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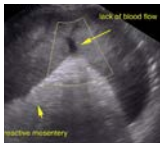
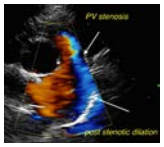
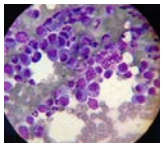
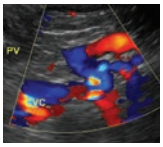

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1-800-838-4268 info@sonopath.com

**PATIENT**

Pinky Rourke

**SPECIES**

Canine

**BREED**

Chihuahua X

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

7.3 Pounds

**INTERPRETED BY**

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

**IMAGING PERFORMED BY**

Dr. Megan Cassels-Conway

**HOSPITAL NAME**

Central Broward AH

**REFERRING VET**

Dr. Janeen Lezcano

**INVOICE**

44078

**DATE**

1/10/23

## PRESENTING CLINICAL SIGNS

P presented for blood-stained fur in tip of penis. P had been neutered in 4/2021 due to hx of perianal adenomas. Hx also has hx of increase liver enzyme(s) which the ALT is slightly persistently elevated.

Abnormal PE/Chem/CBC/UA Results: PE: dark staining on fur at tip of penis, possible hematuria. Rectal exam WNL. On FAST scan of urinary bladder 2 round mineralized structures noted in pelvic urethra vs prostate. CBC: plt ct: 447H, Chem: creat: 0.8, ALT: 169H, amylase: 274L, T4: 2.1, UA: SG: 1.042, trace prot, hematuria (11-20/hpf). UCS: no growth. Only previous blood work results available for review Chem: ALT: 125. In medical notes from other DVM there is notations of ALT being elevated in 3/21 and 4/21 prior to neutering.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, or masses. There is at least one small pinpoint hyperechoic foci visualized in the pre-prostatic urethra/distal trigone region measuring 0.17 cm.

The prostate is normal in size (0.72 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (3.25 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.49 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is normal in size measuring 0.37 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

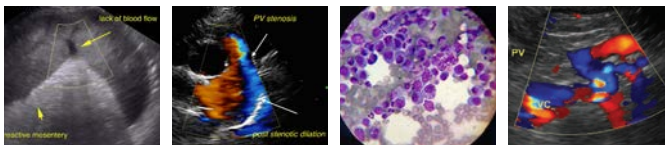
The right adrenal gland is normal in size measuring 0.29 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

### *Spleen*

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

### *Liver*

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

### *Gastrointestinal*

The stomach contains mild fluid/ingesta. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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. Duodenum wall measures .39 cm. Jejunum wall measures 0.22 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

### *Free Abdomen*

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

## ULTRASONOGRAPHIC FINDINGS

- Pinpoint mineralization visualized in the pre-prostatic urethra – findings are likely consistent with a small stone/sandy debris.
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a small mineralization visualized in the pre-prostatic urethra/distal trigone. It is possible that this patient is passing small urethral stones. Correlate these findings with abdominal radiographs, a urinalysis, and possibly passing a urinary catheter and/or doing a contrast study, as ultrasound is insensitive for picking up more distal urethral stones. No other lesions are visualized associated with the urinary tract or prostate to explain the hematuria reported.

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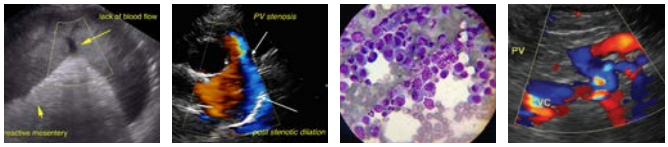

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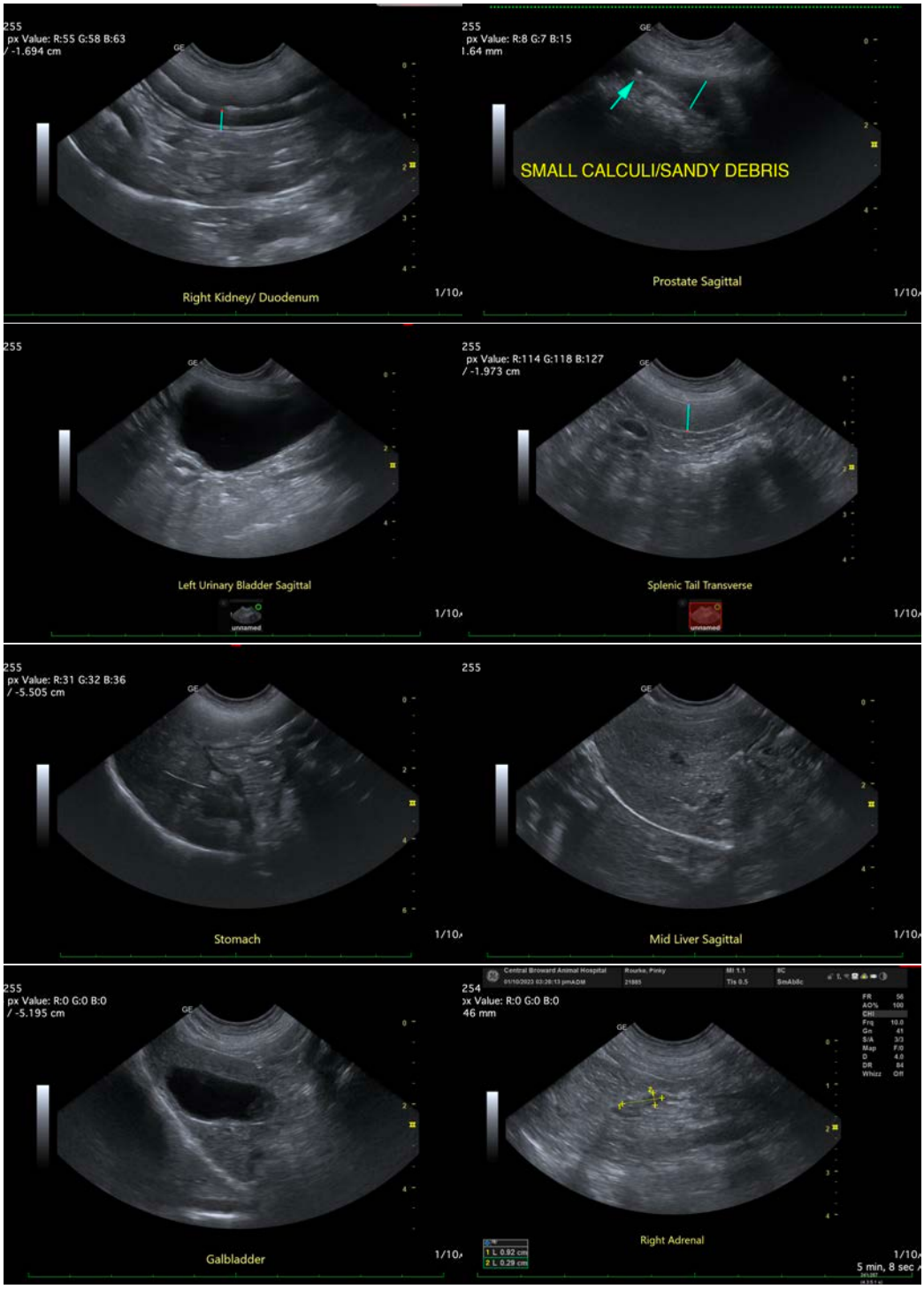

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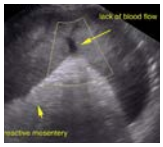
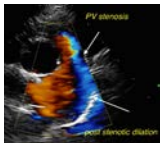
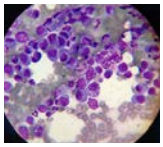
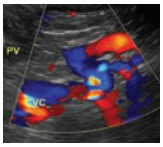

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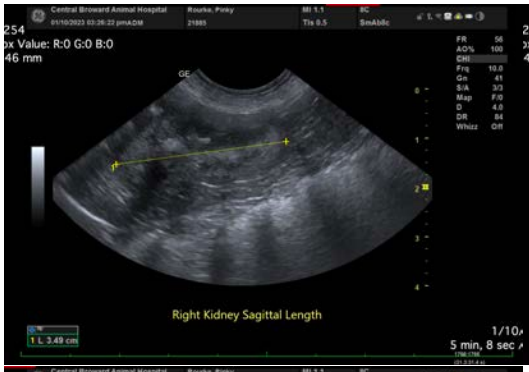


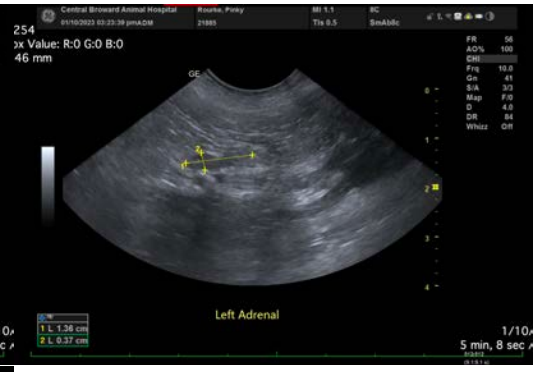


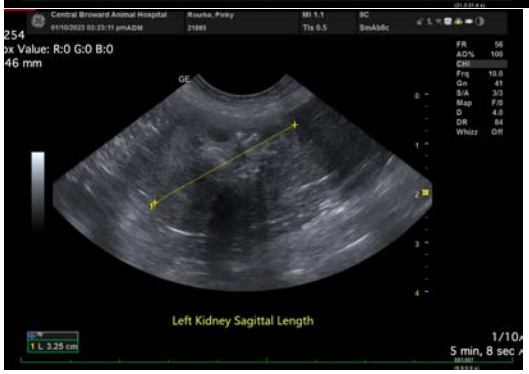


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

kathleen.sennello@sonopath.com