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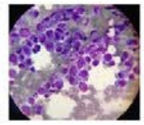



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT
Neville Dureault

SPECIES
Canine

BREED
Flat Coat Retriever

SEX
Neutered Male

AGE
14 Years

WEIGHT
27.8 kg

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

IMAGING PERFORMED BY
Crystal Hill

HOSPITAL NAME
BPH Stoney Creek

REFERRING VET

INVOICE
44321

DATE
1/18/23

PRESENTING CLINICAL SIGNS

Presented for ongoing UTIs from July 22 to Jan 23. Cultures and U/As came back as E.coli growth. Patient has ongoing weight loss. Seems to be doing well other than aging changes and weight loss and chronic UTIs. Bilateral cataracts. Stiff in back end. Has been on Gabapentin and Metacam.

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 a very small focal hyperechoic structure in the dependent portion of the urinary bladder, most consistent with a very small stone, measuring approximately 0.45 cm.

The prostate is normal/borderline large in size (1.86 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 (5.52 cm). Overall echogenicity is normal with adequate 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 (5.13 cm). Overall echogenicity is normal with adequate 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 0.51 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 0.81 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.

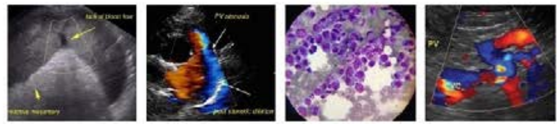
Spleen

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.

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.



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Gastrointestinal

The stomach contains a moderate amount of fluid and focal shadowing material in the lumen. 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 0.40 cm. Jejunum wall measures 0.34 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.

PRIMARY FINDINGS

- Small hyperechoic structure within the urinary bladder – Findings are most consistent with a small, mineralized stone. Correlate findings with abdominal radiographs, urinalysis and culture.
- Focal shadowing material within the gastric lumen – Correlate with feeding history. This could be consistent with normal ingested material or foreign material.

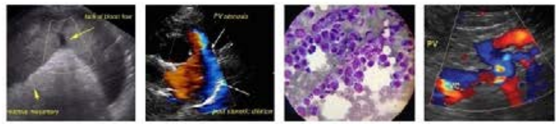
SECONDARY FINDINGS

- Borderline large prostate – The prostate has normal margins and appears relatively normal. This could be normal for a patient neutered after puberty. If he was neutered prior to puberty, then consider a fine needle aspirate of the prostate.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Other than a small hyperechoic structure in the urinary bladder, the bladder and kidneys appear relatively normal. This could be a result of or contributing to resolution of the urinary tract infection.

- Closely evaluate bloodwork and other metabolic factors, looking for possible processes contributing to recurrent urinary tract infections (diabetes, hyperadrenocorticism, steroid use, etc.).
- Look for any anatomic issues that could predispose to recurrent urinary tract infections (neurologic issues, inability to empty urinary bladder completely, etc.).
- Recommend strict treatment protocols according to urine culture and sensitivity results. Consider culturing while on antibiotics to ensure the infection is being treated appropriately, and again after cessation of antibiotics to try and determine if he infection has been cleared or



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not.

- Consider cranberry supplement for e.coli infections.
- Continue monitoring the mineralization in the urinary bladder. If it is getting larger, removal may need to be considered.
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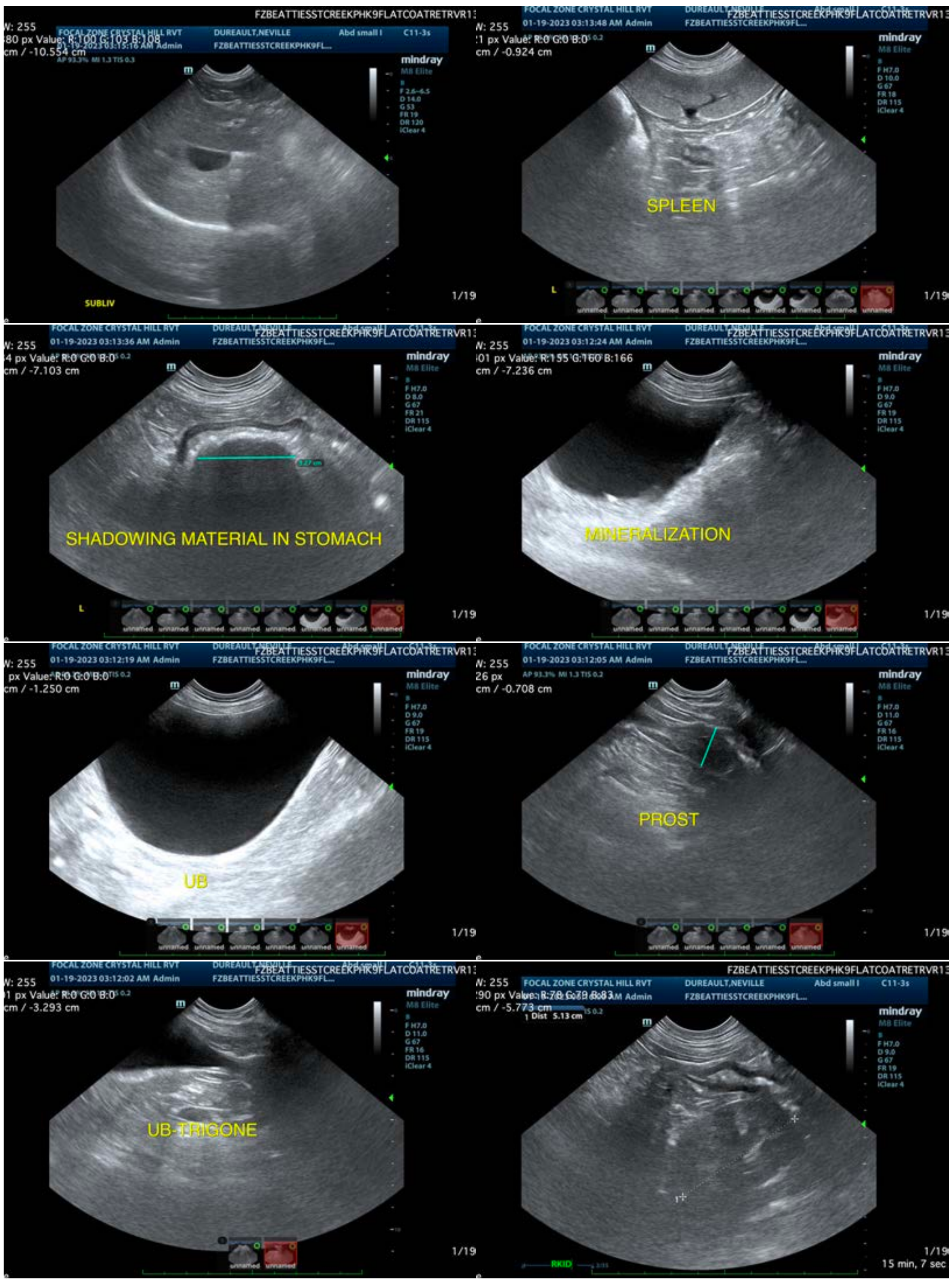

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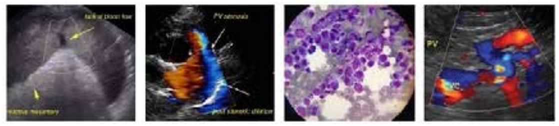

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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