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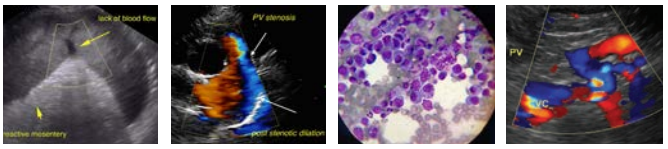

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Hunter Wheatstone

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

Neutered Male

AGE

9 Years

WEIGHT

46 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Celine Ward

HOSPITAL NAME

Kenora Vet Clinic

REFERRING VET

Dr. Celine Ward

INVOICE

34165

DATE

1/12/22

PRESENTING CLINICAL SIGNS

Over past 2-3 years has had intermittent reoccurring stranguria. Prior to 2021 would occur for 24 hour period and then resolve spontaneously without veterinary care. Starting in Oct 2021 continued for 3 consecutive days and required antibiotics/NSAIDs to resolve (UA showed no evidence of bacterial cystitis but treated empirically for prostatitis). Reoccurred again after 2 weeks of antibiotics so longer course of antibiotics and switching to Baytril started. Rectal examination and urethral catheterization WNL. Not currently on any medication.
Abnormal PE/Chem/CBC/UA Results: UA - normal Bloodwork (CBC/CHEM/LYTES) - normal
Abdominal radiographs as of 04/2021 - normal

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, masses or cystic calculi.

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (5.9 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (5.8 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. 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.

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

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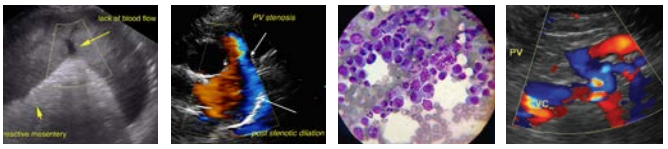

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Gastrointestinal

The stomach is dilated with a large amount of fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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

- No significant ultrasonographic lesions visualized

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I do not see any evidence of stones or mass effects in the urinary bladder or proximal urethra. The prostate is difficult to visualize. This could be because this dog was neutered at an early age. This can be an important piece of the history. If neutered at an older age, sometimes the prostate can remain large and abnormal. If neutered early, sometimes it can be very small, but the prostate is not visualized.

Recommend finishing the course of antibiotics and reculturing the urine approximately one week after finishing antibiotics. I would likely try to culture this dog rather than try empirical antibiotics, as it can be confusing as to what is going on. Recommend observing urination. Could this be dysuria(?) such as reflex dyssynergia, detrusor atony, etc. Consider a contrast cystourethrogram and close monitoring of voiding. Based on the size of this dog and lack of obvious lesions, I would consider reflex dyssynergia as high on my differential list.

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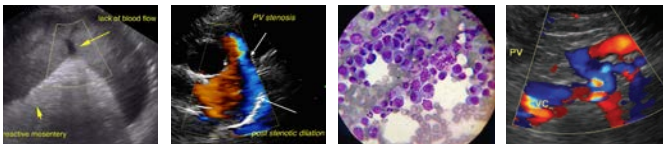

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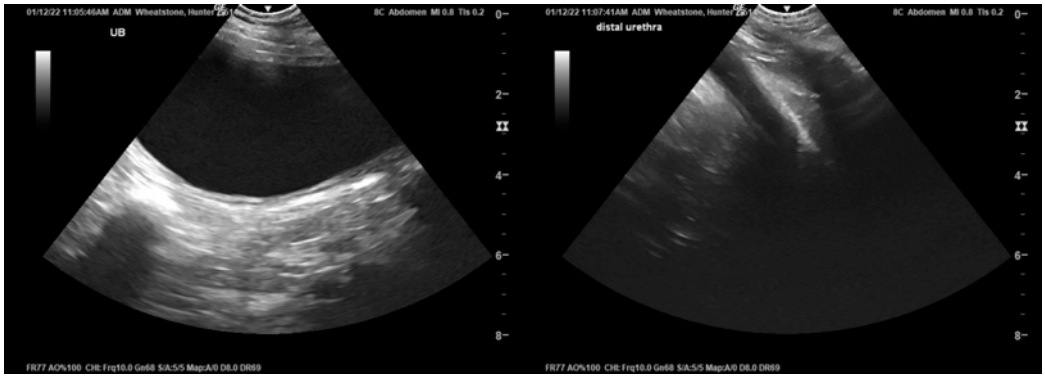

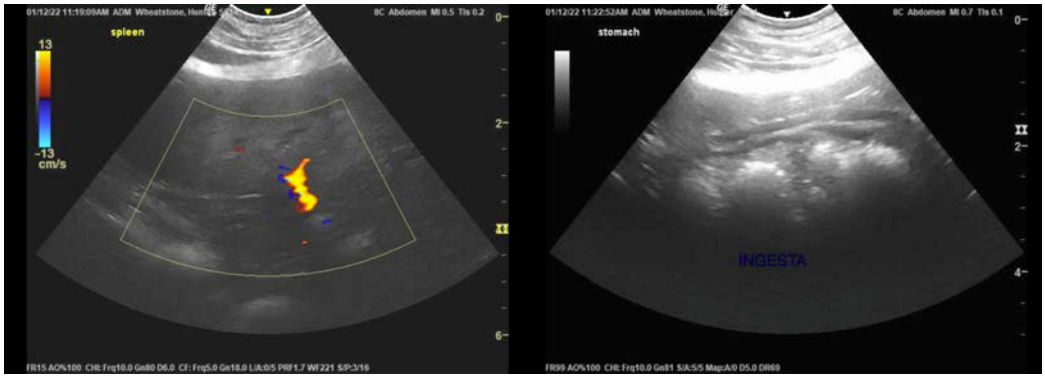

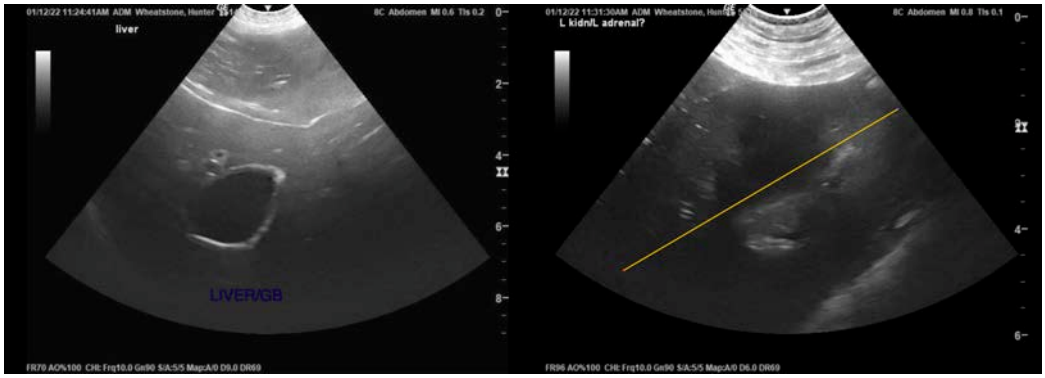

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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kathleen.sennello@sonopath.com