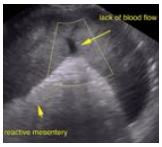
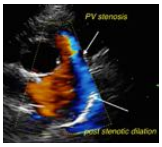
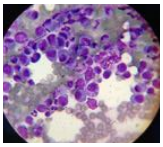
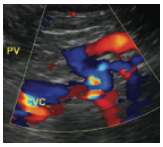
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Wesson Feliciano

SPECIES
Canine

BREED
Doberman

SEX
Intact male

AGE
5 years

WEIGHT
84 lbs

INTERPRETED BY
Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY
JK

HOSPITAL NAME
Hamburg VC

REFERRING VET
Dr. DenHeyer

INVOICE
76298

DATE
7/31/23

PRESENTING CLINICAL SIGNS

History: Chronic hematuria.
Abnormal PE/Chem/CBC/UA Results: UA bloody urine, SG 1.056, RBCs 21-50

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.

The prostate is uniformly moderately enlarged and hyperechoic. Likely benign prostatic hyperplasia given intact status. No mineralization or evidence of masses or abscess on ultrasound.

The kidneys have a smooth capsule and with mild hazing of corticomedullary definition. Hyperechoic shadowing in renal pelves bilaterally with no dilation consistent with non-obstructive nephrolithiasis. No evidence of pelvic dilation was present. The left kidney measured 6.45 cm and the right kidney measured 7.02 cm.

Adrenal Glands

Adrenal glands - Left adrenal gland was 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 2.1 x 0.54 cm at the caudal pole and 0.63 cm at the cranial pole. The right adrenal gland was not definitively visualized.

Spleen

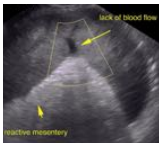
The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

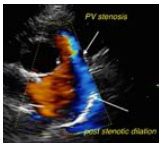
Liver

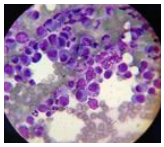
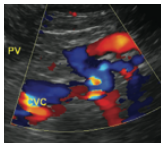
The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally

Gastrointestinal

The stomach contains minimal luminal contents. It appears of normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.





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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Prostatomegaly – likely benign prostatic hyperplasia
2. Bilateral non-obstructive nephroliths and pinpoint cortical mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prostatic changes are most consistent with benign prostatic hyperplasia. Fine needle aspirate could be considered to confirm and rule out infectious or neoplastic prostatitis. Castration should be considered as this is a likely cause of hematuria. This condition can also cause stranguria, urinary incontinence or tenesmus. Alternatively medical therapy with finasteride, Progestins (Megestrol acetate, Medroxyprogesterone), Deslorelin implant could be attempted.

Nephroliths can cause sterile inflammation leading to renal hematuria. They may also 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 uropathy. I believe they are the less likely cause of hematuria in this patient as they are a common incidental finding in asymptomatic patients and areas of shadowing are very small. Cytologic evaluation of a fresh urine sample may help differentiate renal bleeding from prostatic bleeding. I have attached several papers describing how this may be of clinical use. A urinary specific diet aimed at dissolution such as Hill's c/d may be tried with serial imaging used to help determine efficacy.

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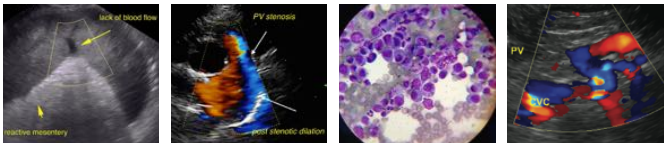

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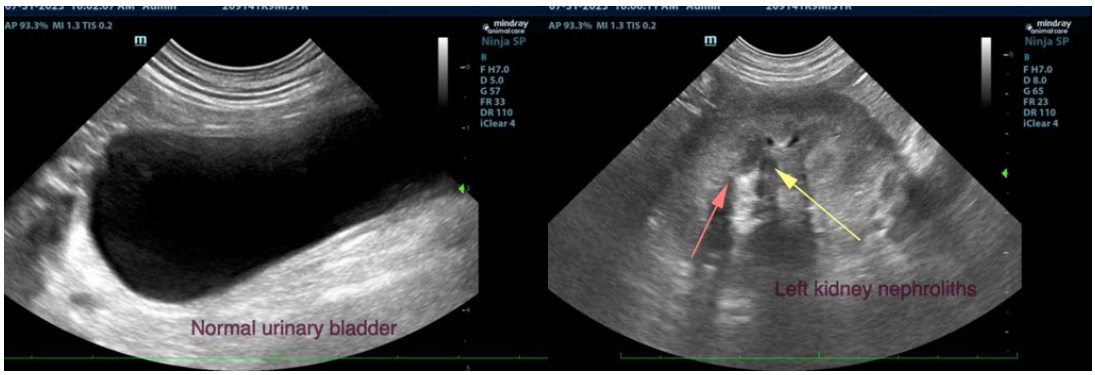

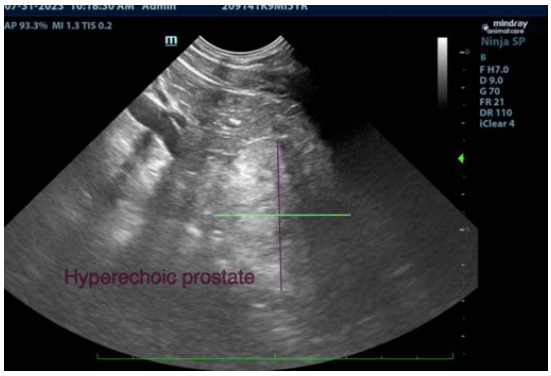

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
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