

**PATIENT PRESENTING CLINICAL SIGNS**

Hank Ambrose

History: Voiding moderate amounts of urine while sleeping starting last month. No other symptoms. Has progressed recently to dribbling urine while walking after waking. Adopted from shelter in 2019, neutered before adoption. \*Sedated with Butorphanol.  
UA (8/2, first morning urine): SG > 1.045, rare hyaline cast.

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Neutered male

**AGE**

5 years

**WEIGHT**

68 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Allen

**INVOICE**

91475

**DATE**

8/24/21

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The residual prostate was slightly enlarged, yet uniform and measured 1.81 cm. The prostatic urethra was slightly dilated in this patient with some remodeling of the prostatic parenchyma, yet no significant capsular expansion or regional inflammation was noted. The patient was likely neutered later in life and may have had prostatitis at the time of neutering, yet the parenchymal remodeling is typical for post prostatitis/neutering induced regression.

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. The capsules were acceptably uniform without significant irregularities. The right kidney measured 7.04 cm with slight pyelectasia. The left kidney measured 7.35 cm.

**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 2.0 x 0.5 cm. The left adrenal gland measured 0.53 cm at the caudal pole and 0.5 cm at the cranial pole.

**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 was noted.

**Liver**

The **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



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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.

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**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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**Pancreas**

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

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**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

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Mild prostatic remodeling.

Slight pyelectasia in the right kidney.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Embedded infection with the right kidney and prostate may be contributing to the clinical status in this patient. There is minimal to no suspicion for prostatic carcinoma. However, if clinical signs persist despite medical management then a recheck sonogram is recommended in a month to assess for progression. I recommend a clinical trial of Enrofloxacin over a 3 week period with reassessment of the clinical signs. NSAID treatment can be considered in case any low-grade inflammation is playing a role.

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For an additional charge an internal medicine consult can be utilized through [Sonopath.com](http://sonopath.com). You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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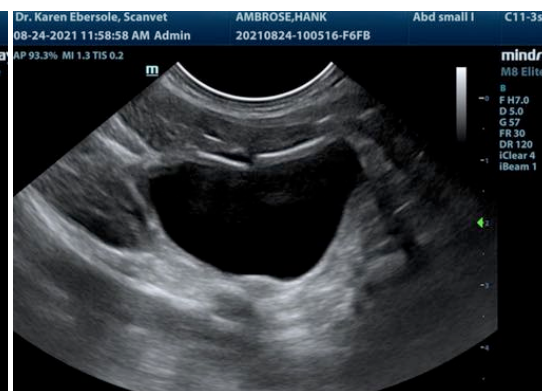
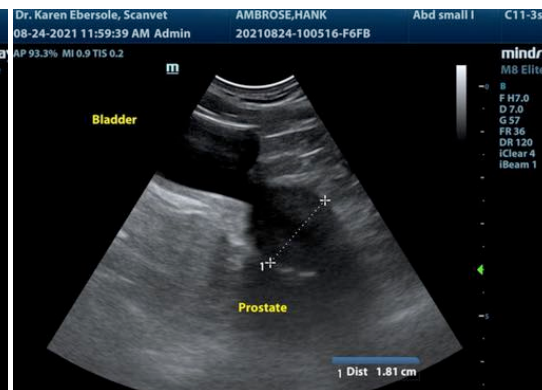
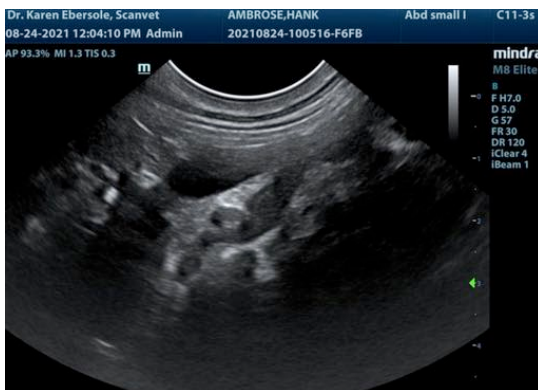
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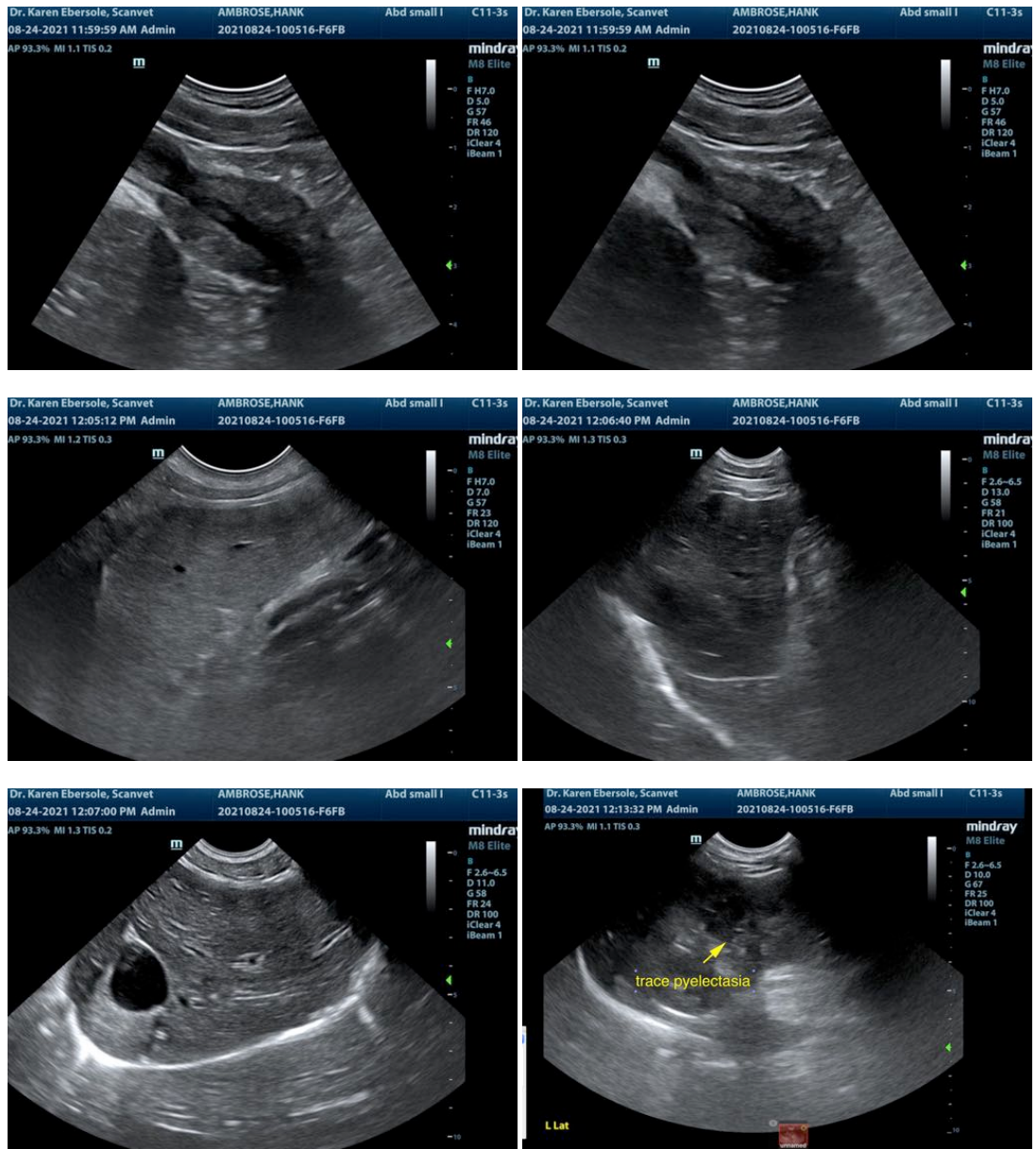
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com