



PATIENT PRESENTING CLINICAL SIGNS

Cash Griggs Hx of immune mediated polymyositis that was treated with prednisone and azothiaprine. Relapsed and is back pred 60mg/day and azothiaprine 50mg SID. Recently pet's urine was trickling out and then wasn't to urinate on his own- did urinate better when squatting lower. After urinary catheterization he will urinate on his own better for 1-2 days and then back to the same thing.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

American Staffordshire Terrier

Urinary System

Urinary bladder is markedly overdistended. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate (neutered) is normal in size, echotexture and echogenicity for a neutered male.

SEX

Neutered Male

Right kidney is normal in size (8.2 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

AGE

6 Years

Left kidney is normal in size (7.8 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

WEIGHT

74 Pounds

Adrenal Glands

Right adrenal gland is normal in size (0.60 cm long x 0.90 cm at the cranial pole and 0.67 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Left adrenal gland is normal in size (2.3 cm long x 0.70 cm at the cranial pole and 0.60 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

HOSPITAL NAME

Ho-Ho-Kus VH

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

REFERRING VET

Dr. Scott

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

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PATIENT *Gastrointestinal*

Cash Griggs The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

SPECIES

Canine The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

BREED

American Staffordshire Terrier

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

Pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

SEX

Neutered Male

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

AGE

6 Years

ULTRASONOGRAPHIC FINDINGS

- Overdistended urinary bladder with no visible signs of a mechanical obstruction in these images

WEIGHT

74 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no visible mechanical obstruction present in these images. A contrast study of the urethra/bladder could be performed to definitively rule out especially a lower obstruction. A functional problem of the urinary system, however, seems a higher differential based on this patient's history and the appearance of these images. Functional problems such as upper motor neuron bladder, reflex dyssynergia or a detrusor atony (maybe enteritis related to the same underlying polymyositis) are possible.

Some urologists have also seen reflex dyssynergia with high doses of Prednisone, probably an underlying subclinical neurologic problem in these patients that is exacerbated by the PU/PD that is brought on by the Prednisone. An MRI and consultation with a neurologist is recommended if possible. If not possible, recommendations including ruling out definitively a mechanical obstruction as discussed followed by tapering of the Prednisone as rapidly as possible, as well as the addition of Prazosin or similar medication to cause urethral relaxation. Once the urethra is relaxed, which can be seen with an easily expressed bladder, if there isn't improvement, Bethanecol could be added to further express the bladder.

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PATIENT

Cash Griggs

SPECIES

Canine

BREED

American
Staffordshire Terrier

SEX

Neutered Male

AGE

6 Years

WEIGHT

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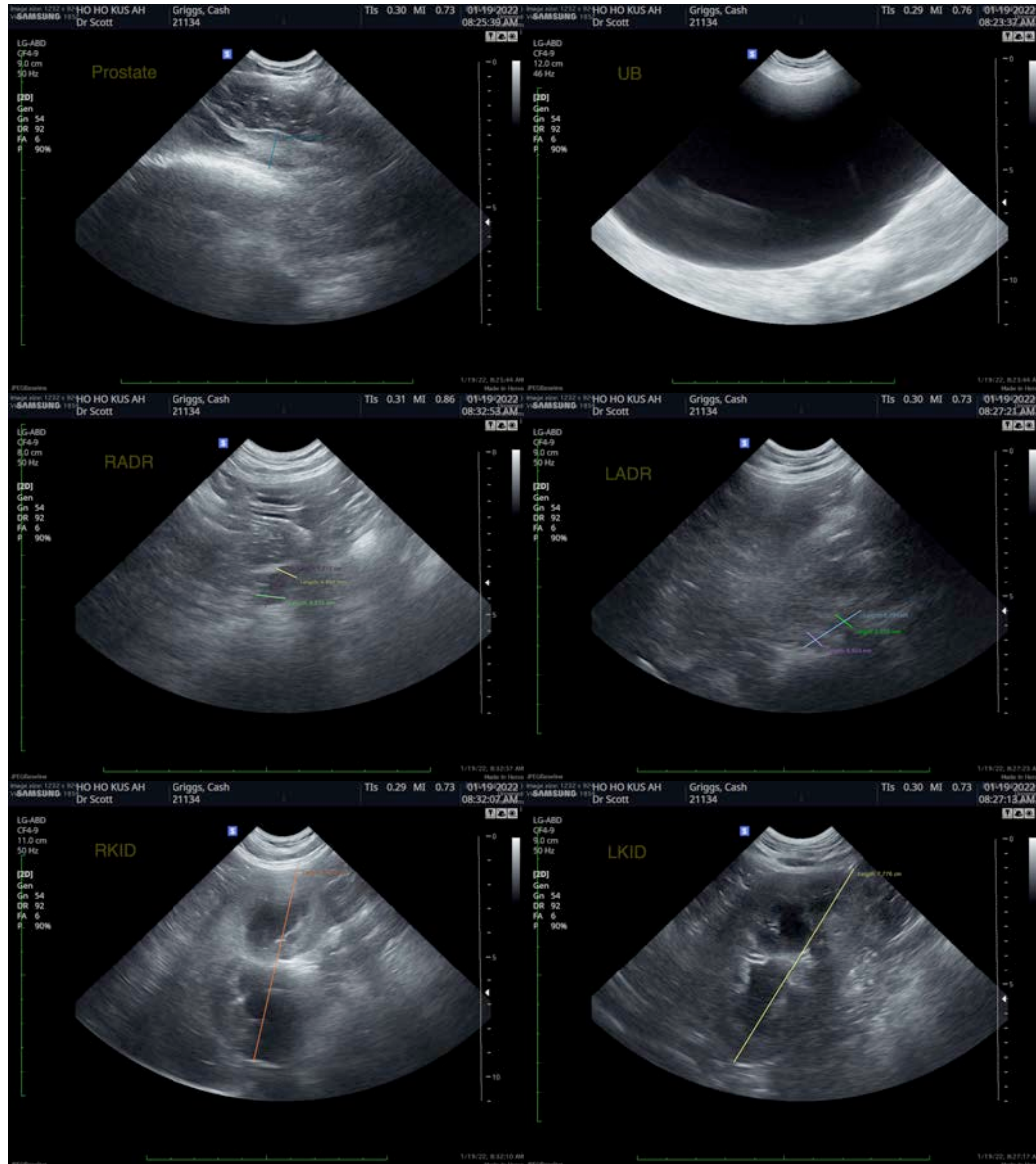
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com