IMAGING PERFORMED BY

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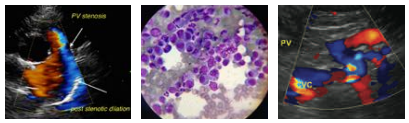

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DATE
5/10/22

PATIENT
Nipsey Powell

SPECIES
Canine

BREED
American Bulldog Mix

SEX
Intact male

AGE
1/28/20

WEIGHT
72 lbs

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

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Thompson

INVOICE
30228

PRESENTING CLINICAL SIGNS

Prostatomegaly, Urolithiasis, anorexia.
Current Medications: Baytril, Buprenorphine, Ondansetron.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV sedation.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

On initial views the urinary bladder is completely empty with a Foley urinary catheter in place and visualized in normal position. The urinary bladder wall appears thickened and two small stones are evident within the lumen. On later imaging saline is instilled into the urinary bladder revealing a thickened bladder wall that measures 1.04 cm with an irregular mucosa and some echogenic debris in the urinary bladder. The dependent stones are better visualized and measure at 0.62 cm and 0.74 cm. Additionally there is sand debris/mineralization/stones visualized alongside the urinary catheter within the urethra at the level of the prostate and distal urethra in the region of the penis.

The prostate is large in size, irregular, heterogenous and hyperechoic measuring 2.16 cm in diameter. 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.

The left kidney has a normal shape and size (8.12 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. Significant pyelectasia is noted at 0.71 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (8.4 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. Significant pyelectasia was noted and measured 0.84 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.65 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 0.74cm 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 gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are 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 prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen
Both testicles are imaged. The left testicle appears relatively normal and measures 4.2 cm. The right testicle is slightly smaller and measures 3.54 cm with an ill-defined, hypoechoic region that measured 0.72 cm, which could represent a focus of inflammation, infection or less likely a nodule, etc.

There is no significant pericardial effusion.

ULTRASONOGRAPHIC FINDINGS
PRIMARY FINDINGS:

- Severely thickened, irregular urinary bladder wall with intraluminal calculi. The findings are most consistent with severe bacterial cystitis and urolithiasis. Additionally stones were visualized within the proximal and distal urethra.

- Large, heterogenous, hyperechoic prostate. The findings are most consistent with benign prostatic hypertrophy and prostatitis. Small mineralizations are visualized within the prostatic urethra.

- Bilateral pyelectasia. Pyelectasia of the both kidneys this could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other. Given the history pyelonephritis is most likely.

- Ill-defined, hypoechoic region within the parenchyma of the right testicle (slightly smaller testicle). The significance of this lesion is unclear, but there is concern that it could reflect chronic inflammation, infection, etc.

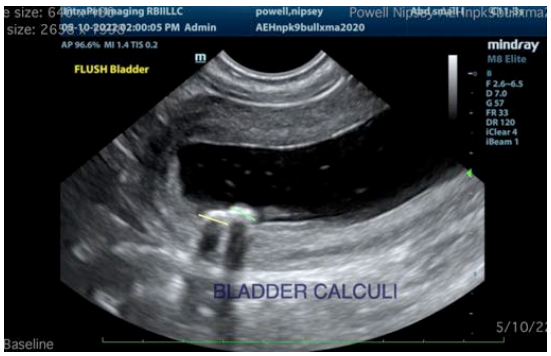
SECONDARY FINDINGS:

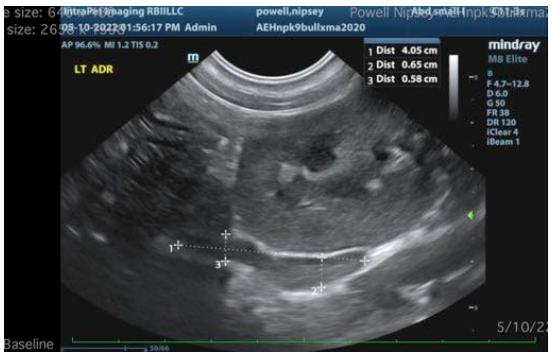
- Prominent, mottled pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

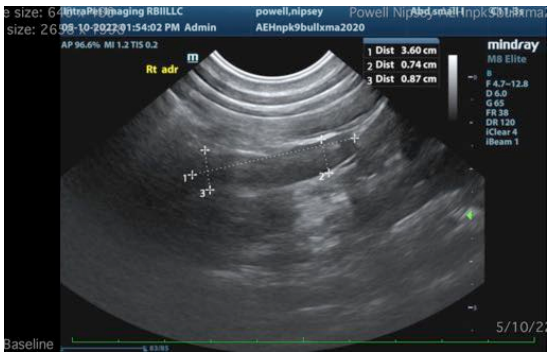
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

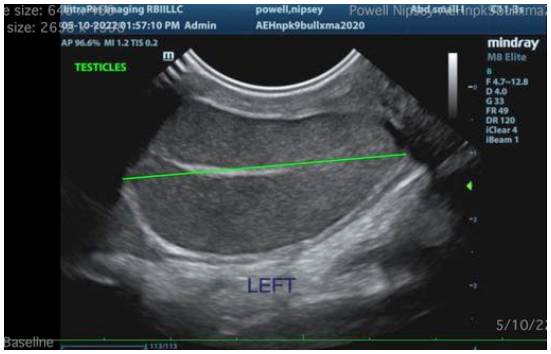
Based on today's exam the patient likely has bacterial cystitis, prostatitis and pyelonephritis. I recommend urinalysis and culture. There are intraluminal stones visualized within the urinary bladder. Correlate the number in size of these stones with radiographs. Additionally, sandy debris and small stones are visualized along the urethra. Therefore, close monitoring for any symptoms of obstruction should be continued. The best chance for complete resolution would be treating the infection +/- surgical removal of the calculi and neutering to remove a potential source of bacteria. This patient should be treated for pyelonephritis with IV fluids, antibiotics and symptomatic treatment for acute renal failure.

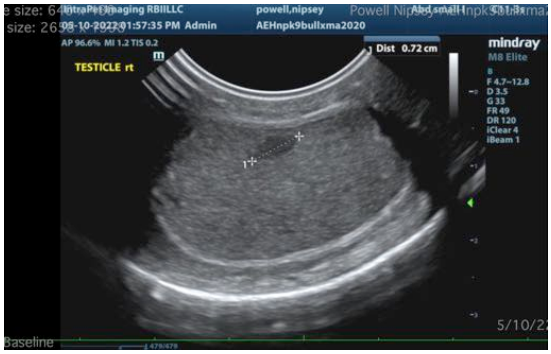
The lesion visualized within the right testicle is of unknown significance. This could be a focus of inflammation, infection or less likely an early neoplastic lesions, etc. If this patient is neutered the testicle should be submitted for histopathology.

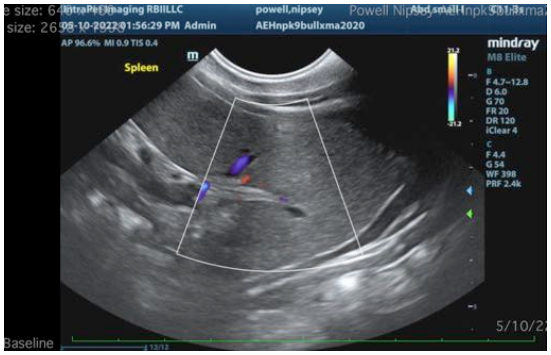


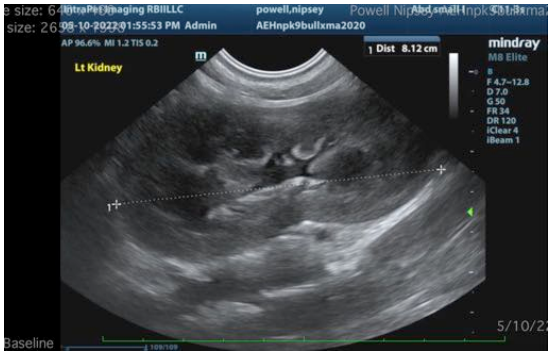


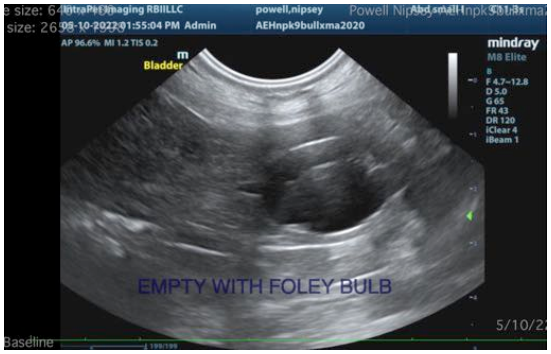


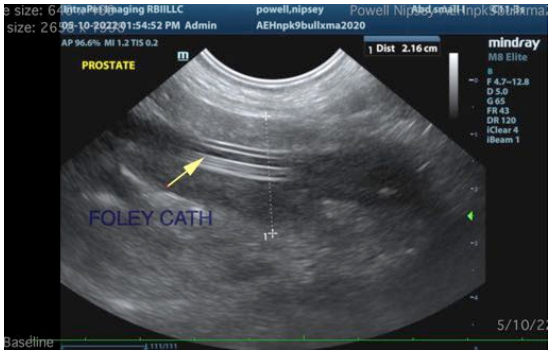

TESTICLES
LEFT
mindray
M8 Elite


TESTICLE rt
Dist 0.72 cm
mindray
M8 Elite


Spleen
mindray
M8 Elite

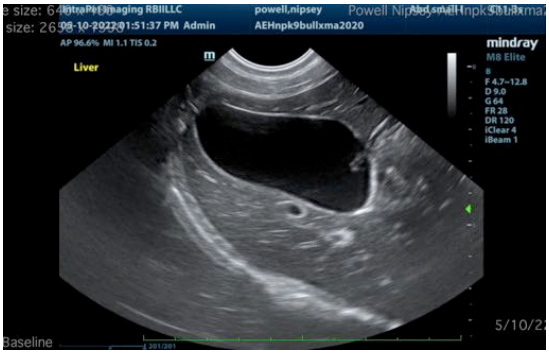

Lt Kidney
Dist 8.12 cm
mindray
M8 Elite


Bladder
EMPTY WITH FOLEY BULB
mindray
M8 Elite


PROSTATE
Dist 2.16 cm
FOLEY CATH
mindray
M8 Elite


Rt Kidney
Dist 8.40 cm
Dist 0.84 cm
mindray
M8 Elite


RT Pancreas
Dist 2.74 cm
mindray
M8 Elite



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