

**DATE PRESENTING CLINICAL SIGNS**

10/11/22

Diarrhea Friday and Saturday. Last night stopped eating. Straining and only dribbling urine today. Severe swelling and hemorrhagic appearance of the penis. Not not exteriorize so unknown if foreign body strangulation.

**PATIENT**

Baxter Boyer

Current Medications: Carprofen, Animax Ointment, Unasyn, Buprenorphine, Cerenia, Unasyn.  
Lab Results: See attached.

**SPECIES**

Canine

Radiographs: No calculi noted.  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Acepromazine.  
Stat Report: Not requested.

**BREED**

Beagle X

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Neutered Male

**Urinary System**

The urinary bladder is empty but contains an inflated Foley catheter. No abnormalities are noted, but evaluation is diminished due to lack of urine distention.

**AGE**

10/18/18

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.

**WEIGHT**

42.1 Pounds

The left kidney has a normal shape and size (5.92 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 hydronephrosis. Renal vasculature is normal.

**INTERPRETED BY**

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

The right kidney has a normal shape and size (5.63 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 hydronephrosis. Renal vasculature is normal.

**IMAGING PERFORMED BY**

Andi Parkinson RDMS

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.61 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.

**HOSPITAL NAME**

Animal Emergency  
Hospital

The right adrenal gland is normal in size measuring 0.78 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.

**REFERRING VET**

Dr. Ruby

**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.

**INVOICE**

41972

**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. Jejunum wall measures 0.23 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.

### ***Other***

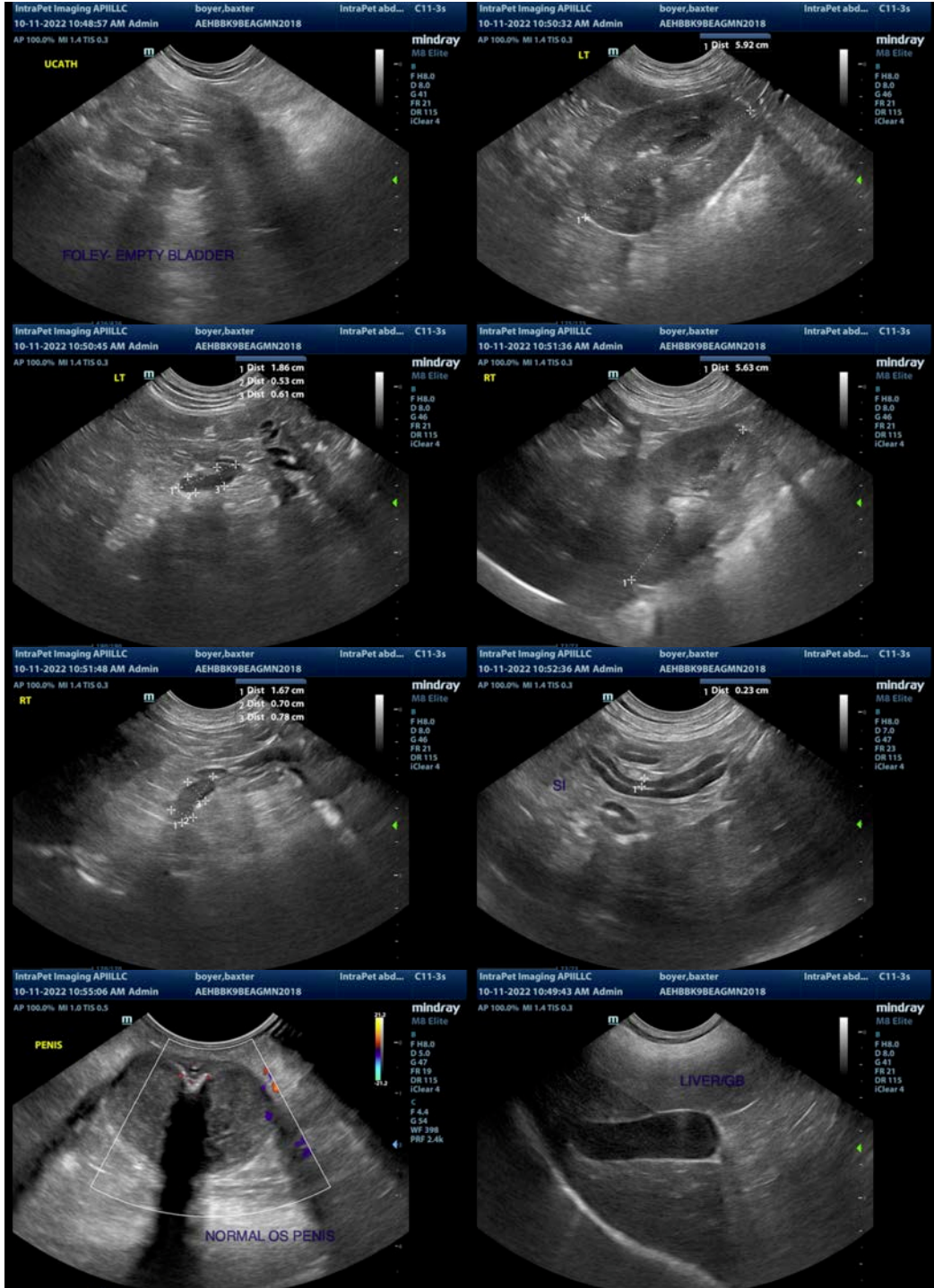
The distal penis is imaged, revealing a relatively normal appearing os penis, distal urethra, etc. At the base of the penis, the bulbus glandis appears somewhat prominent (2.74 cm x 2.36 cm), but symmetrical. No obvious lymph nodes, mass lesions, or stones are visualized.

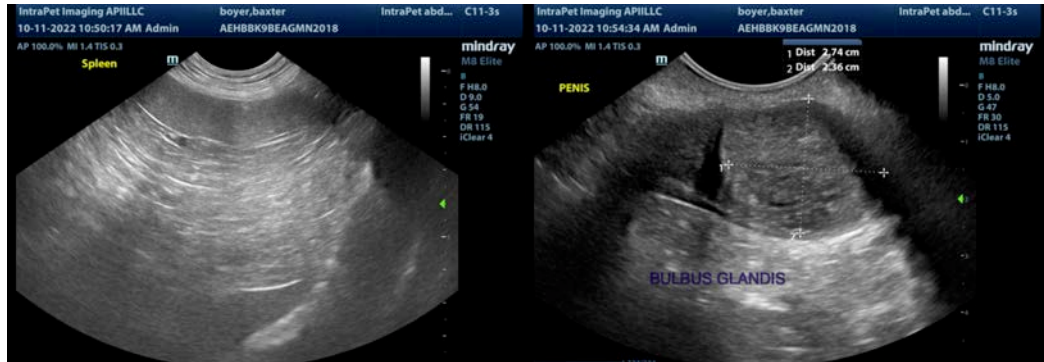
## **ULTRASONOGRAPHIC FINDINGS**

- Possibly enlarged bulbus glandis
- Unremarkable abdomen otherwise

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Today's scan appears relatively normal. An obvious cause for the pre-scrotal swelling is not observed. The bulbus glandis could be enlarged, but no obvious focal abnormalities are visualized. Recommend sedation or anesthesia if necessary to exteriorize the penis and flush out the prepuce. Consider a contrast study of the distal urethra and bladder (contrast cystourethrogram). Consider such differentials as neurologic disease, neoplasia, vascular infarct, or trauma if priapism is present. Also consider the possibility of reflex dyssynergia or a stone passed and self-trauma. A fine needle aspirate of the swollen area could be a consideration, and consultation with a theriogenologist/reproductive specialist could be considered.





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.

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