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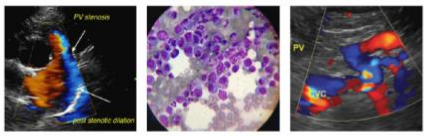
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
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PATIENT

Marshall Fee

SPECIES

Canine

BREED

Dalmation

SEX

Neutered Male

AGE

8 Years 2 Months

WEIGHT

42.7 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Maller- Madison VS

INVOICE

20501

DATE

1/9/23

PRESENTING CLINICAL SIGNS

History: Marshall presented to the MVS Emergency Service on Jan 08, 2023, at 10:10am, for evaluation of stranguria and inappetence. Marshall hasn't been improving at home since his Cystotomy on 12/23. He is squatting very low to the ground to urinate and he has a full stream but then dribbles. Owner said that he was eating up until today and he is normally BAR but today owner could tell that he is not feeling well. They did start to increase his activity yesterday and he was doing fine with that. Owner said there is no response to palpation but when he came inside from urinating he laid down and started shivering. He is still drinking water but not as much as they would like so they have been adding water to his food.

Abnormal PE/Chem/CBC/UA Results: Urogenital: M/C; urinated in the exam room a small amount with an acceptable stream, then dribbling at the end. UA - USG 1012, WBC 3/HPF, RBC 3/HPF No bact Marshall was placed in right lateral recumbency and was quite still for passing a urinary catheter. The prepuce was cleaned with scrub and saline. Attempts to pass an 8 F red rubber and polypropylene were unsuccessful, even with flushing lube/saline. Catheter seems to get stuck behind the os penis. A 5 F polypropylene was able to be passed, but after the os penis there was resistance. Then the bladder was drained and the urethra was flushed with lube and saline. Resistance was met in the same area and felt as the urinary catheter was removed.

LIMITED ULTRASONOGRAPHIC EXAMINATION

Urinary System

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (1.49 cm thick). Mucosa is hyperechoic and irregular. No masses are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. There is a mineral foci with acoustic shadowing, consistent with a cystolith, that measures 0.9 cm in size, which could be one cystolith measuring that size or small cystoliths clumped together on a line of that length, in the penile urethra, proximal to the base of the ospenis.

Prostate is normal in size (0.94 cm thick), echotexture and echogenicity for a neutered male.

Left kidney is normal is size (6.38 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.

Right kidney is normal is size (6.13 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.

A scant amount of anechoic free fluid was noted in the caudal abdomen.

The medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- Chronic Cystitis with urethroliths noted - 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.

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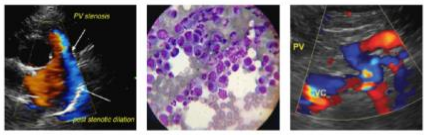

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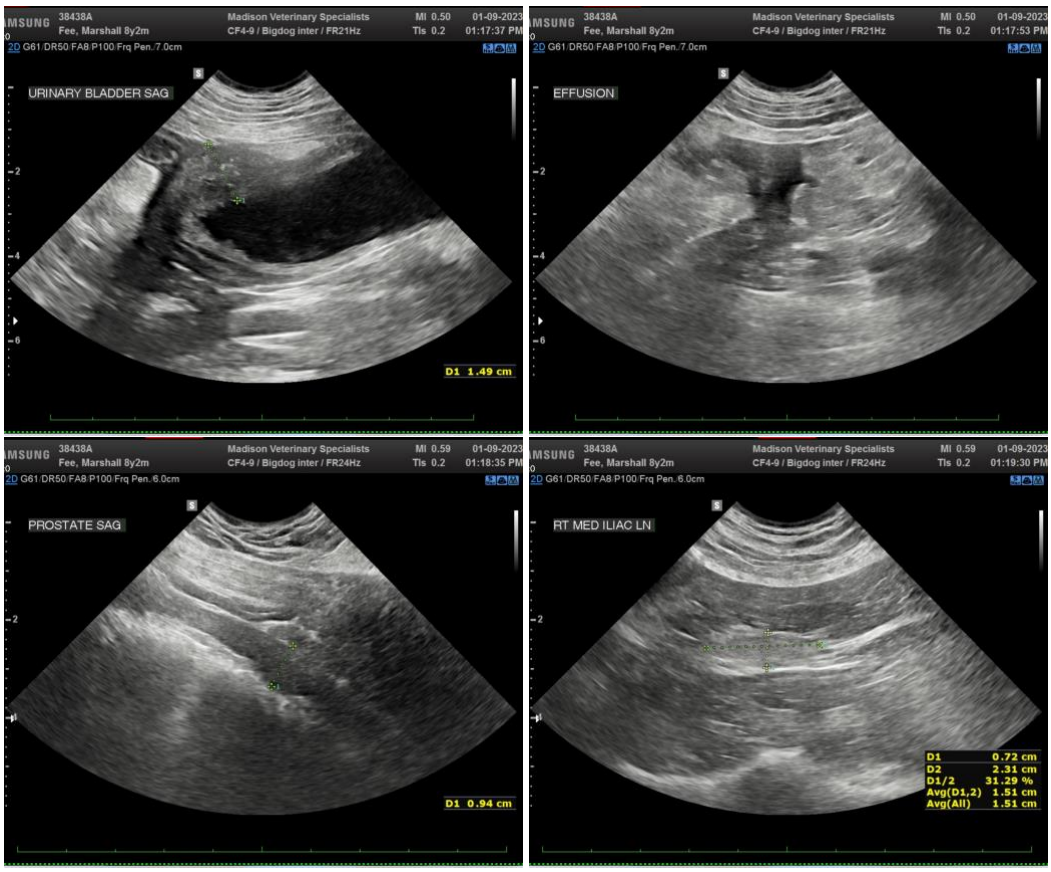
- Reactive medial iliac lymph nodes and a scant amount of anechoic free fluid in the caudal abdomen, likely secondary to the urinary bladder pathology. These are not significantly different from the previous ultrasound.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Voiding urohydropropulsion could be considered to try to remove the urethroliths, however, given the reported difficulty in passing catheters, etc. so far, likely another surgery for stone removal, proceeded by retrohydropropulsion to move the urethroliths back into the urinary bladder for removal may be necessary. If not already evaluated, stone analysis is recommended to help further manage/prevent new stones medically, especially given patient breed Additionally, if not recently evaluated, urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.



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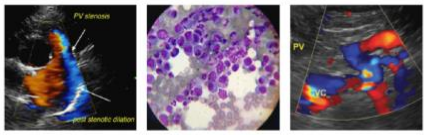

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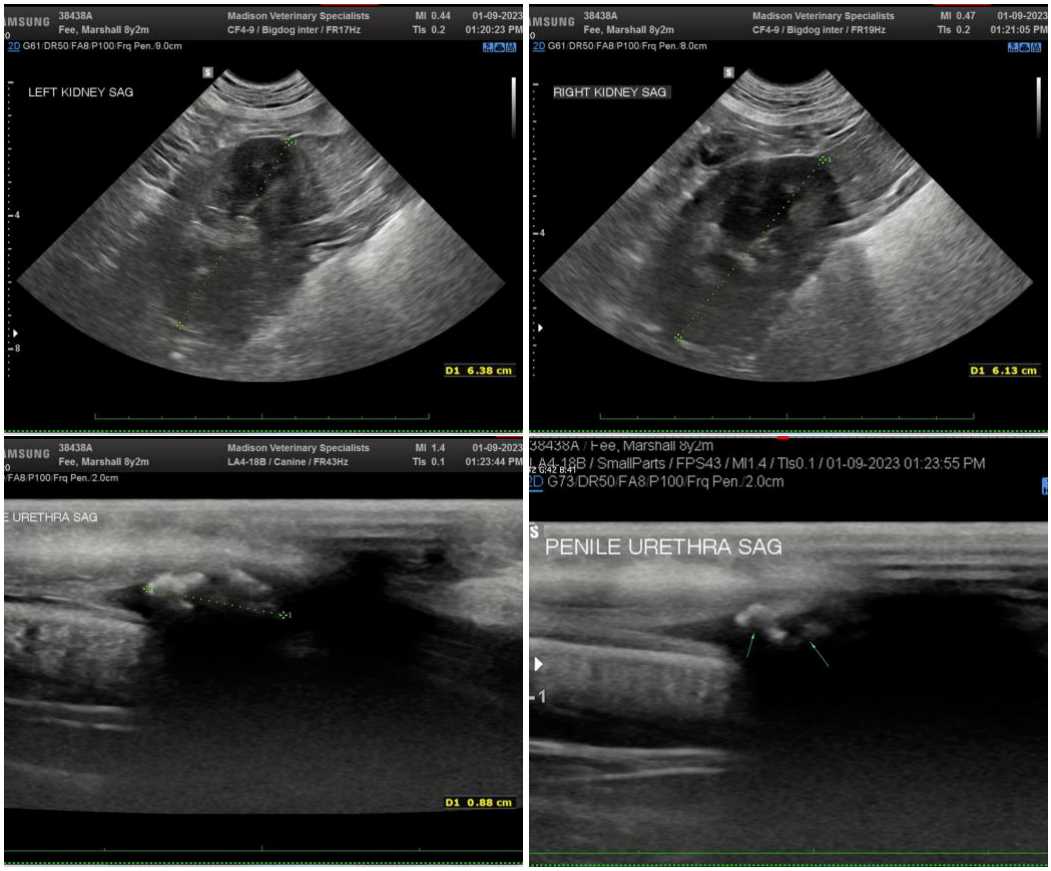

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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