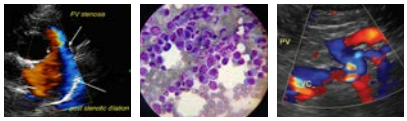
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

1/4/23

PATIENT

Gus Picasso Stine

SPECIES

Canine

BREED

Pointer X

SEX

Intact Male

AGE

10/7/22

WEIGHT

9 kg

INTERPRETED BY

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

HOSPITAL NAME

Nexus Vet Specialists

REFERRING VET

Dr. Steele

INVOICE

43909

PRESENTING CLINICAL SIGNS

Gus was presented to the Internal Medicine service for evaluation of UTI and either hermaphroditism or pseudo hermaphroditism. Gus was adopted 12/13, he has been with the current owner for about 3 weeks. The owner suspects he had a UTI when he was first adopted. Now, he is doing well and is eating and drinking normally and is a happy, playful puppy. He is urinating normally now. Sometimes when he does urinate, it will shoot out backwards behind him due to his anatomy. The owner does not really have other concerns at home. Gus was recently treated for a UTI and ear infection. He has been off antibiotics for about a week and has been doing well. He was treated for an upper respiratory while in rescue but was not as sick as the other puppies.

Current Medications: Benadryl as needed for pruritis, Melatonin at night for 2 weeks.
Lab Results: COLOR Straw, Clar Very C, SG 1.031, PH 7.0, LEU 500 Leu/uL, PRO 500 mg/dL, GLU 50 mg/dL, KET neg, UBG 4 mg/dL, BIL 1 mg/dL, BLD 250 Ery/uL.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Patient sedated with Torbugesic.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

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 (5.35 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 (5.71 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 0.36 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 0.45 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.

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. There are occasional large, prominent mesenteric lymph nodes. One such lymph node measures 1.0 cm in diameter. The omentum is generally of normal echogenicity.

Other
Two structures with the appearance of testicles are visualized caudal to the external genitalia in what appears to be a scrotum.

A mineralized “os” structure is visualized associated with the external genitalia (abnormal penis versus os clitoris).

A tubular fluid filled structure is evident between the colon and the bladder possibly consistent with uterine tissue.

ULTRASONOGRAPHIC FINDINGS

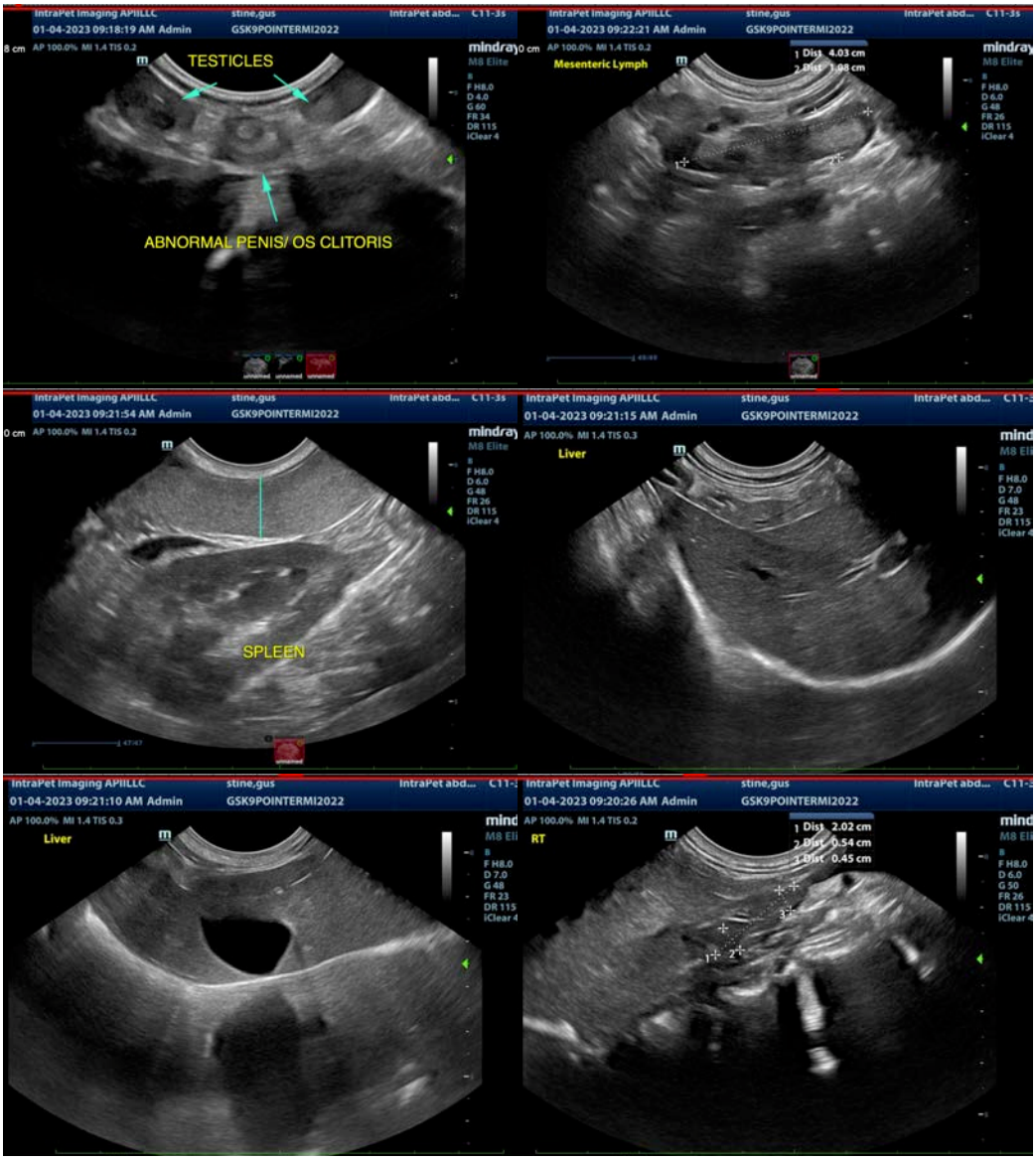
- Testicles visualized in small scrotal sac caudal to the external genitalia
- Mineralized “os” structure visualized associated with the external genitalia – This could be consistent with an os penis or os clitoris.
- Tubular structure between the bladder and colon most consistent with uterine tissue

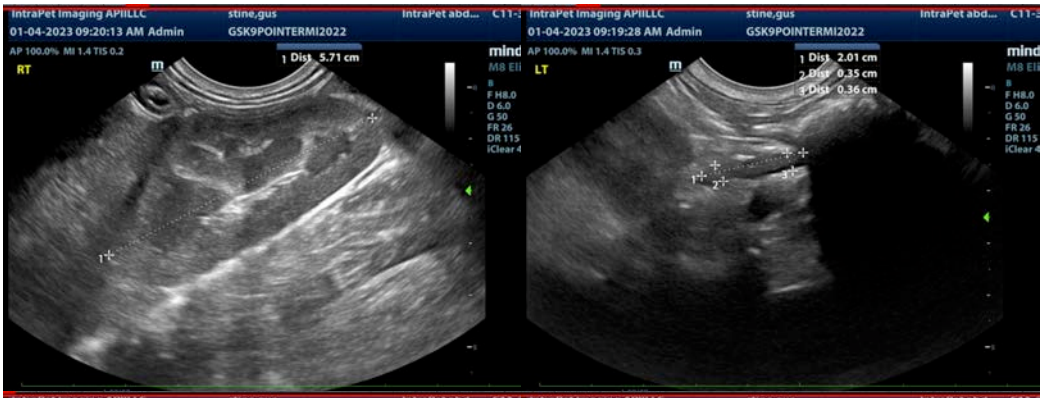
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Descended testicles appear to be visualized within a small scrotal-type structure, as well as an “os” structure visualized within the external genitalia.

A fluid dilated structure suspicious for uterine tissue is visualized between the colon and urinary bladder.

Further diagnostic and therapeutic recommendations regarding this exam to be made by Dr. Cara Steele.

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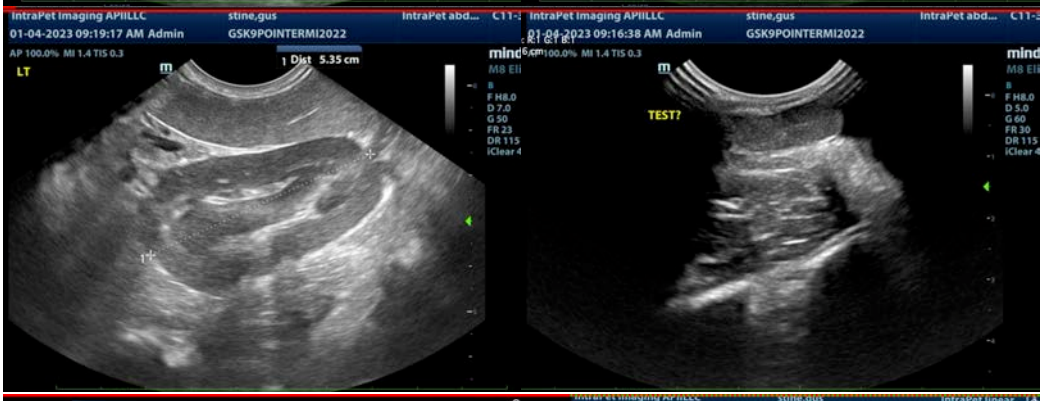
LT
Dist 2.01 cm
Dist 0.35 cm
Dist 0.36 cm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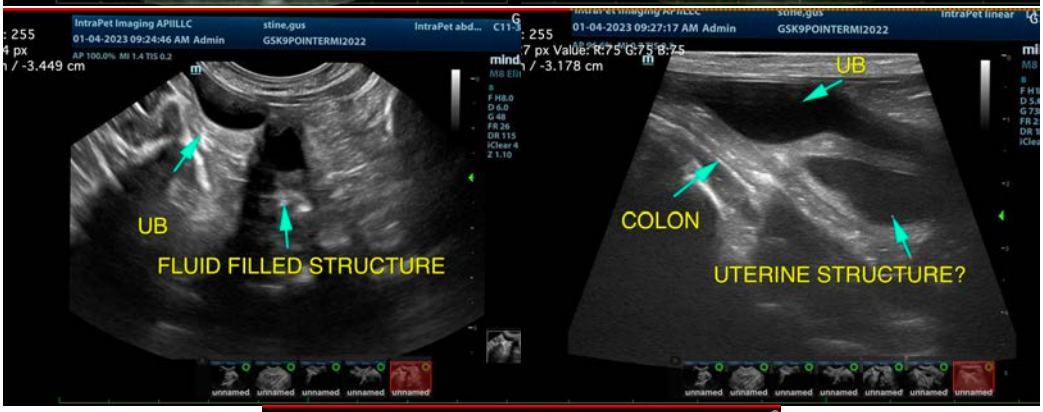
TEST?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FLUID FILLED STRUCTURE
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GSK9POINTERMI2022
UB
COLON
UTERINE STRUCTURE?


IntraPet Imaging APIILLC
stine,gus
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GSK9POINTERMI2022
PENIS
OS

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)
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