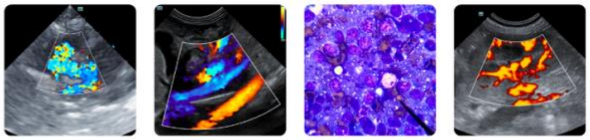


PATIENT

Junior Brown

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

10 Years

WEIGHT

37 Pounds

INTERPRETED BY

Beth Johnson, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Mark Schlimgen

HOSPITAL NAME

Sherwood Family PC

REFERRING VET

Dr. Mark Schlimgen

INVOICE

35536

DATE

1/21/26

PRESENTING CLINICAL SIGNS

- Adopted as adult ~1 yr ago
- Neutered as mature adult
- Chronic atopic dermatitis
- Hx of pancreatitis
- Presents today for apparent dysuria, posturing with little urine production
- Rectal including prostate exam normal
- Able to pass 5fr red rubber easily retrograde into bladder, demonstrating patency
- Urinary bladder wall appears thickened cranially and there appears to be a dilated proximal urethra
- Exam otherwise unremarkable

Abnormal PE/Chem/CBC/UA Results: In-house ua shows rods and wbcs. Urine culture and comprehensive bloodwork pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

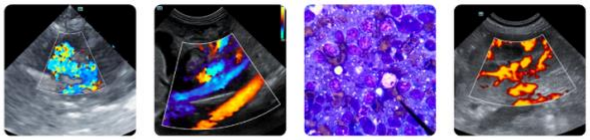
Urinary System

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.67 cm thick). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

Prostate is mildly enlarged (1.5 cm wide in the sagittal view). Parenchyma is diffusely homogenous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained. This finding is likely normal patient variant, especially if patient was neutered as an adult; however, if patient was neutered as a puppy, prostatitis or, less likely, infiltrative neoplasia cannot be ruled out. This finding should be interpreted in combination with clinical signs, urinalysis results, etc. and either further investigated or monitored, as indicated.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 4.2 cm. The left kidney measures subjectively small, because it's difficult to fully visualize in a full sagittal view. The right kidney measures 5.2 cm.

Adrenal Glands



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The adrenal glands are unable to be well visualized in these images.

Spleen

Spleen is generally normal in size and shape with a smooth capsular contour. Parenchyma is diffusely nodular in appearance characterized by small discrete hypoechoic nodules. Splenic vasculature appears normal.

Liver

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out. If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.

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

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- The mild prostatomegaly is consistent with patient's reported late in life neutering. Prostatitis, or even infiltrative neoplasia (considered much less likely), can't be definitively ruled out, but again, is considered less likely.
- Chronic cystitis - Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.

Secondary Findings

- Mild to moderate age-related kidney changes
- Mild hepatobiliary changes
- Splenic micronodular hyperplasia pattern- This nodular change is often associated with benign aging nodular hyperplasia. Infiltrative neoplasia, however, including both early hemangiosarcoma as well as round cell neoplasia cannot be ruled out.

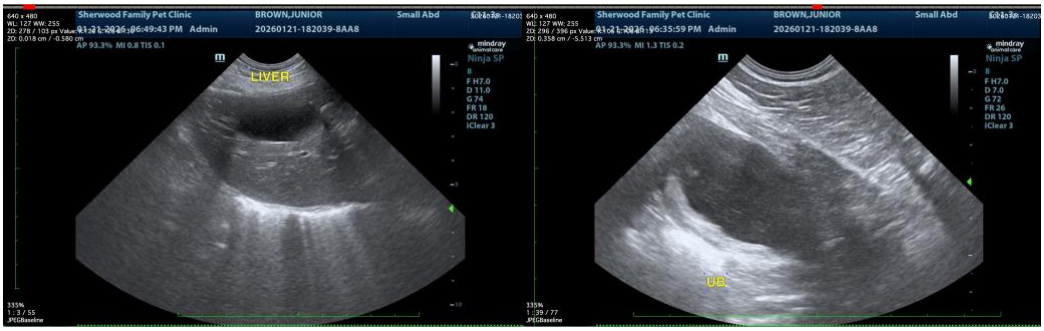
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly already pending, a full general metabolic health screen is recommended to include CBC, chemistry panel, and electrolytes.

Based on the reported urinalysis results, a urine culture is recommended.

If treatment of a suspected urinary tract infection does not result in improved clinical signs, additionally, submission of urine to look for BRAF gene mutation could be considered. Again, there is no visible evidence of neoplasia, but BRAF gene mutation may help further rule out infiltrative neoplasia not visible.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.



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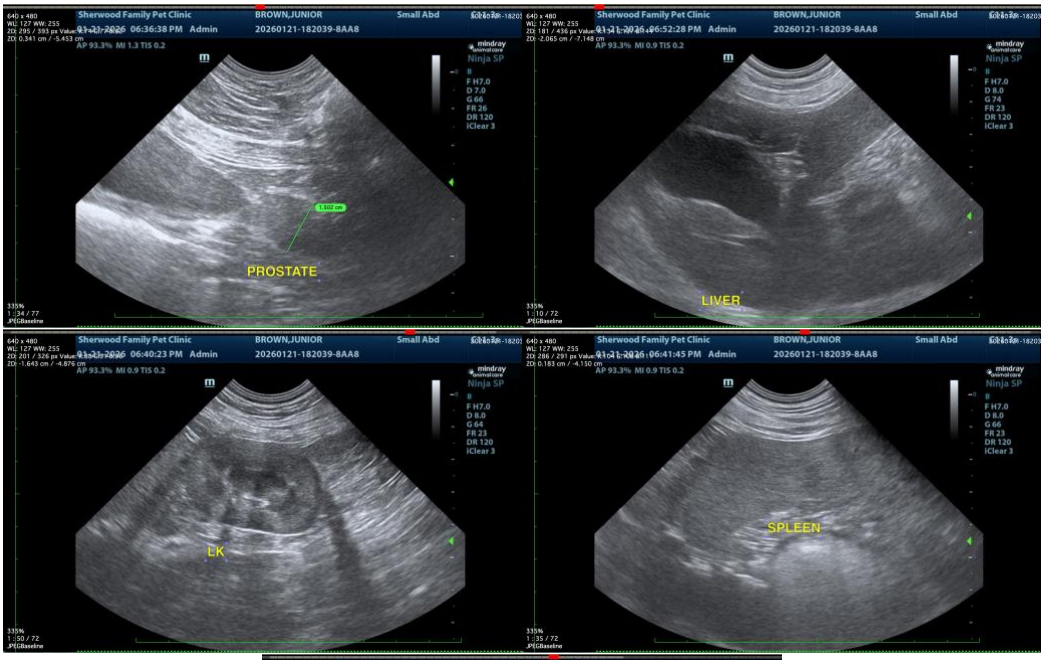

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

info@sonopath.com