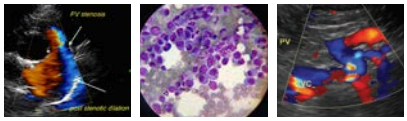
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

DATE

1/3/23

PATIENT

Conscience Beasley

SPECIES

Canine

BREED

Pit Bull X

SEX

Intact Male

AGE

12/27/14

WEIGHT

71 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Baer

INVOICE

43861

PRESENTING CLINICAL SIGNS

Hx of previous leptospirosis infection 8/21 treated but ongoing mild azotemia, hx chronic atopy.

Current Medications: Cytopoint inj 12/29/22.
Lab Results: 12/19/22 SDMA 25, Crt 2.3, BUN 23. UA- free catch USG 1.028, protein 3+, bacteria coccia 5-7.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

LIMITED ULTRASONOGRAPHIC EXAMINATION

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. However, there is some mildly shadowing, hyperechoic dependent debris noted as well. The area of the ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or calculi. The bladder wall generally appears normal, but the apical region is slightly irregular and thickened, measuring 0.68 cm. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The prostate is large in size (3.04 cm in height, 4.3 cm in width, and 3.4 cm in length) but has a regular shape with smooth external margins. The parenchyma is heterogenous but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.85 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 (6.21 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.

ULTRASONOGRAPHIC FINDINGS

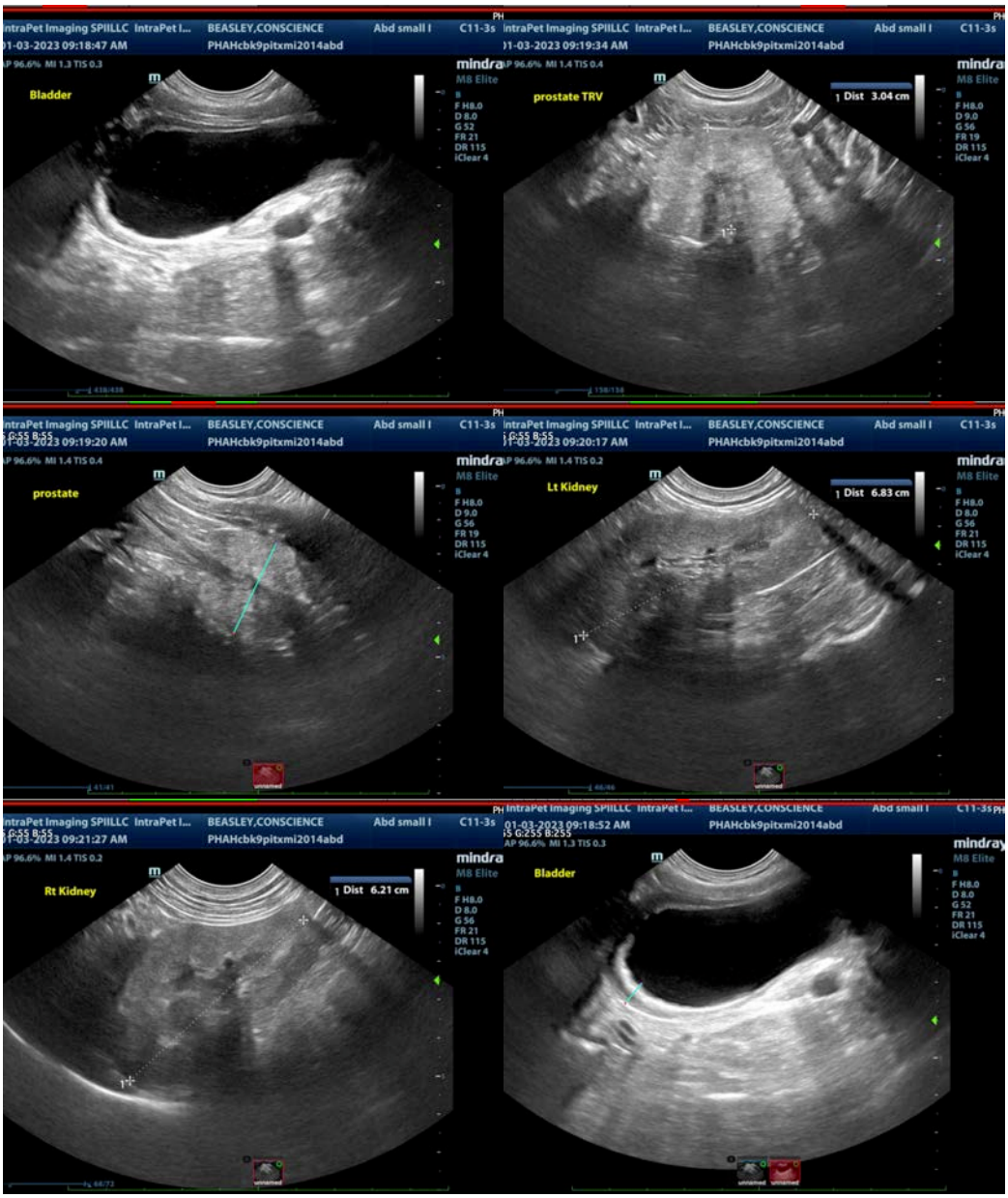
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Mildly irregular urinary bladder wall with echogenic debris/slightly sandy debris – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of obstructive disease or mass lesions on today's exam. The kidneys have some changes consistent with age related. Additionally, the prostate is large and hyperechoic, which can be seen with benign prostatic hypertrophy +/- prostatitis, and there are changes observed in the urinary bladder, most consistent with cystitis. Recommend urinalysis and culture and continued monitoring of the urinary bladder.

If the enlarged prostate is of concern, options would include neutering, testosterone blocking medications, or a fine needle aspirate of the prostate.

Recommend a blood pressure evaluation, urinalysis and culture, looking for evidence of concurrent hypertension as a cause of proteinuria, prostatitis, cystitis, etc.



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