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Clinical Sonography & Telecytology
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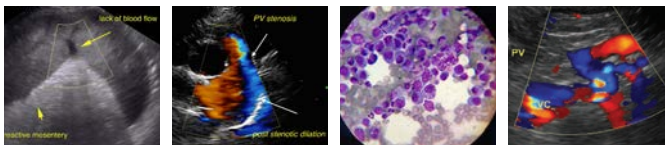


SonoPath.com™
1-800-838-4268 info@sonopath.com

**PATIENT**

Allie 2 Hearts Rescue

**SPECIES**

Canine

**BREED**

Lhasa Apso

**SEX**

Neutered Male

**AGE**

14 Years

**WEIGHT**

Not Provided

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Millburn Vet Hospital

**REFERRING VET**

Dr. Turowsky

**INVOICE**

46316

**DATE**

3/30/23

## PRESENTING CLINICAL SIGNS

Defecating concerns. Prev. hx-Lg. hernia repair (unsure of how long ago). Rads: Distended GI with mixed opacity material, fluid and gas, lg. chunks of calcitic opacity material in stomach and bowel. Current meds: Miralax bid, Cerenia

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is diffusely mildly thickened (0.34 cm), and the mucosa is mildly irregular. The trigone, ureteral papillae, and visible urethra (to a depth of 2cm) appear normal with no evidence of severe mucosal irregularities, masses or cystic calculi. Findings are most consistent with bacterial cystitis or lack of urine distension. Recommend urinalysis and culture.

The prostate is somewhat prominent with smooth symmetrical walls. It measures approximately 1.3 cm in height in the sagittal view, with pinpoint areas of mineralization in the parenchyma, and mineralization in the region of the prostatic urethra, consistent with intramural mineralization or small stones.

The left kidney has a normal shape and size (3.73 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 (4.42 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.

### *Adrenal Glands*

The left adrenal gland is normal in size measuring 0.36 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.

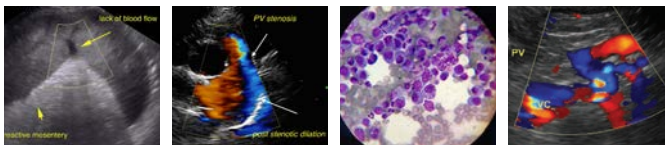
The right adrenal gland is normal in size measuring 0.52 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

### *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.



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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 a mild amount of fluid. 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 mild to moderate 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. Duodenum wall measures 0.54 cm. Jejunum wall measures 0.34 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The descending colon appears slightly prominent with wall thickness of 0.28 cm. More distally, there is a significant amount of shadowing material visualized within the colon, most consistent with fecal material.

### *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.

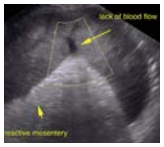
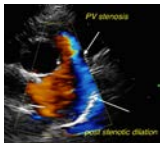
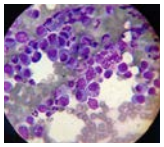
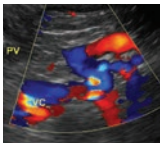
## ULTRASONOGRAPHIC FINDINGS

- Mildly thickened/irregular urinary bladder wall – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Prominent prostate with pinpoint mineralization and mineralization/stones in the region of the prostatic urethra – Correlate these findings with abdominal radiographs, and age of neutering (if known). If this pet was neutered prior to puberty, this is likely abnormal. If this patient was neutered late in life, then this could be consistent with previous prostatic disease and involution.
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Subjectively prominent colon wall with shadowing intraluminal fecal material.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder appears slightly irregular and thickened. This could be exaggerated due to lack of urine distention. Recommend urinalysis and culture to further evaluate.

The prostate is hypoechoic with pinpoint areas of mineralization and mineralization in the region of the prostatic urethra. Correlate these findings with radiographs and a digital rectal exam. If the age of neutering is known in this patient, this could help to determine the significance of this finding. If it is

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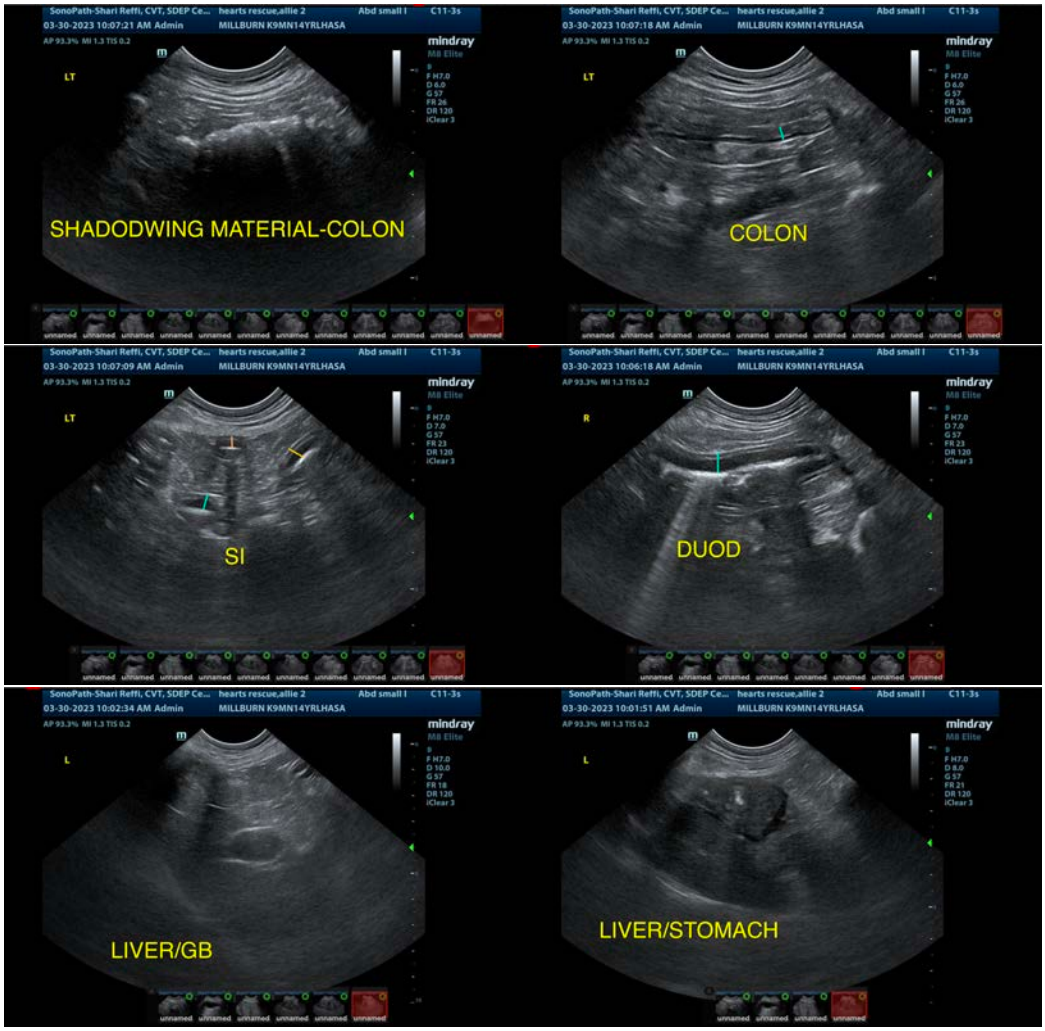
unknown, I would consider a fine needle aspirate of the prostate, given the difficulty with defecation noted.

The small bowel appears relatively normal with some mild fluid distention in areas. In the colon, there is some shadowing material. The intraluminal debris described in the history is best appreciated with radiographs. If significant obstruction was present prior to hernia surgery, occasionally you can have a megacolon or decreased motility of the large bowel. You could consider giving a small amount of barium to see how quickly it passes, etc.

The changes in the kidneys are most consistent with age related renal disease. Recommend a blood pressure, urinalysis and culture as a baseline.



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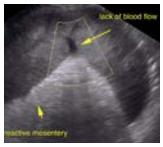
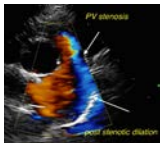
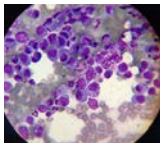
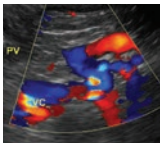

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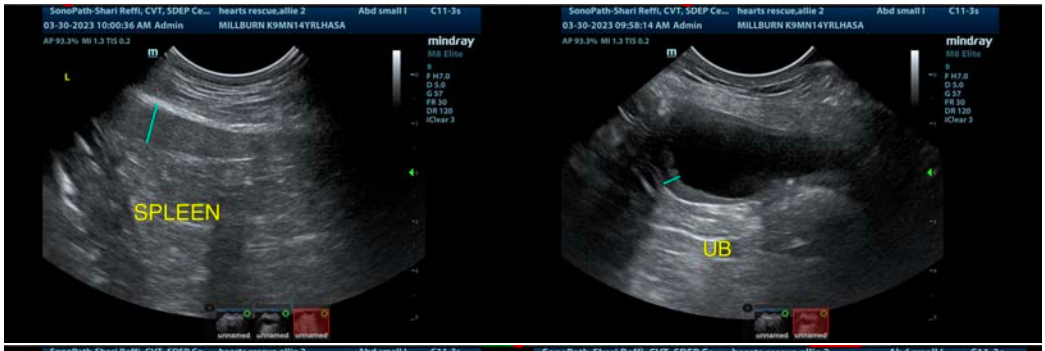



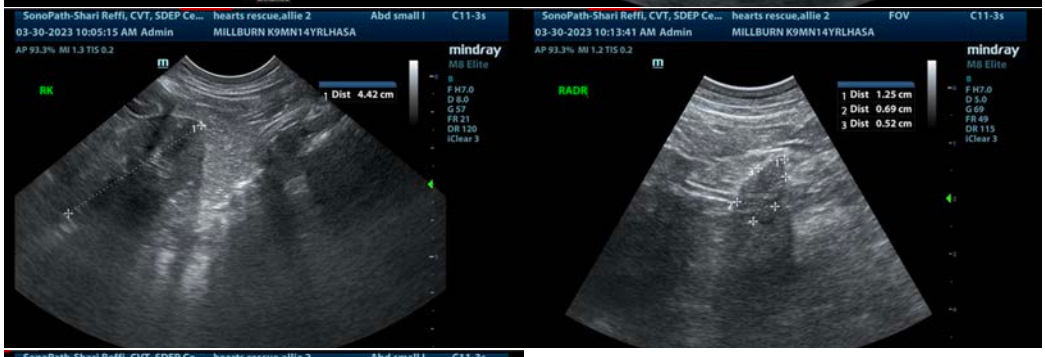



**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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kathleen.sennello@sonopath.com