

**DATE**

8/12/22

PRESENTING CLINICAL SIGNS

History: Owner noted beginning two days started straining to urinate and only producing small amounts of urine. Today straining so hard vomited 3x. Current diet - Chicken and vegetables & corn tortilla. Bladder stone surgery - June 2021. Never started on prescription diet.

PATIENT

Crixco Cardenas

Current Medications: ampicillin, buprenorphine, maropitant, ondanestron

Lab Results: See attached.

SPECIES

Canine

Radiographs: Lateral abdomen - large distended urinary bladder - significantly enlarged prostate - colon displaced dorsally and compressed. Radiopaque foreign material in colon. No visible stones. Lateral abdomen - repeat Xray following placement of u-cath. Prostate enlarged and irregular. Bladder overlapped by intestines - No visible stones

BREED

American Bully

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SEX

Intact Male

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

6/13/16

Urinary System

The **urinary bladder** revealed a small amount of sand and a 1.4 cm calculus accumulation. Prior to urethral flushing, a 0.58 cm urethral calculus was noted, flushed back into the urinary bladder.

WEIGHT

73 Pounds

The **prostate** was uniformly enlarged with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign cystic pathology or both. Underlying neoplasia cannot be completely ruled-out but is lower on the differential list. This presentation is most consistent with benign prostatic hyperplasia with possible active prostatitis. Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture. This is a moderate change. The prostate measured 4.0 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mineralization was present in the kidneys. The right kidney measured 8.22 cm. The left kidney measured 7.33 cm.

HOSPITAL NAMEAnimal Emergency
Hospital**REFERRING VET**

Dr. Saubier

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 right adrenal gland measured 3.11 cm x 0.88 cm at the caudal pole and 1.03 cm at the cranial pole. The left adrenal gland measured 2.83 cm x 0.88 cm at the caudal pole and 0.97 cm at the cranial pole.

INVOICE

16829

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.

Liver

The **hepatic** veins were mildly dilated consistent with congestion. The vena cava was significantly dilated. The gallbladder wall was edematous and mildly thickened (0.78 cm) without overdistention.

Gastrointestinal

The **stomach** was overdistended with fluid consistent with metabolic ileus. The small intestine and colon were unremarkable.

Pancreas

The right limb of the **pancreas** was hypoechoic, irregular and remodeled. Pancreatic edema was also noted.

Free Abdomen

Minor **free fluid** was noted adjacent to the liver parenchyma.

Other

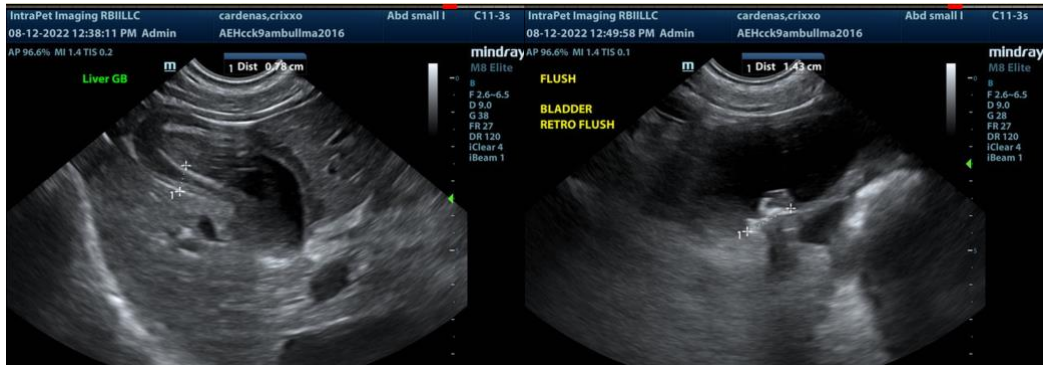
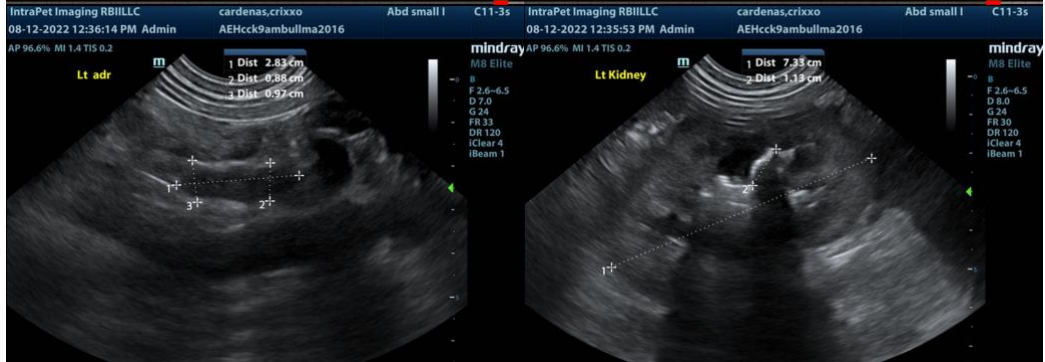
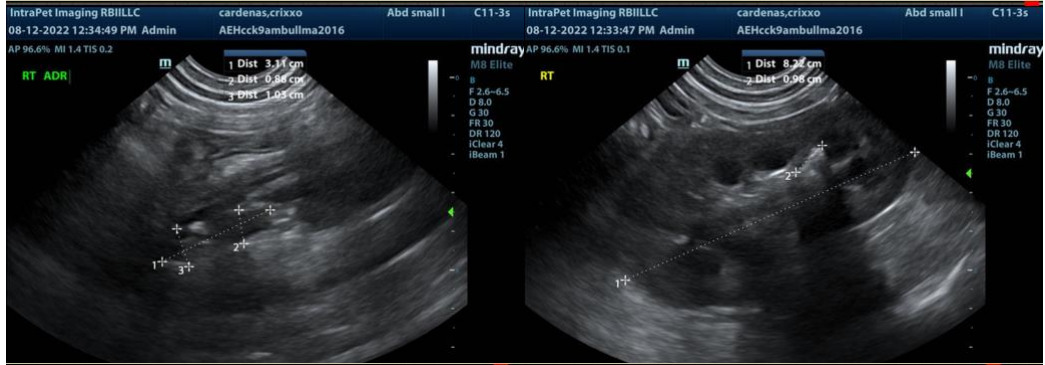
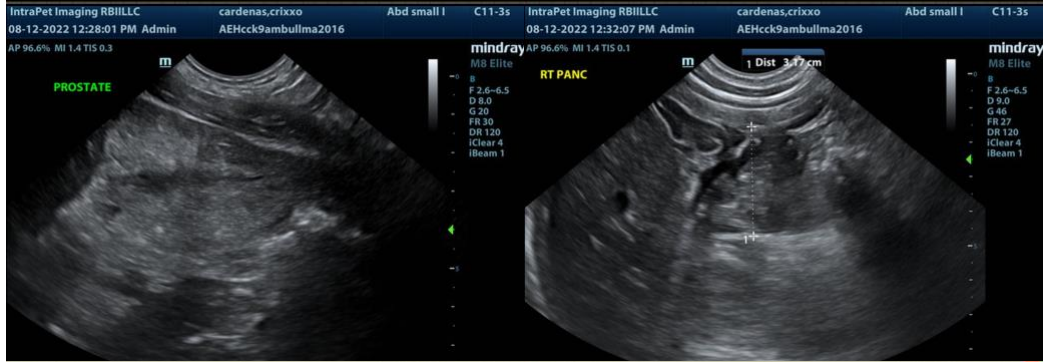
The **testicles** were imaged and found to be uniform with no evident pathology.

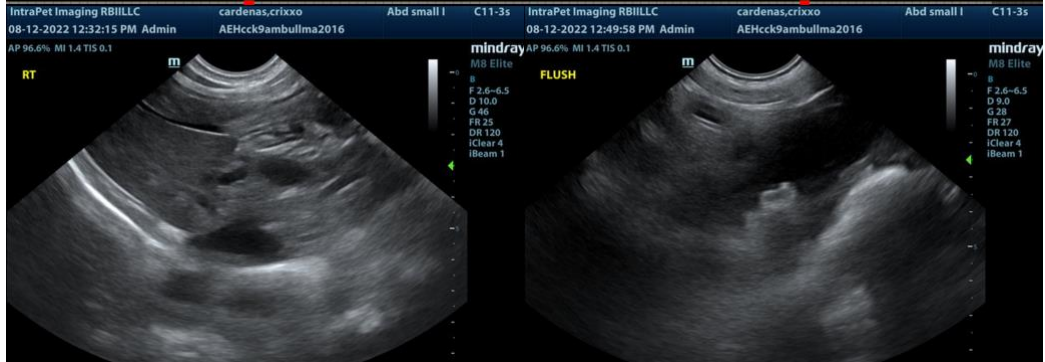
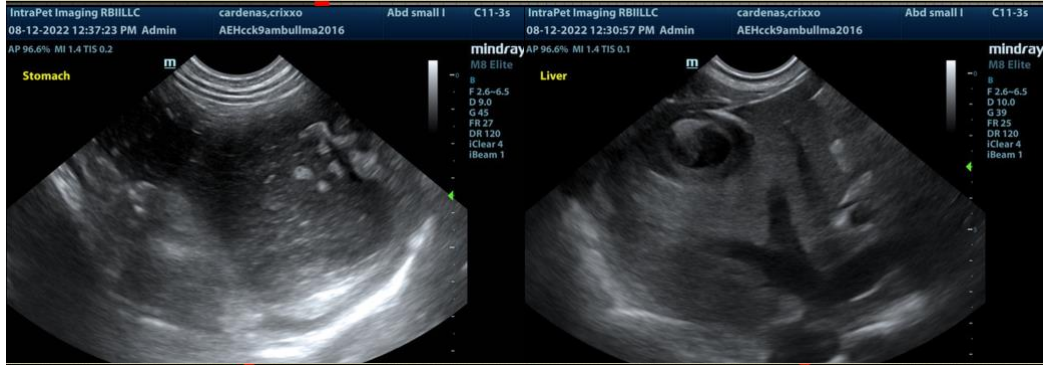
ULTRASONOGRAPHIC FINDINGS

- Urethral calculi flushed back into the urinary bladder
- BPH prostate
- Age-related renal changes with mineralization
- Passive congestion liver pattern
- Hypoechoic, irregular and enlarged pancreas with pancreatic edema
- Stomach overdistended with fluid, consistent with metabolic ileus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has likely been passing calculi from the kidneys to the lower urinary tract. At the end of the procedure, the urethra was free of evident obstruction and bladder calculi were present. However, I recommend investigating the cause of passive congestion in the liver. As for right sided heart failure or pericardial effusion, if the patient is under IV fluid therapy, rate adjustment may be necessary. Eventual cystotomy and neutering should be performed, however, causes of passive congestion in the liver and secondary ascites should be investigated.





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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