

**DATE PRESENTING CLINICAL SIGNS**

3/20/23

PATIENT

History: P presented to Hickory Vet on 3/2/23 for blood in urine and was prescribed a 14 days course of Cefpodoxime. On 3/12/23, p presented to AEH for blood in urine. Blood work, urine culture and US were recommended. Foster elected to have performed here due to cost.

Broose Reed's Rescue

SPECIES

Current Medications: Cefpodoxime 200 mg SID

Lab Results: UA at AEH: USG 1.038, RBCs >50/hpf, WBCs 25/hpf, nsEPI 3-5/hpf, no bacteria or crystals noted.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Dexdomitor/Torbugesic IV.

Canine

Stat Report: Not requested.

BREED

Imaging Performed By: Stephanie Warga RDCS, RVT.

Pitbull Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX****Urinary System**

Intact Male

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.

AGE

3/13/13

Prostate is normal in size (2.5 cm wide) for an intact male. Parenchyma is diffusely homogenous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained.

WEIGHT

63.1 Pounds

The testicles were visualized without evident testicular pathology.

INTERPRETED BY

Left kidney is normal is size (7.24 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.

Beth Johnson, DVM

DACVIM

Right kidney is normal is size (7.79 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.

HOSPITAL NAME

Charm City VH

Adrenal Glands

Left adrenal gland is normal in size (2.73 cm long x 0.61 cm at cranial pole and 0.74 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. Eavers

Right adrenal gland is normal in size (3.26 cm long x 0.65 cm at cranial pole and 0.67 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

INVOICE

21730

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.

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.

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.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. 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 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 empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

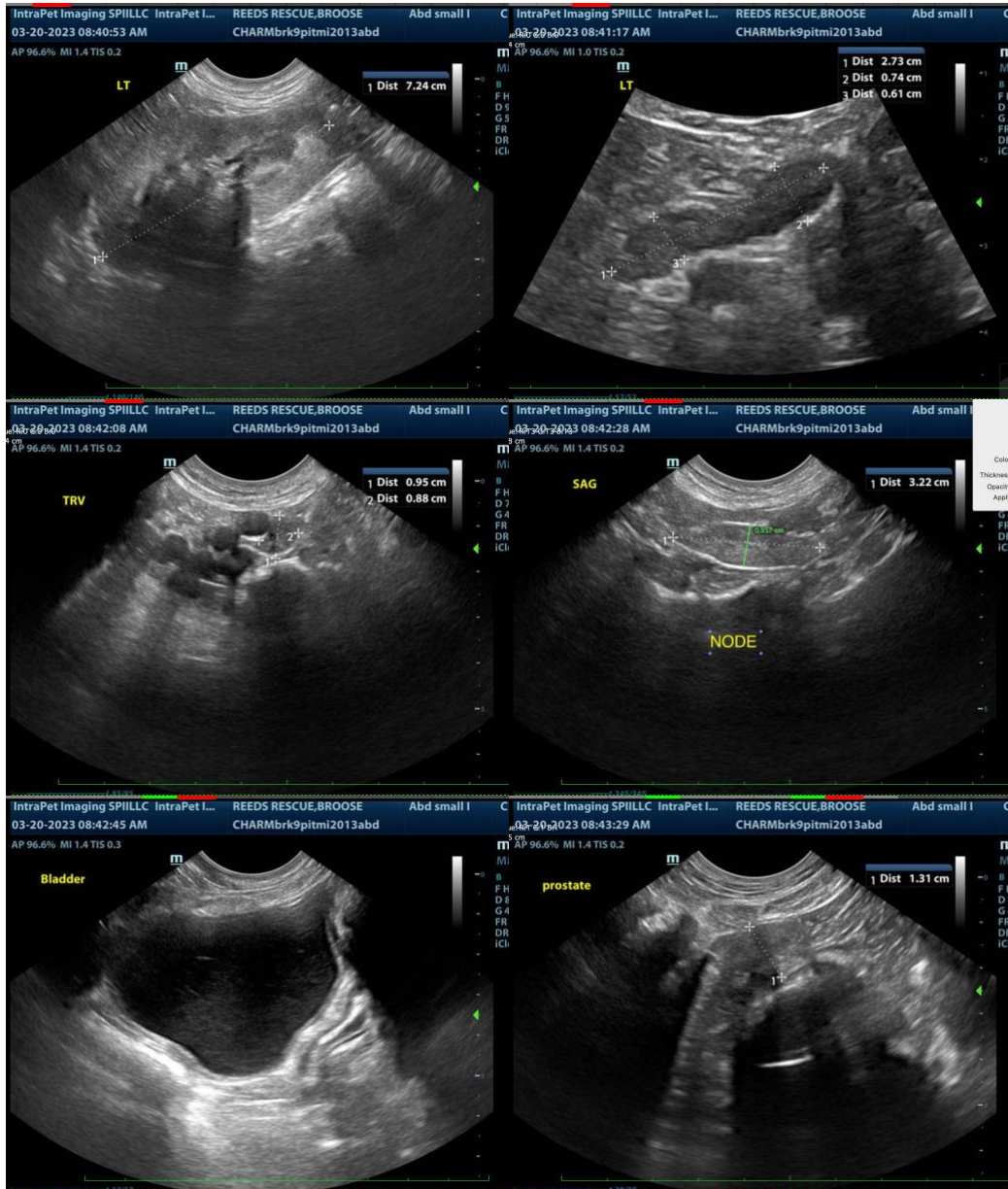
There is no evidence of free fluid. The sublumbar lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

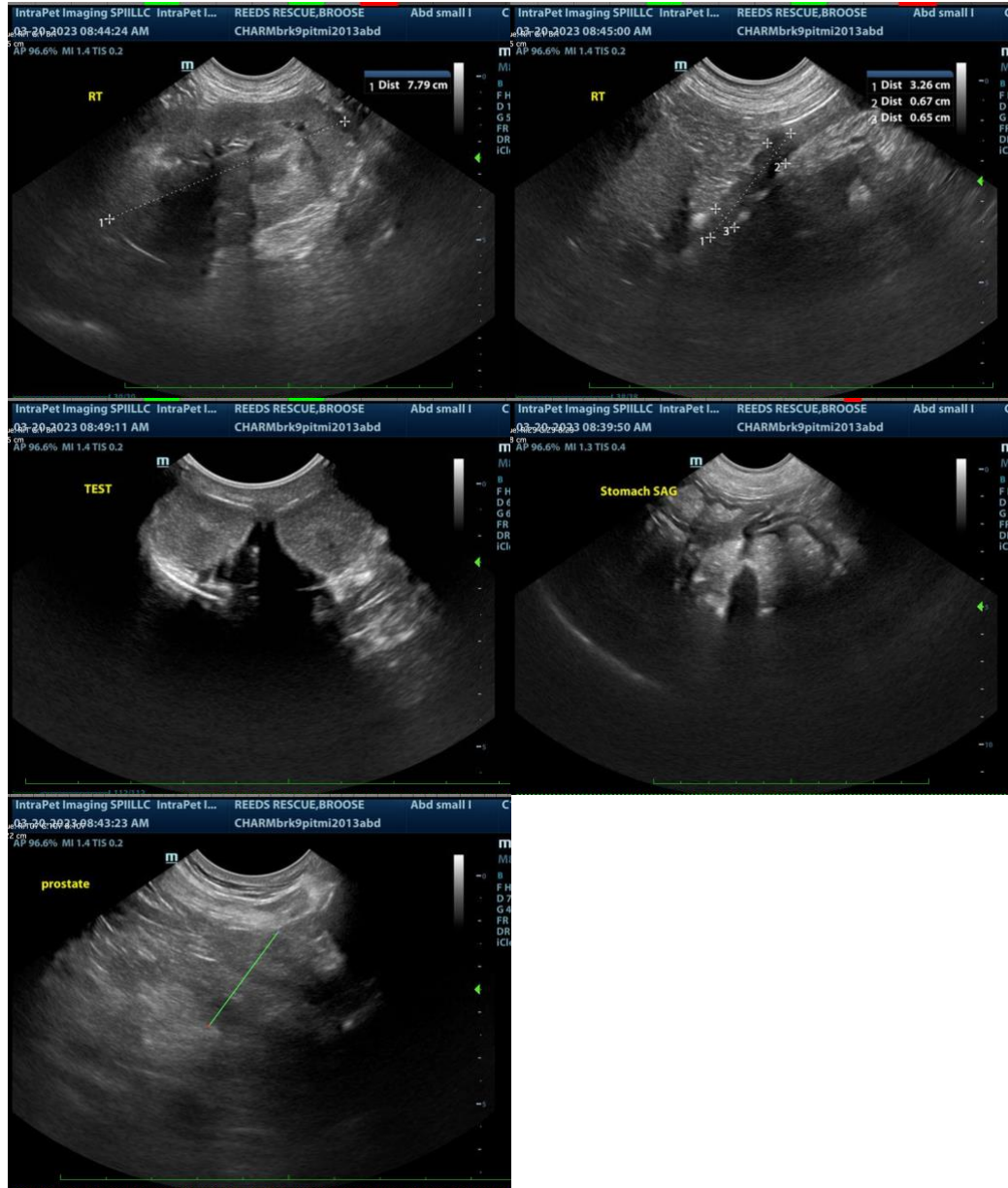
ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris
- Reactive sublumbar lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- Pancreatic age-related remodeling – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that this patient is intact, even though the prostate has a normal appearance, given the concurrent sublumbar lymphadenopathy, benign prostatic hyperplasia or chronic bacterial prostatitis, etc., can't be ruled out as causes for this patient's recurrent hematuria. Therefore, as was reportedly already obtained, a cystocentesis obtained urine sample is recommended for urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended. If, however, it has not been at least 7-10 days since finishing antibiotics, the culture should be postponed and urine resampled at 7-10 days post antibiotics to prevent false negatives from antibiotic therapy. Additional recommendations, if agreeable to the owner, include patient neuter.





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.

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