

PATIENT

Tucker Nelles

PRESENTING CLINICAL SIGNS

sedated with torb and alfaxalone- O presents p for an exam + p is having bladder issues, urinating inside the house, p will urinate but not a normal stream of urine then will at times dribble urine. Going on for about 1 month, No blood in urine, dull yellow urine per o. Not on any medications only a jt supplement. Inappropriate Urination • p is dribbling urine in the house • p's bladder is full on brief scan with U/S - when p postures to urinate only a weak stream of urine is formed (p urinated in parking lot at FAH) • approx 1 month duration • p had abdominal rads & BW done at previous veterinary hospital - see records transfer for more info • p was put on Baytril by previous veterinary hospital and last dose was given 10/20/21 - o has not seen any change since p started the medication
Abnormal PE/Chem/CBC/UA Results: 1500ml urine removed passing a 5Fr cath that passed easily, prior to discharge- set home on Galliprant and clavamox- UA labs was WNL USG 1023

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

13 Years

The urinary bladder is significantly distended with anechoic urine. The Bladder wall has a normal thickness and a smooth mucosal surface up until the cystourethral junction/trigone region, where the mucosa is irregular and mineralized. This abnormal tissue extends into the proximal urethra, which is thickened, and into the prostate, which is irregular and large with some mineralization. These findings are concerning for a prostate mass extending into the urinary bladder. Embedded calculi cannot be ruled out but seem less likely.

WEIGHT

70 Pounds

The prostate is large in size, measuring 2.87 cm in cross section on the sagittal view. It is irregular in shape and the parenchyma is somewhat mottled with irregular external margins. The prostatic urethra appears somewhat mineralized, but no focal calculi are observed. Correlate with age of neutering, but this is concerning for a prostatic mass. If patient was neutered late in life this could be an involuted prostate with stones.

INTERPRETED BY

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

The left kidney has a normal shape and size (6.9 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

Loetitia Saint-Jacques, RVT

The right kidney has a normal shape and size (7.42 cm) . Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is significant pyelectasia present, measuring 0.44 cm, and early hydroureter with the proximal ureter measuring 0.65 cm in diameter, and the distal ureter measuring 0.49 cm. Findings are most consistent with a ureteral obstruction at the level of the trigone. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Fairgrounds AH

REFERRING VET

Dr. Johnson

Adrenal Glands

The left adrenal gland is normal in size measuring 0.75 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.

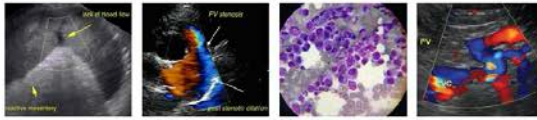
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The right adrenal gland is normal in size measuring 0.59 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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Spleen

SPECIES

Canine

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. A small hyperechoic nodule measuring 0.67 cm is visualized. This is most consistent with a benign myelolipoma.

BREED

Liver

Golden Retriever

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a solid hypoechoic liver mass measuring 3.87 cm x 4.41 cm in the right side of the liver.

SEX

Neutered Male

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

AGE

13 Years

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.

WEIGHT

70 Pounds

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 jejunum wall measured 0.36 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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Medicine)

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.

IMAGING PERFORMED BY

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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.

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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.

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Other

A brief view of the heart was submitted and no significant pericardial effusion was visualized.

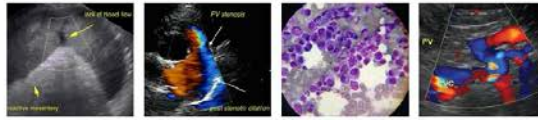
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ULTRASONOGRAPHIC FINDINGS

DATE

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PATIENT

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- Irregular bladder mucosa at the trigone with irregular, large prostate – Correlate findings with age of neutering. If neutered late in life, this could be more normal, but concern is high for the possibility of prostatic and bladder neoplasia.

SPECIES

Canine

- Heterogeneous liver with hypoechoic mass effect – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

BREED

Golden Retriever

- Pyelectasia and early hydroureter of the right kidney – most consistent with a distal ureteral obstruction – I suspect this is associated with the irregular tissue at the trigone and a partial obstruction at this level.

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is irregular tissue in the trigone of the urinary bladder, and the prostate appears abnormal. In a neutered male dog, this is very concerning for a possible prostatic neoplasia with extension into the urinary bladder. Consider a fine needle aspirate of the prostate and/or traumatic catheterization at the level of the trigone of the urinary bladder. Additionally, a BRAF mutation can be considered (a positive test increases the likelihood of a neoplastic process. A negative test is non-diagnostic). I suspect there is a partial outflow tract obstruction, which is causing the dysuria reported in the history. Recommend urinalysis and culture. If this dog was neutered late in life after prostatic pathology, this could represent a shrunken abnormal prostate with embedded calculi.

AGE

13 Years

Additionally, the liver is heterogeneous with a focal mass lesion. Depending on the outcome/prognosis for the urinary bladder workup, you could consider a CT scan to evaluate for possible surgical removal. Recommend 3-view thoracic radiographs.

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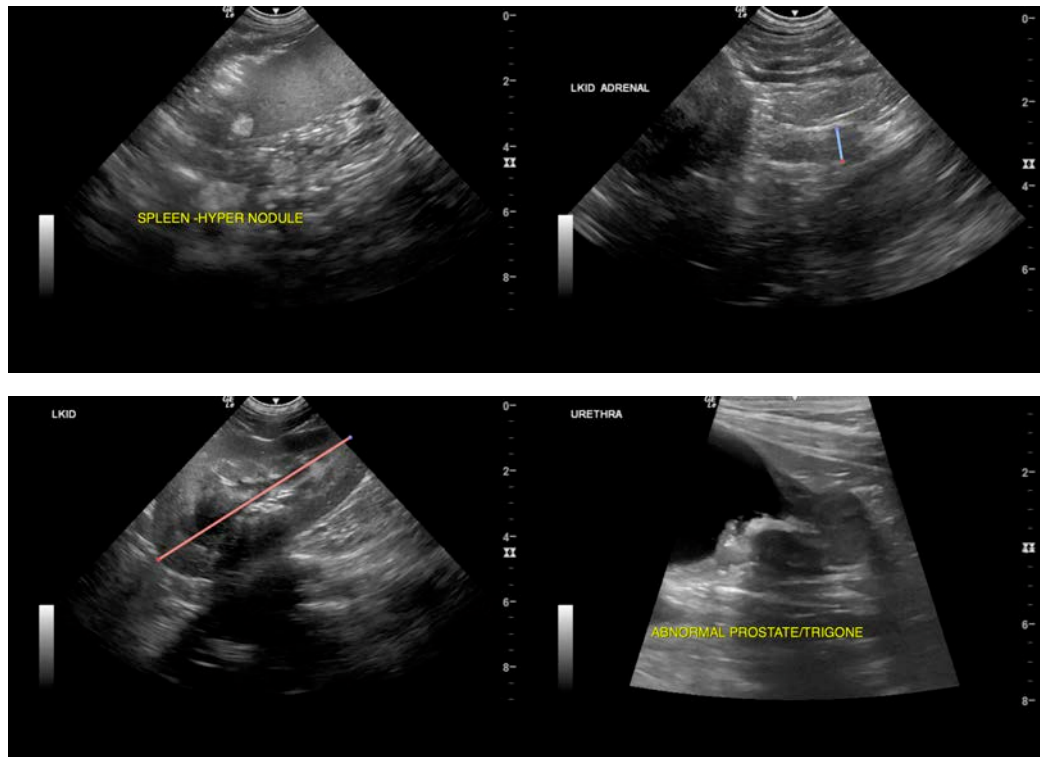
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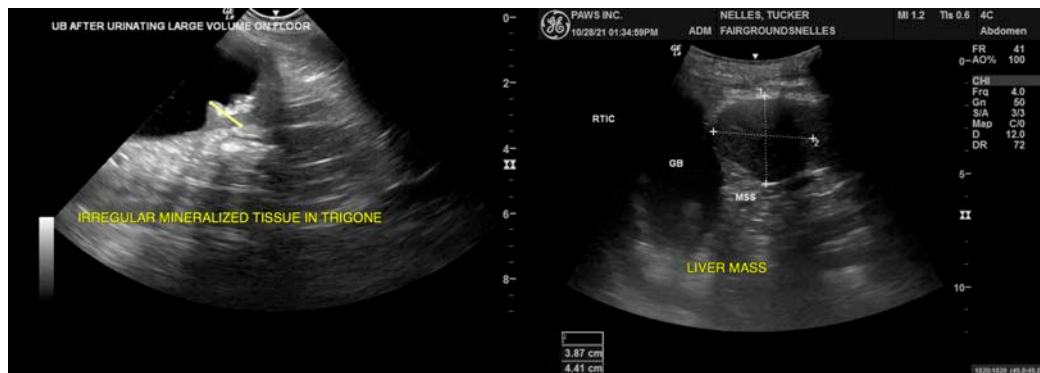
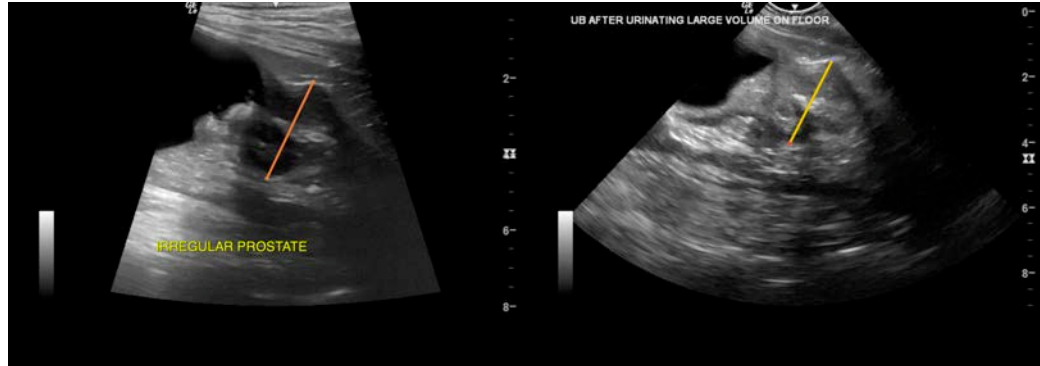
Neutered Male

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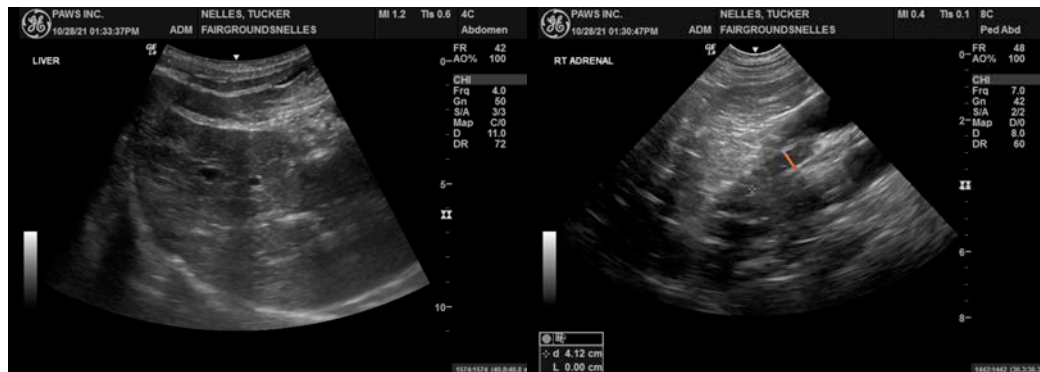
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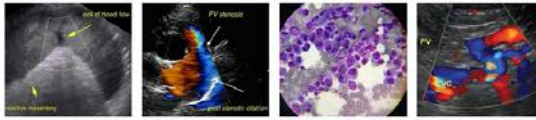
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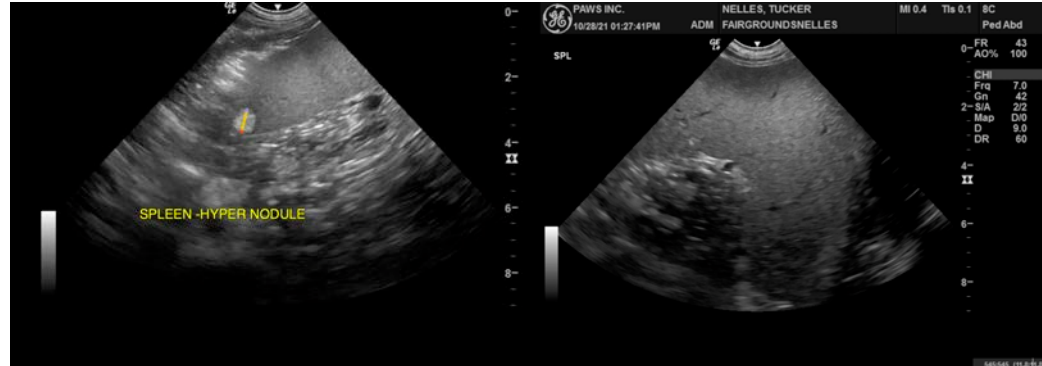
Neutered Male

AGE

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WEIGHT

70 Pounds



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.

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