

PATIENT

Bogey Rapphahn

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

American Bulldog

SEX

Neutered Male

AGE

3 Years 9 Months

WEIGHT

78.9 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr. Pablo Mendoza

INVOICE

39201

DATE

6/30/22

sedated dex/torb PAWS Request Form: Chief Concern / Provisional Diagnosis: bladder mass vs urethral mass vs prostatic disease vs neurogenic bladder vs hydronephrosis vs other urethral disease~ Relevant Medical History and Physical Exam findings: ~Patient presented on 6/17 for evaluation of polakiuria and distended bladder. Initial evaluation showed severely distended bladder, hypostenuria and hematuria, no evidence of bacteriuria. On AFAST noted Severely distended bladder, suspected mass on trigone, no lyths observed on penis or urinary bladder. Kidneys C:M ratio apperas abnormal, suspected mild hydronephrosis. P was unable to urinate on own, placed an urinary catheter and collected 960ml of light yellow urine. Recommended full abd ultrasound to r/o urinary mass vs other diseases~ Relevant Labratory Results / Abnormalities: ~ UA 6/17/22 Specific Gravity 1.014 Blood 3+~ Current medications (include full name, dosage and frequency): ~prazosin 2mg BID~ Relevant Radiograph Findings(email radiographs if available): ~see attached~
Abnormal PE/Chem/CBC/UA Results: Vital Sign MM1 Weight 78.9 pounds BodyScor e9 6 - Overweight Temp 101.3 Pulse 120 Resp 30 CRT <2 sec Dental 2 - Mild Pain 1 - No Visible Pain Alert BAR Muc Memb Pink/Healthy

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is subjectively overdistended/full with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

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

The right kidney is normal in size (6.7 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.

The left kidney is normal in size (7.3 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.

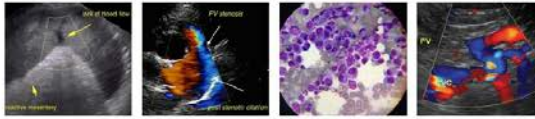
Adrenal Glands

The right adrenal gland is normal in size (0.84 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (3.49 cm long x 0.53 cm at the cranial pole and 0.49 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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.



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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.

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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.

SEX

Neutered Male

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.

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

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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.

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Free Abdomen

There is no evidence of peritoneal effusion. Mesenteric, medial iliac, and inguinal lymphadenopathy noted, primary differential for which is reactive nodes. Infiltrative neoplasia cannot be ruled out but is considered less likely.

The penis is examined without evident pathology.

IMAGING BY

Loetitia Saint-Jacques,
LVT

PRIMARY FINDINGS

- Subjectively mildly overdistended bladder

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SECONDARY FINDINGS

- Mesenteric, medial iliac, and sublumbar lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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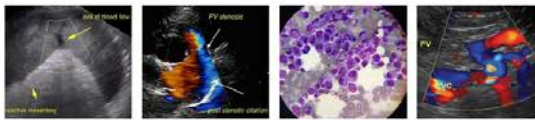
The reported abnormalities on this patient's previous ultrasound are not visible today. If clinical signs have resolved, then no follow up is warranted. No further recommendations are needed. However, if this patient is still having difficulty urinating, differentials could still include a neurogenic bladder and/or an obstruction distal to where we can see on ultrasound. However, that differential is considered less likely.

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Portable Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

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Recommendations are based on current clinical status and can include a urine culture to rule out an occult urinary tract infection as well as fine needle aspirate of the enlarged lymph nodes to rule out infiltrative neoplastic disease, followed ultimately by a neurologic evaluation/consultation.

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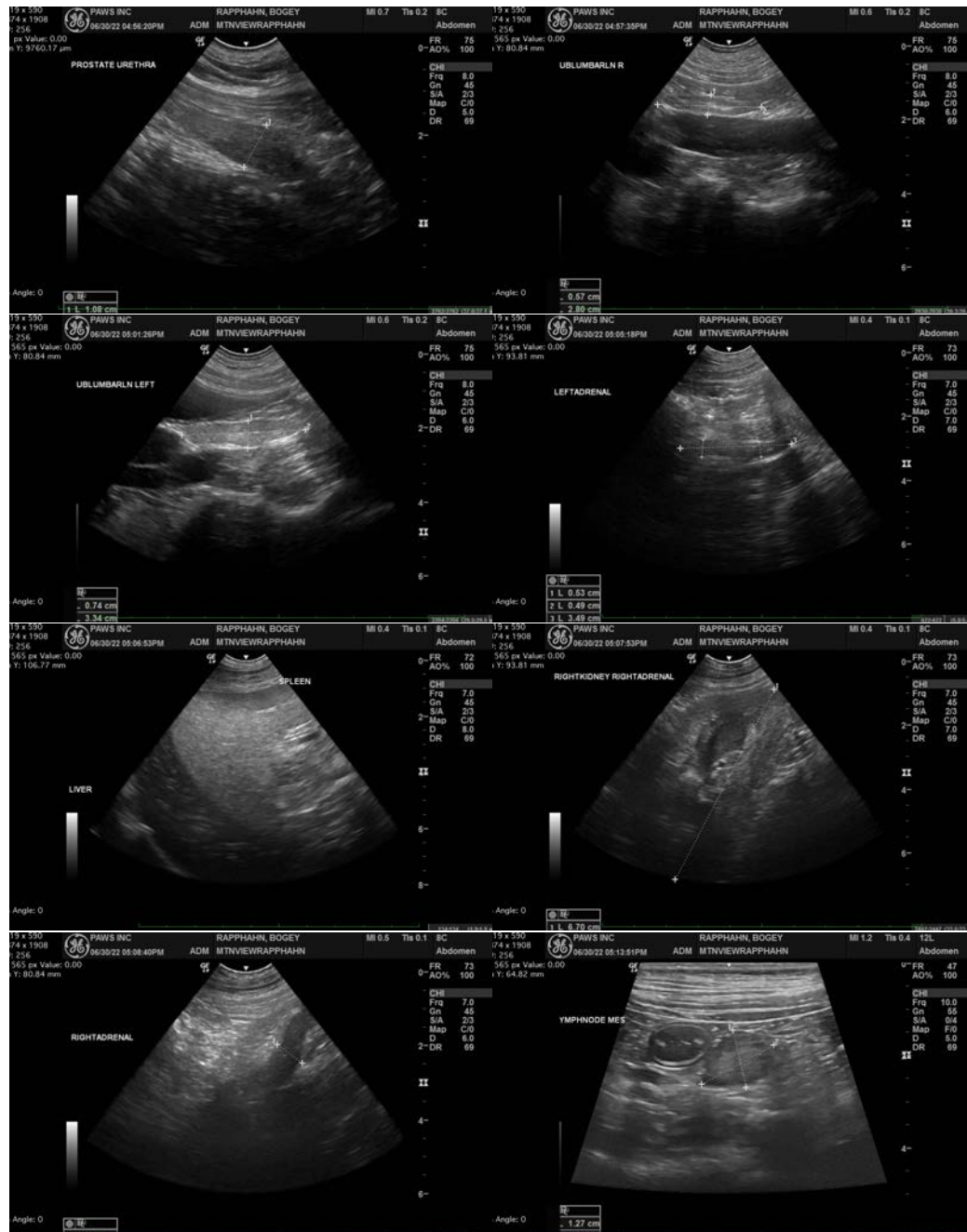
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com