

**DATE PRESENTING CLINICAL SIGNS**

1/27/23

History: Dribbling urine since yesterday. Hunched and straining. Not eating or drinking since Tuesday night.

PATIENTAugustus
Middleditch

Current Medications: Cerenia, Baytril, Buprenorphine, Unasyn.

Lab Results: See attached.

Radiographs: Large prostate and bladder. Stone in the urethra

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Canine

BREED

Belgian Shepherd

SEX

Intact Male

AGE

6/22/15

WEIGHT

53.9 Pounds

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**The **urinary bladder** presented minimal urine, yet sand, debris and wall thickening were noted. Foley catheter was in proper position.The **prostate** was slightly heterogenous, measuring 3.5 cm x 3.4 cm. Edema lines were noted in the prostate.The **testicles** were imaged and found to be uniform.The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.52 cm. The right kidney measured 6.7 cm.**INTERPRETED BY**Eric Lindquist, DMV
DABVP, Cert. IVUSS**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 2.82 cm x 0.63 cm at the caudal pole and 0.75 cm at the cranial pole. The right adrenal gland measured 2.83 cm x 0.84 cm at the caudal pole and 0.79 cm at the cranial pole.**HOSPITAL NAME**Animal Emergency
Hospital**Spleen**The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.**REFERRING VET**

Dr. Ruby

INVOICE

20797

LiverThe **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **stomach** was overdistended with fluid and gas. The small intestine and colon were unremarkable.

Pancreas

Minor heterogenous parenchymal changes were noted in the **pancreas**. Low grade inflammation is possible yet no evidence of masses or significant evidence of necrosis.

Free Abdomen

The mesenteric **lymph node** (up to 3.34 cm x 0.73 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

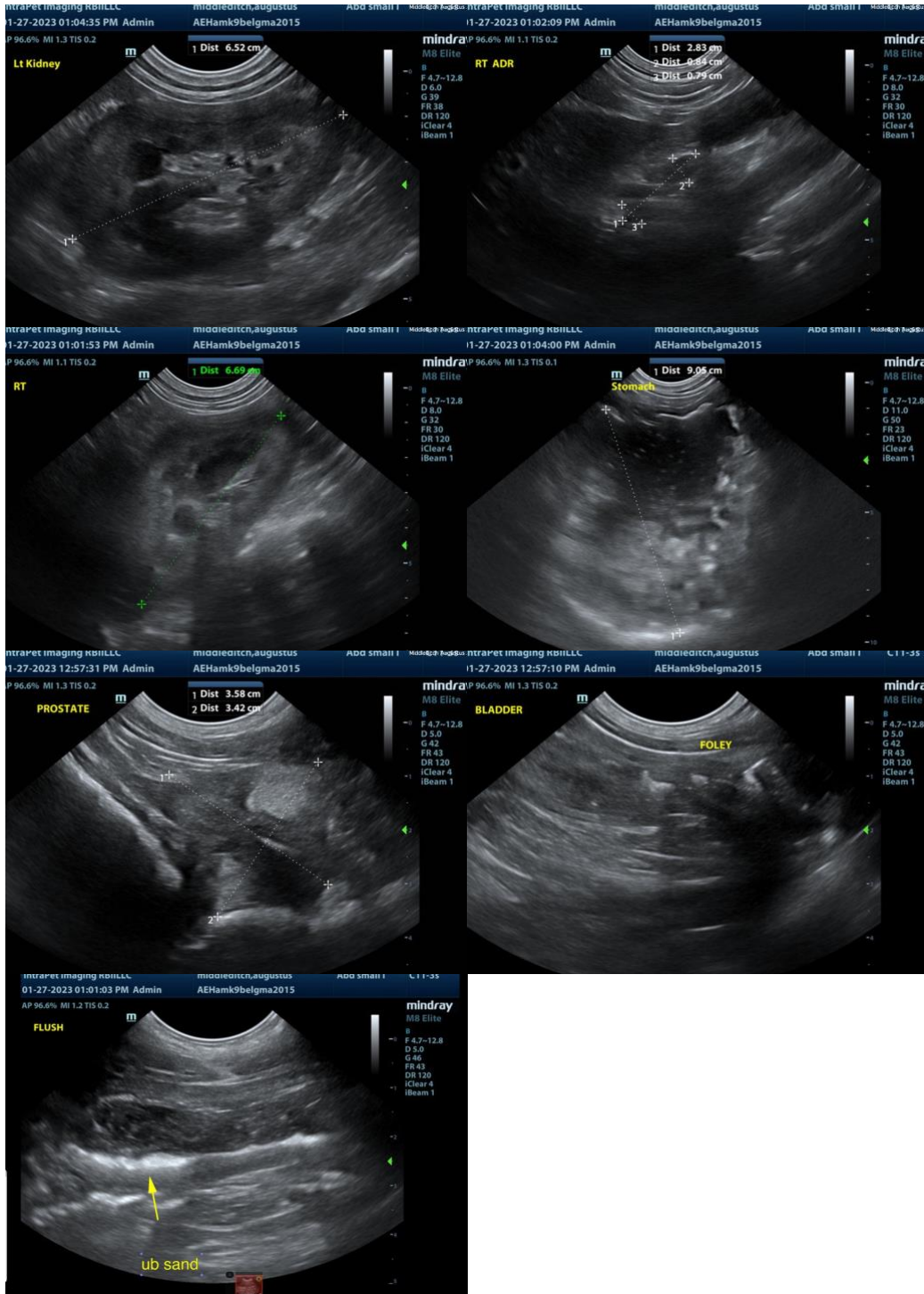
ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sand and debris
- Enlarged prostate with edema lines noted
- Gastric ileus- radiographic assessment for bloating is indicated
- Minor heterogenous pancreas
- Reactive mesenteric lymph nodes
- Uniform testicles

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystotomy and sand analysis are indicated. Prostatitis and likely UTI are likely contributing to the sand accumulation.





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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