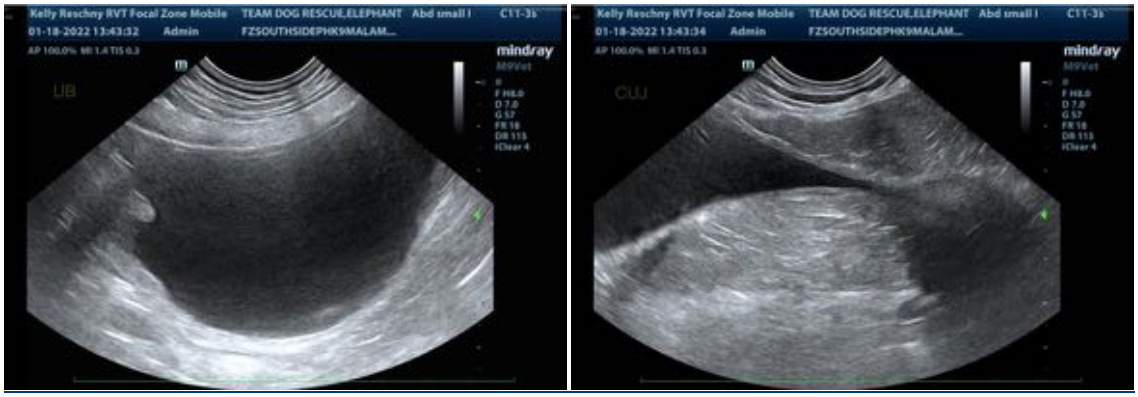
diet along with antibiotic therapy (based on culture results) can be considered with a repeat ultrasound in 4 weeks to assess for progression.

- To further assess for urinary bladder neoplasia (i.e., transitional cell carcinoma), consider a urine BRAF test.





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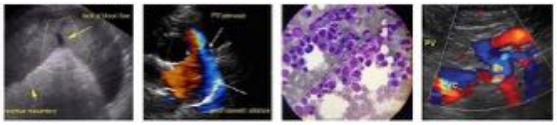

THE FOCAL ZONE

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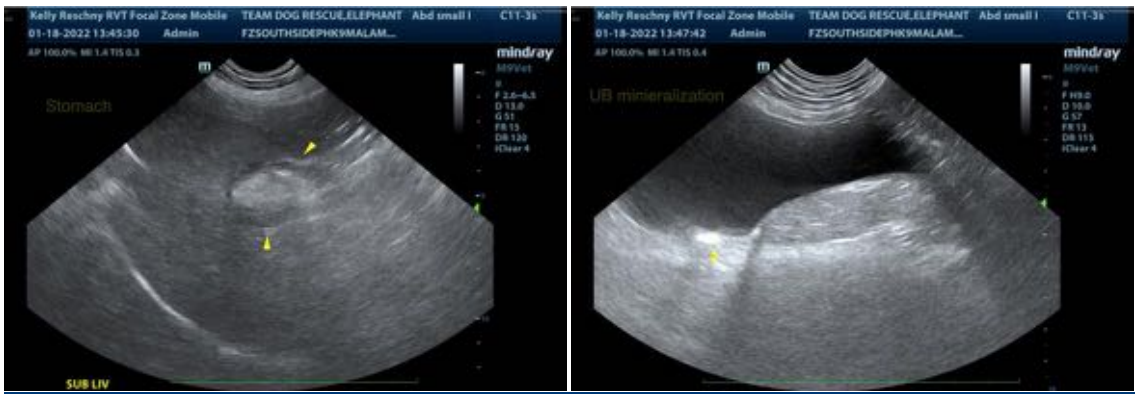

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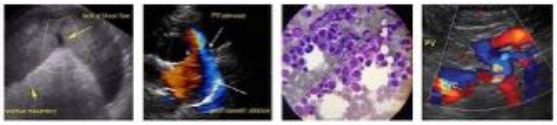

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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