



PATIENT PRESENTING CLINICAL SIGNS

Cymro Sharp

History: 14 yo MN Border Collie. 47# Not sedated Rdm requests urinary tract US only. Wellness screening b/w showed Creat 1.6 SDMA 17 BUN 36. UA - mild microscopic hematuria, neg protein, USG 1.018. Hx anaplasma + and treated. U culture was performed next given new mild elevation kidney values and hematuria. U culture NEG. Started on Naraquin (kidney supplement) and k/d in case of CKD. Set up for urinary tract US to r/o pathology other than CKD leading to mild microscopic hematuria.

SPECIES

Canine

BREED

Border Collie

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

SEX

Neutered male

Prostate is normal to slightly enlarged in size with a smooth capsule and solitary hypoechoic spherical fluid accumulation consistent with a prostatic cyst. Pinpoint areas of hyperechogenicity are present consistent with mineralization.

AGE

14 years

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. Hyperechoic shadowing in both renal pelvises with no dilation consistent with non-obstructive nephrolithiasis. The left kidney measured 5.5 cm and the right kidney measured 5.18 cm.

WEIGHT

46 lbs

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.89 cm in length and 0.69 cm at the cranial pole and 0.54 cm at the caudal pole. The right adrenal gland measured 2.2 cm in length and 0.51 cm at the cranial pole and 0.55 cm at the caudal pole.

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Carpenter

HOSPITAL NAME

Pennridge AH

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Prostatic cyst and mineralization
2. Degenerative renal changes with nephrolithiasis

REFERRING VET

Dr. Mehaffey

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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. Prostatic changes are mild and may be benign subclinical changes, but they are concerning as they may represent prostatic carcinoma. Prostatic aspirate for cytology and culture is recommended to assess for neoplasia and infection. Urine culture and/or prostatic wash with cytology and culture could be considered. CADET BRAF testing can pick up prostatic neoplasia if transitional cell in origin. Empiric therapy with antibiotics with good prostatic penetration (enrofloxacin, TMS, clindamycin, etc) for a

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3/22/23



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minimum of 4 weeks and recheck imaging to monitor for resolution of fluid accumulation could also be considered while awaiting culture and cytology results.

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Renal changes are likely age related degenerative changes. Correlate clinical significance with blood work/urinalysis findings and clinical signs. Nephroliths may act as a nidus of infection and predispose to urinary tract infections. They have the potential to move into the ureters or bladder causing obstructive nephropathy.

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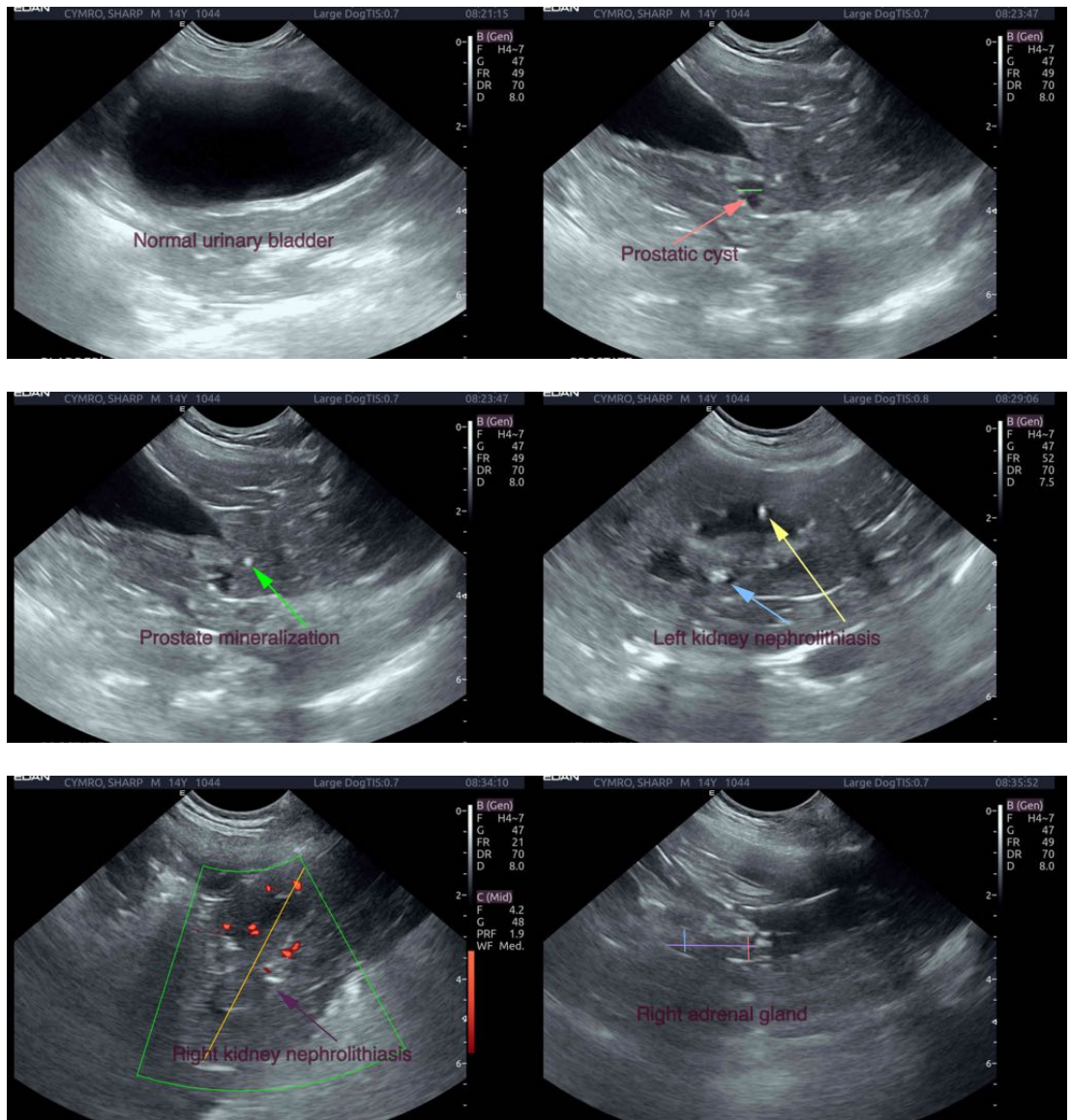
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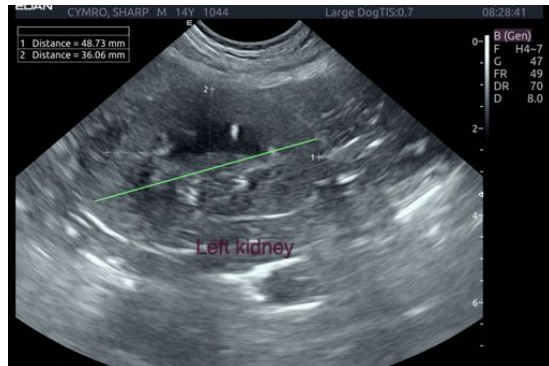
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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