

**DATE**

10/21/21

**PRESENTING CLINICAL SIGNS**

History: Patient has exhibited bleeding from the penis for 5 days.

Current Medications: Baytril 34 mg once daily for 14 days, started 10-14-2021.

Lab Results: cysto - SG 1.042; no bacteria; RBC 14/ hpf. CBC/mini chemistry &amp; pt, ptt all normal. Attached separately.

**PATIENT**

Boo Chalk

Radiographs: No stones noted.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

Morkie

**Urinary System**

Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with both gravity dependent and suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

**SEX**

Intact male

Prostate is mildly enlarged. Parenchyma is heterogenous. Normal distinct margins and symmetrical bilobed shape are maintained.

**AGE**

12/15

Left kidney is normal in size (4.79 cm) 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**WEIGHT**

11.2 lbs

Right kidney is normal in size (4.9 cm) 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM**Adrenal Glands**

Left adrenal gland is normal in size (1.34 cm long by 0.47 cm at cranial pole and 0.53 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

**HOSPITAL NAME**

Honeygo AH

Right adrenal gland is normal in size (1.6 cm long by 0.54 at cranial pole and 0.6 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

**REFERRING VET**

Dr. Mullenex

**Spleen**

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

**INVOICE**

92559

**Liver**

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

**Gastrointestinal**

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta.

There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The 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 empty with no evidence of obstruction, foreign material or infiltrative disease.

Colon is normal in wall thickness (< 0.2 cm) and layering.

#### ***Pancreas***

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

#### ***Free Abdomen***

Lymph nodes are normal with no observed enlargement.

### **ULTRASONOGRAPHIC FINDINGS**

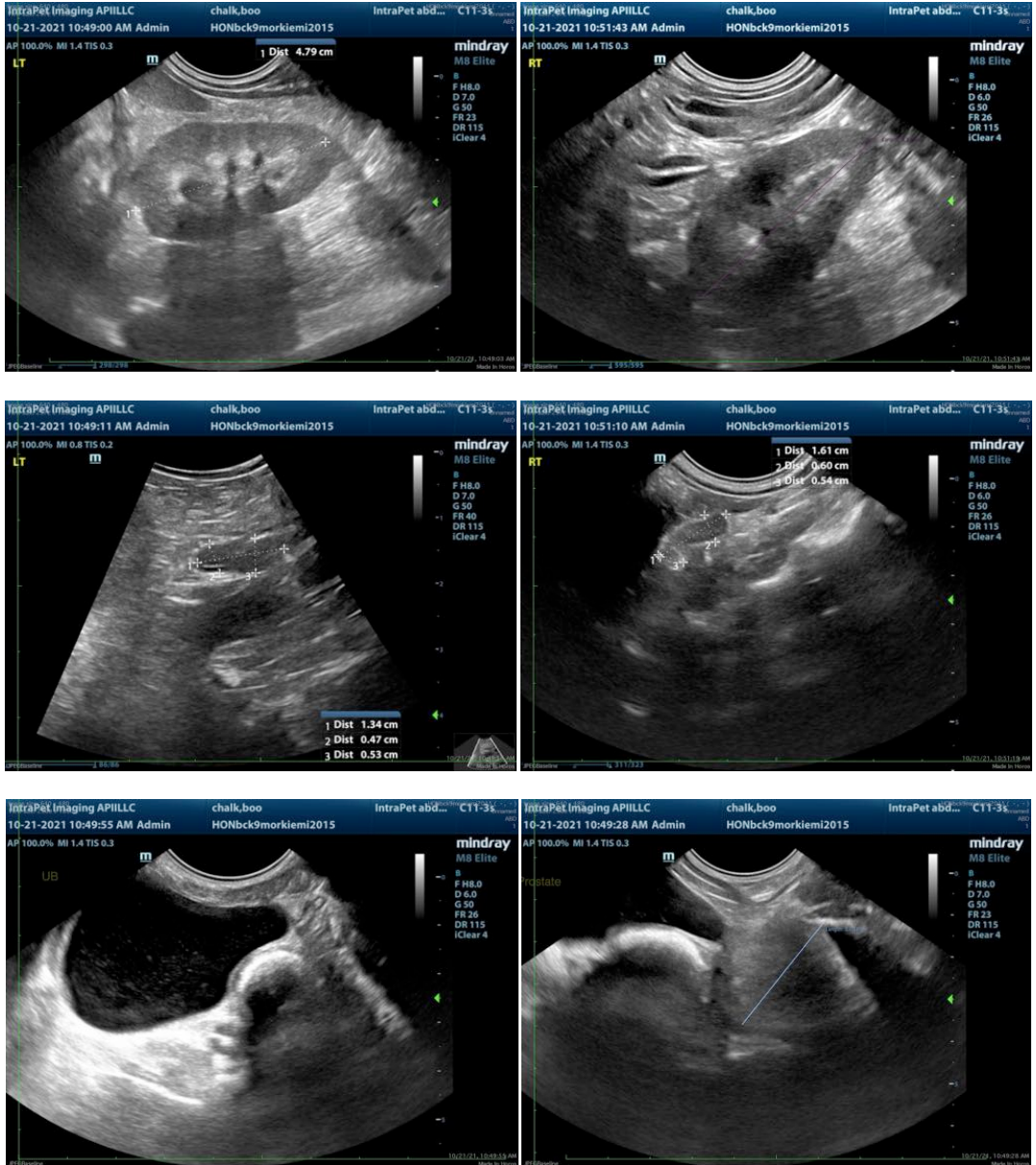
Urinary bladder sediment – Urine changes are most consistent with cellular debris or crystalluria.

Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes. Given the lack of reported laboratory changes consistent with kidney disease in this patient's young age a normal variant cannot be ruled out.

Heterogenous, benign prostatic hyperplasia.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the ultrasound findings and clinical signs I recommend a urine culture despite the lack of bacteruria to rule out an occult urinary tract infection. Urine submission to look for BRAF gene mutation, which is associated with urinary bladder/prostate cancer can be considered if clinical signs persist; however, neoplasia is considered unlikely given the appearance of the prostate. Other options include an aspirate of the prostate for both cytology and culture if the urine culture is negative and clinical signs persist beyond the current course of Baytril. Ultimately neutering of this patient is recommended prevent progression of benign prostatic hyperplasia.



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