

**DATE PRESENTING CLINICAL SIGNS**

1/6/22

History: 11/29/21 - Pollakiuria, UA showed hematuria and suspect cocci- treated with Amoxicillin. 12/14/21 - Pollakiuria recurred, and owners saw hematuria. UA submitted to lab and showed hematuria, mild pyruia, no bacteria enculture.

PATIENT

Lennox Phaire

Current Medications: Amoxicillin 500mg PO q. 12h x 7days prescribed 12/14/21 pending culture. Carprofen 50mg PO q. 12h x 7 days prescribed 12/20/21.

SPECIES

Canine

Lab Results: 11/29/21: UA Ph5 USG1.044 BLOOD 250 ERY/uL, rbc 750/hpf, UBC14/hpf, suspect cocci. 12/14/21: UA ph5.5 USG1.037 2+protein, 3+ blood, 1+bilirubin, WBC 6-10/hpf, RBC 7100/hpf, epithelial cells 2+/hpf Urine culture: no growth.

BREED

Boxer

Radiographs: WNL.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SEX

Intact Male

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.

AGE

9/16/20

WEIGHT

67 Pounds

The prostate is large in size (2.43 cm in height in the sagittal view and 3.17 cm in cross section) 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.

INTERPRETED BY

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

The left kidney has a normal shape and size (7.13 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.

IMAGING PERFORMED BY

Andi Parkinson RDMS

The right kidney has a normal shape and size (7.2 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.

HOSPITAL NAME

North Laurel AH

Other

The left and right testicle are visualized and no significant lesions are observed.

REFERRING VET

Dr. Nelson

ULTRASONOGRAPHIC FINDINGS

- Large prostate – Prostatic changes are most consistent with benign prostatic hyperplasia. Other differentials include bacterial prostatitis and prostatic neoplasia.

INVOICE

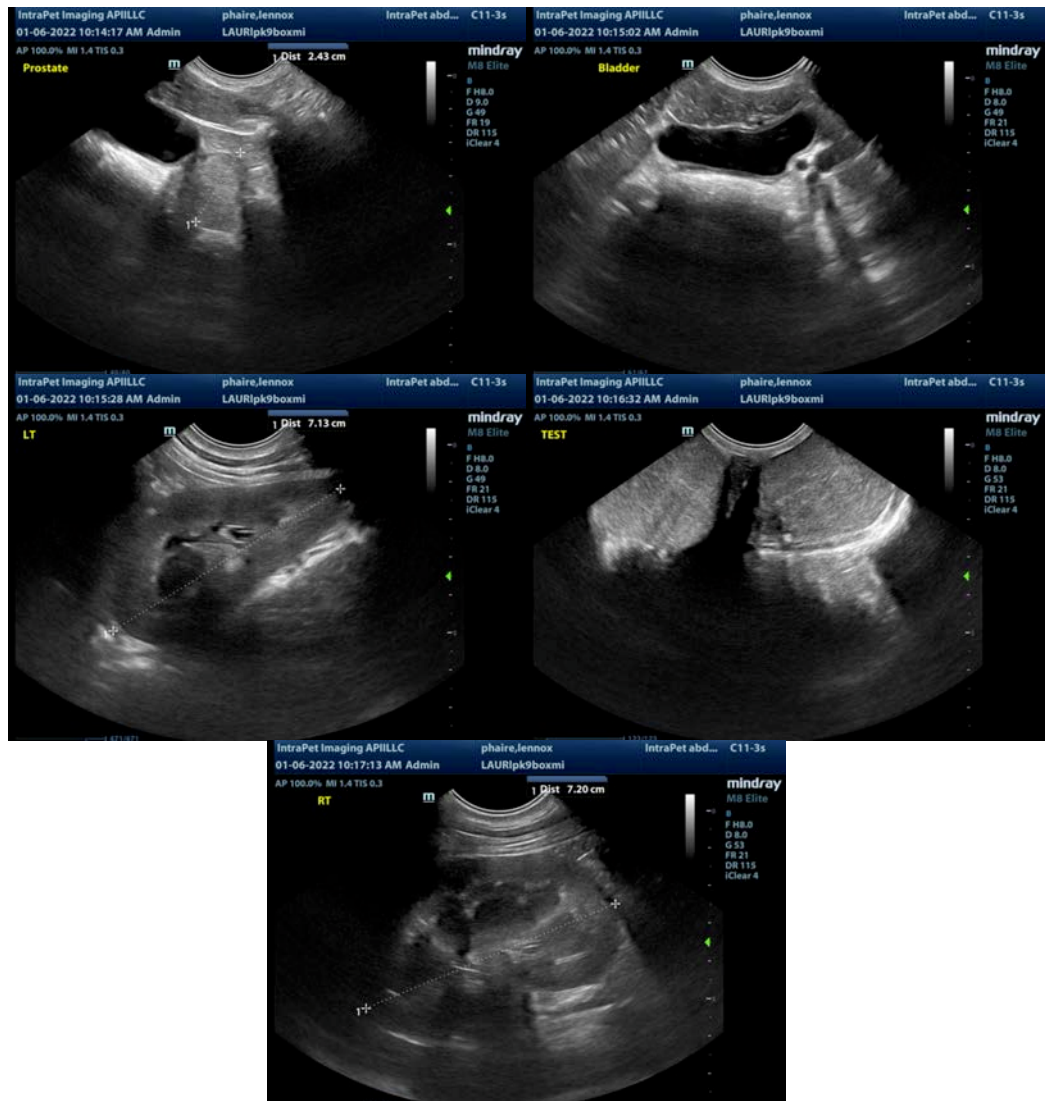
34059

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of radiolucent stones or masses are visualized. The bladder wall appears smooth, and the only significant “abnormality” is the enlarged prostate, which is normal for an intact male dog. This could reflect early benign prostatic hypertrophy or prostatitis.

If symptoms persist, consider a sterile urine culture and urinalysis at least a week after discontinuation of

antibiotics. You could also consider obtaining samples with a red rubber catheter passed just to the level of the prostate (palpated rectally), and a sample obtained after prostatic massage, as this might be more likely to obtain bacteria and inflammatory cells if present. It also would help to rule out distal urethral stones. If repeated negative cultures are present with inflammation, then I would consider neutering and repeat imaging to see if the symptoms resolve.



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