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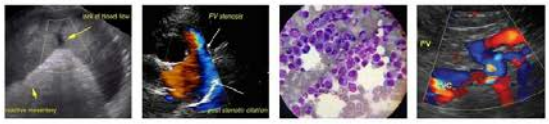

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Gio Chavez

SPECIES

Canine

BREED

GSH

SEX

Intact Male

AGE

4 Years 1 Month

WEIGHT

74.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr. Pablo Mendoza

INVOICE

34249

DATE

1/13/22

PRESENTING CLINICAL SIGNS

Chief Concern / Provisional Diagnosis: ~Urinary incontinence, Prostatomegaly, Benign Prostatic Hyperplasia, Urolyth vs other~ Relevant Medical History and Physical Exam findings: ~Gio presented on 12/31/21 for evaluation of occasional urinary incontinence. On physical examination, no organomegaly was noted on abdominal palpation, howevere enlarged prostate was noted in rectal palpation and prostate appears subjectively enlarged in radiographs. Urinalisys was wnl, except for mild proteinuria. Urine Culture was negative. Recent Diagnostics: Relevant Labratory Results / Abnormalities: ~UA: Mountain View Animal Hospital and Holistic Pet Care Ultrasound Submission Form Client: Sara Chaves Patient: Gio Sex: Male Date: 1/12/2022 DOB: 11/17/2017 Species: Canine Phone: (925) 487-2973 Age: 4 Yrs. 1 Mos. Breed: Shepherd, German Protein 2+ Bilirubin 2+ Bacteria: none Culture: Not indicated~ Current medications (include full name, dosage and frequency): ~~

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall and trigone appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi. The proximal urethra appears relatively normal with no evidence of mucosal irregularities or mass effects, but approximately 3.0 cm distal from the cystourethral junction, just proximal to the prostate, is a ureteral opening from an ectopic ureter, which I suspect is entering from the right side. The ectopic ureter measures approximately 0.21 cm in diameter.

The prostate is large in size and relatively normal in shape with smooth external margins. The parenchyma is very hyperechoic, but no discreet focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion of mass effect, or calculi.

The left kidney has a normal shape and size (6.9 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 (6.4 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 left adrenal gland is normal in size measuring 0.54 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 0.57 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.

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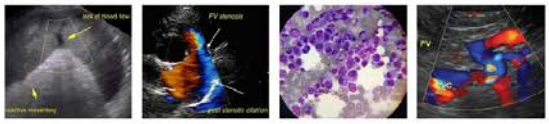

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Liver

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.

Gastrointestinal

The stomach contains minimal luminal contents. 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. 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.

Other

Both left and right testicles were visualized and were within normal limits.

A brief view of the heart was submitted. No significant pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

- Suspected right-sided ectopic ureter opening into the pre-prosatic urethra
- Large, hyperechoic prostate – Prostatic changes are most consistent with benign prostatic hyperplasia. Other differentials include bacterial prostatitis and prostatic neoplasia. However, given the lack of lower urinary tract symptoms, these differentials are considered less likely in this patient.

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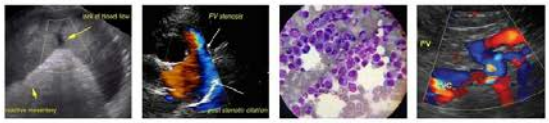

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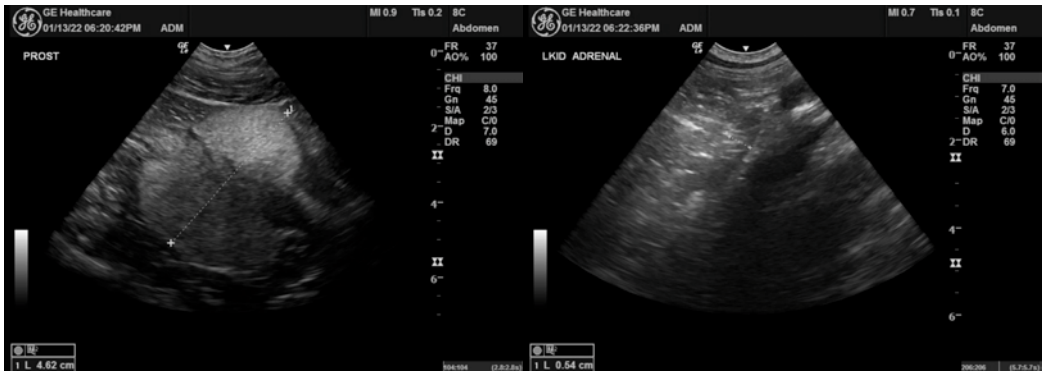
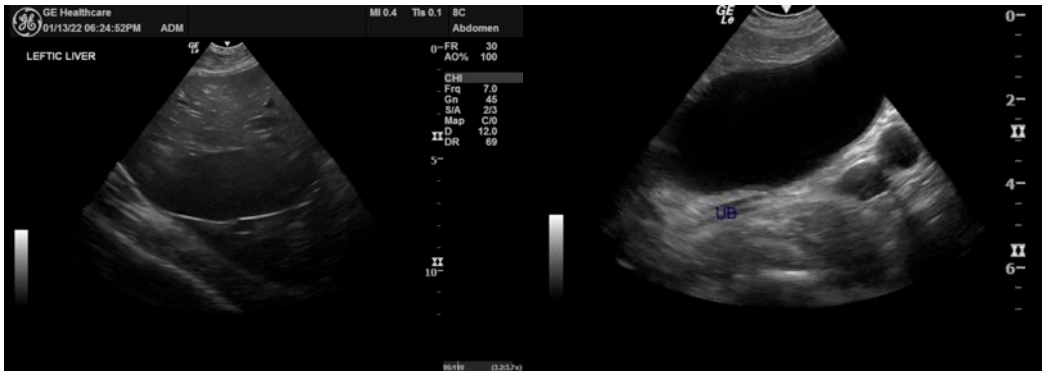
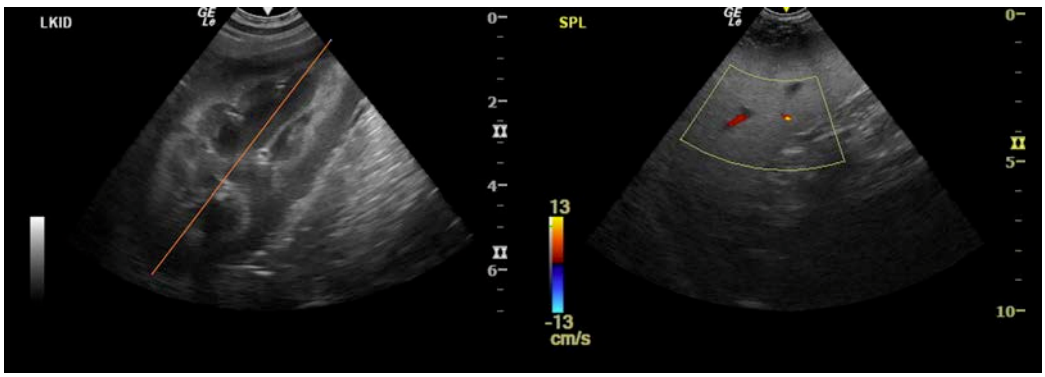
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There appears to be an opening in the pre-prostatic urethra where an ectopic ureter is entering. This is likely contributing to the incontinence noted, and could potentially be worse after neutering. Additionally, the prostate is very large and bright. These findings could be consistent with benigin prostatic hypertrophy or prostatitis.

Consider surgical repair of the ectopic ureter. I generally recommend a contrast CT scan or excretory urogram in all suspected ectopic ureter patients to ensure there are not multiple congenital anomalies present. Additionally, you could consider neutering at the same time as the surgical repair. Recommend urinalysis and culture to rule out any concurrent infection.







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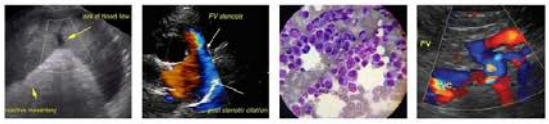

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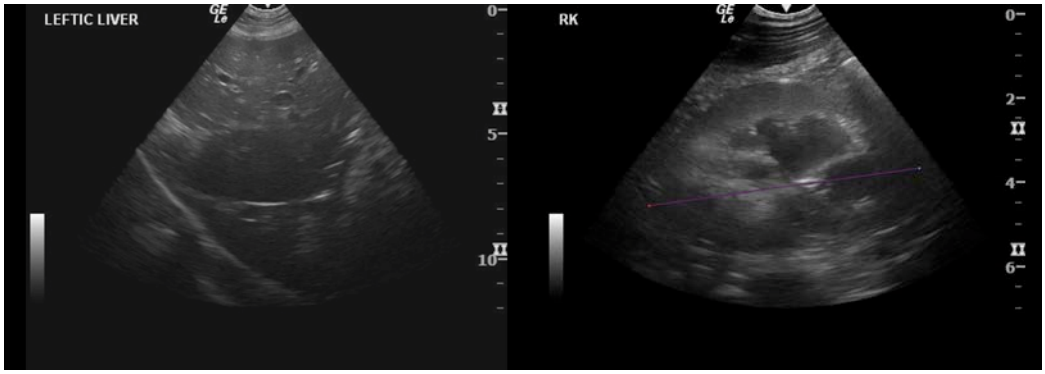

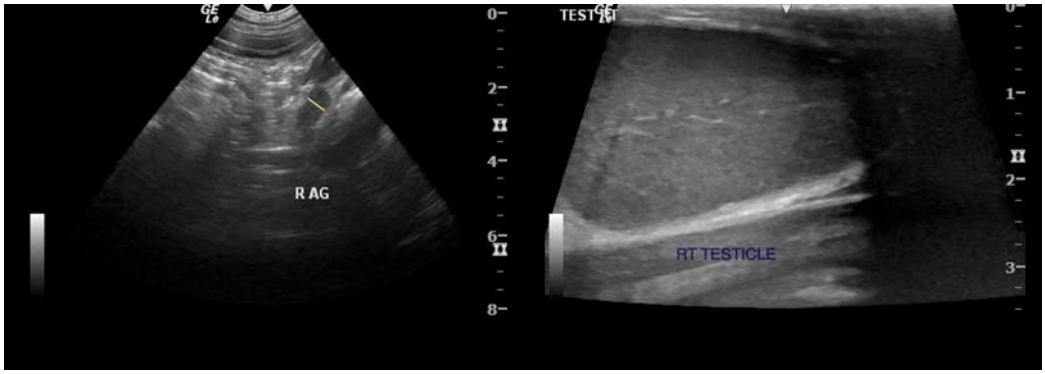

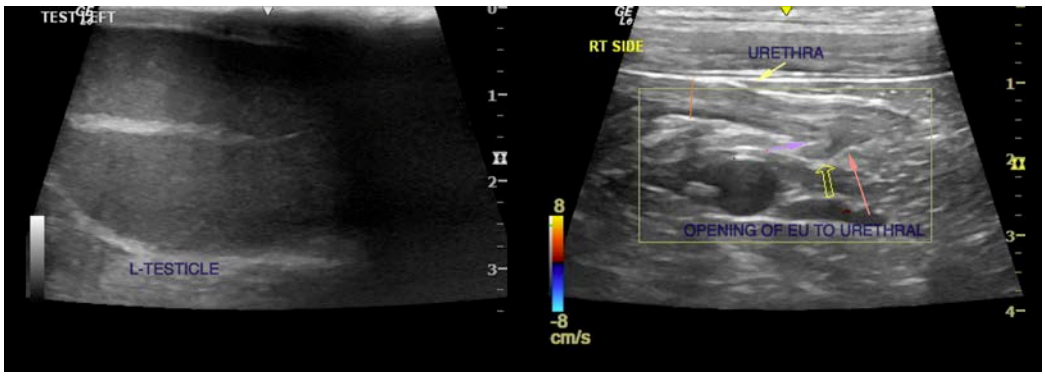

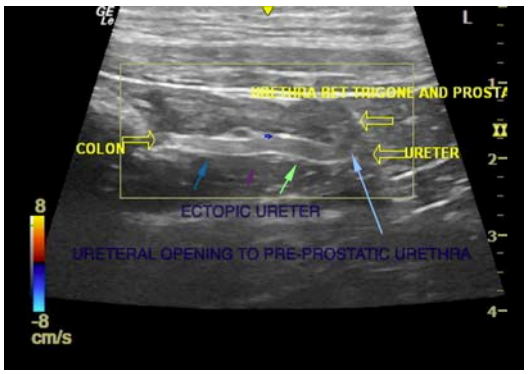

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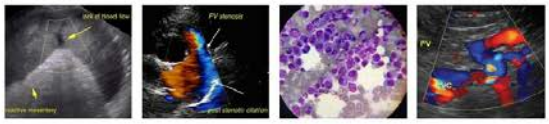

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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