

**DATE PRESENTING CLINICAL SIGNS**

11/4/22 Decrease in urination, strong odor, darker in color, not a consistent stream, dribbling urine, increase urge to urinate, normal bowel movements -soft upon rectal exam.

PATIENT

Dexter Zwiirlein

Current Medications: amoxi 500mg 1 by mouth every 12 hours- started on 10/31/2022.

Radiographs: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Husky X

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

SEX

Intact male

AGE

5/15/15

Prostate is symmetrically enlarged (5.18 cm wide) with smooth margins that are well differentiated from surrounding tissue. Normal bilobed shape is maintained. Parenchyma is diffusely hyperechoic. Several small anechoic cysts are noted. No mineral is noted.

WEIGHT

86 Pounds

The right kidney is normal in size (7.29 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.

INTERPRETED BYBeth Johnson, DVM
DACVIM

The left kidney is normal in size (8.15 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.

IMAGING PERFORMED BYStephanie Warga
RDCS, RVT**Adrenal Glands**

The right adrenal gland is normal in size (3.0 cm long x 0.48 cm at the cranial pole and 0.63 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Bel Air Vet Hospital

The left adrenal gland is normal in size (2.9 cm long x 0.52 cm at the cranial pole and 0.66 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. Stevenson

Spleen

The 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.

INVOICE

42561

Liver

The 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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

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.

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.

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

Pancreas

The 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.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

A cystic nodule is noted in the left testicle, measuring 1.3 cm x 0.90 cm.

PRIMARY FINDINGS

- **Benign Prostatic Hyperplasia with cysts** – Prostatic findings are most consistent with Benign Prostatic Hyperplasia (BPH) and concurrent benign prostatic cysts. Active prostatitis cannot be ruled out. Infiltrative neoplasia cannot be ruled out but is considered less likely.
- Urinary bladder debris

SECONDARY FINDINGS

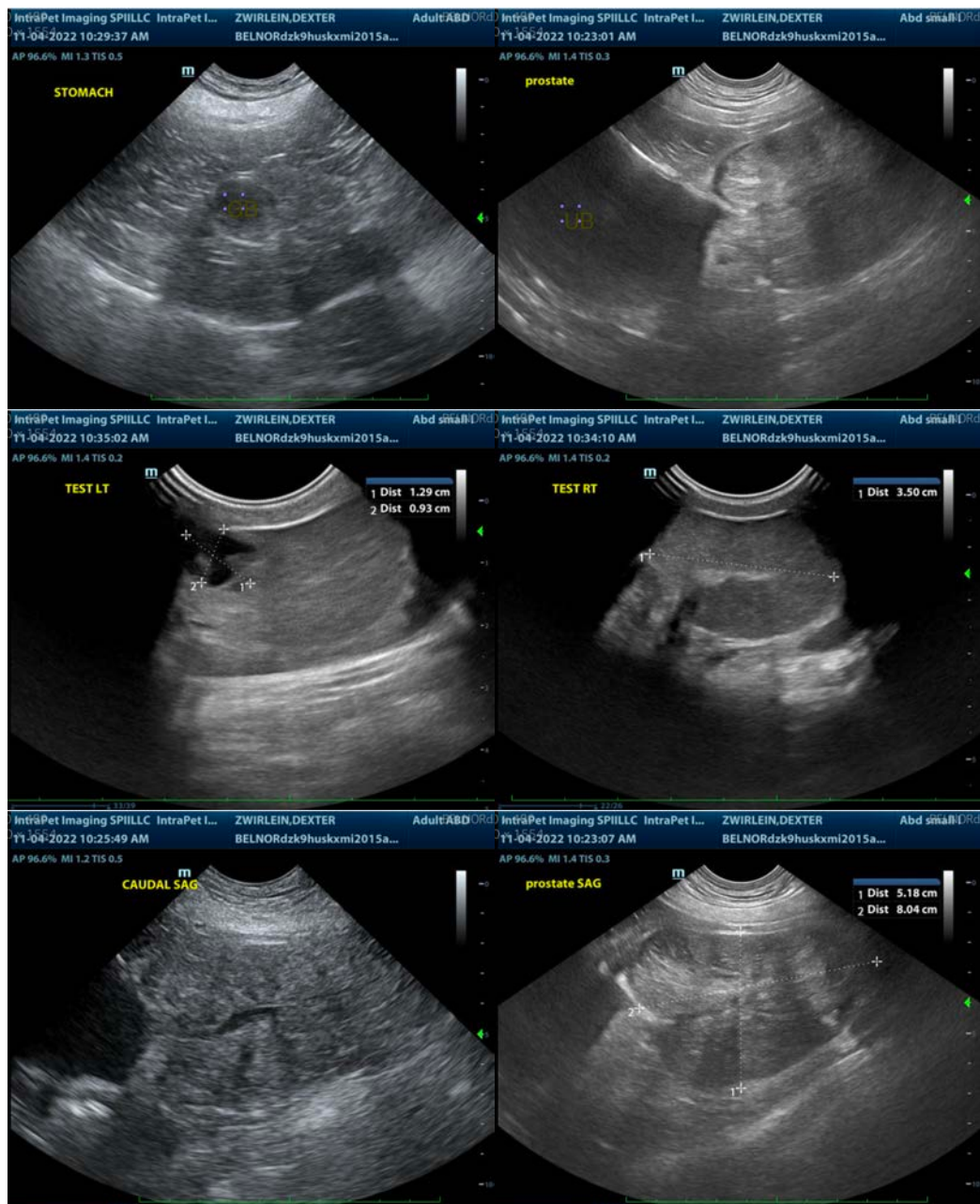
- **Gallbladder debris** - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- Cystic nodule in the left testicle

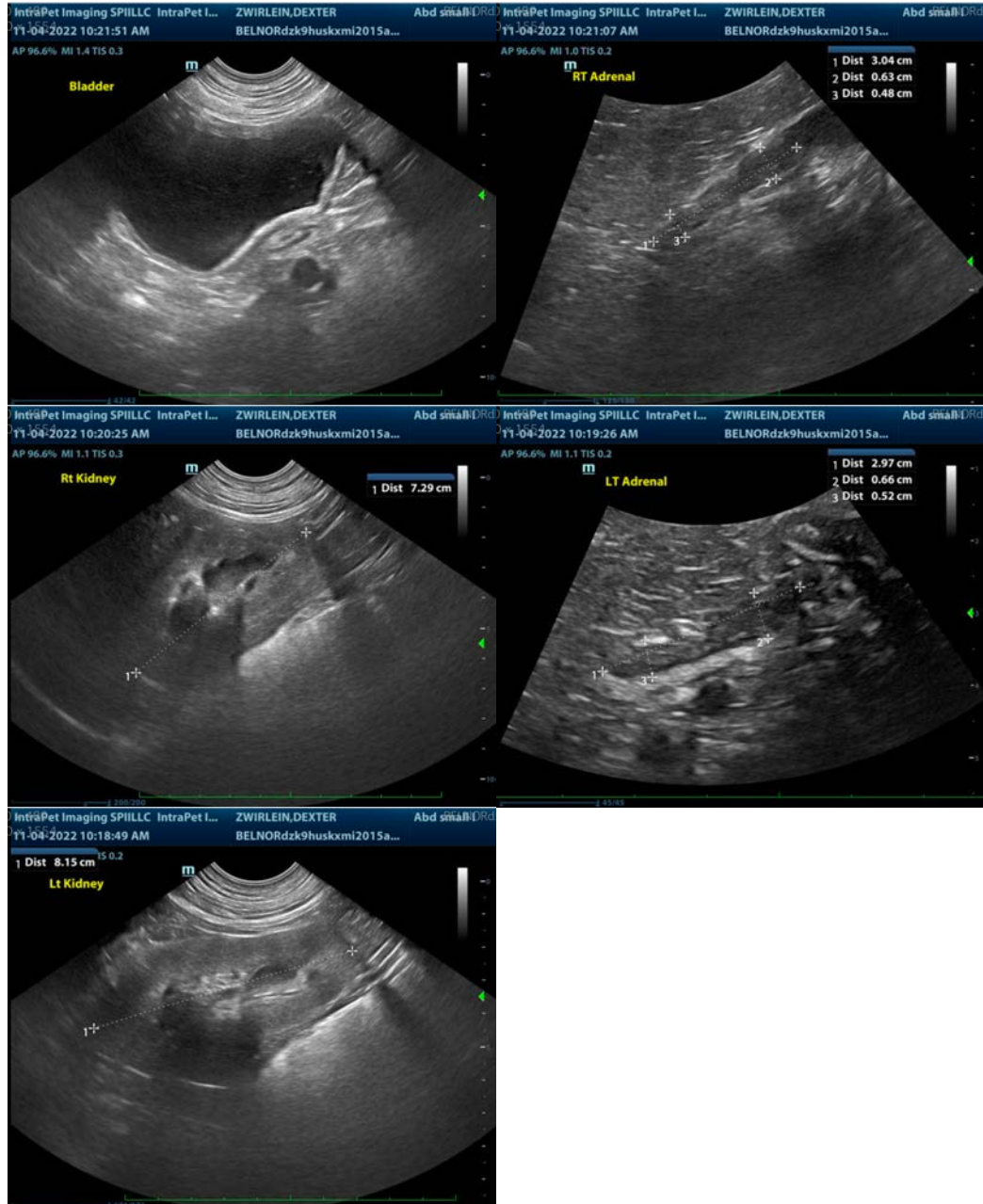
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient's urinalysis results are suggestive of a urinary tract infection with likely concurrent bacterial prostatitis based on the clinical signs provided. Recommendations are to treat the urinary tract infection/prostatitis as a complicated urinary tract infection, ideally based on culture and sensitivity results, and ideally with an antibiotic that obtains good prostatic penetration such as fluroquinolone if susceptibility

pattern matches, with a follow up culture a week to 10 days after finishing antibiotics to ensure full clearance. If culture and sensitivity results are not available, recommendations still include a culture 7-10 days after finishing antibiotics to ensure full clearance of the infection.

Given the benign prostatic hyperplasia/suspect prostatitis, as well as the left testicular nodule, patient neutering is recommended to prevent progression of prostatic and/or testicular disease. While the appearance of the prostate trends towards the benign, given this patient's concurrent hypercalcemia, hyperglobulinemia, etc., infiltrative neoplasia either there or elsewhere cannot be definitively ruled out. Recommendations include a malignancy panel to include PTH, PTHrP, and ionized calcium to further evaluate the hypercalcemia.





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.

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