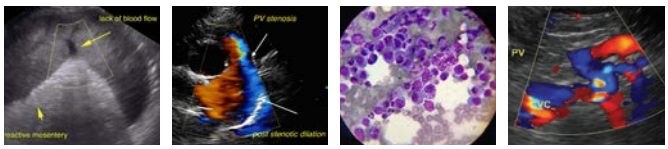
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Junior Garcia

SPECIES
Canine

BREED
Doberman Pinscher

SEX
Intact Male

AGE
2 Years

WEIGHT
Not Provided

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

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
AH of Roxbury

REFERRING VET
Dr. Hickenbottom

INVOICE
47130

DATE
5/4/23

PRESENTING CLINICAL SIGNS

Recurrent bladder infections.

Abnormal PE/Chem/CBC/UA Results: GLOB 4.0; MAG 1.4; PSL 21; NEU 58; EOS 16; ABS. EOS 1632; U/A- USG 1.018; WBC 2-3; RBC >50; UPC 1.6; STRUVITES 4-10; Culture-Coagulase neg staph spp.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is diffusely mildly thickened (0.74 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 large, hyperechoic, and slightly heterogeneous with occasional small cystic lesions. One of the cystic lesions measures at 0.60 cm.

The left kidney has a normal shape and size (7.19 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 hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.4 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.60 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.

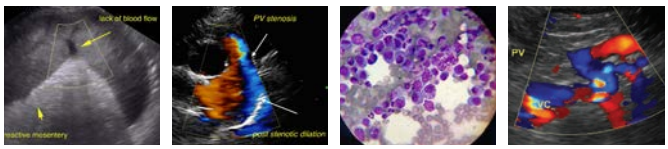
The right adrenal gland is normal in size measuring 0.66 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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 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 0.44 cm. Visualized peristalsis appears appropriate. There is a focal area of bowel that appears somewhat corrugated. In this region, the bowel measures at 0.47 cm. Additionally, there is a focal area of bowel that appears to be somewhat thickened with mild fluid dilation and intact wall layering. In this area, the bowel wall measures at 0.54 cm.

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. There are occasional prominent mesenteric lymph nodes. One such lymph node is measured at 0.75 cm. The sublumbar lymph node measures at 0.84 cm in width. The omentum is of normal echogenicity.

Other

Both testicles are visualized and appear within normal limits.

ULTRASONOGRAPHIC FINDINGS

- 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.
- Large, heterogeneous prostate with occasional small hypoechoic cystic regions – Findings are most consistent with benign prostatic hypertrophy +/- prostatitis.
- Focal area of corrugated bowel and focal area of mildly thickened bowel – The significance of these lesions is unclear, given lack of gastrointestinal signs reported. Recommend continued monitoring.
- Occasional prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. This can be a common finding in young dogs.

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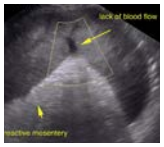
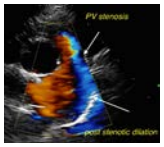
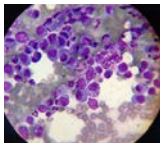
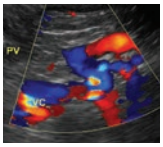

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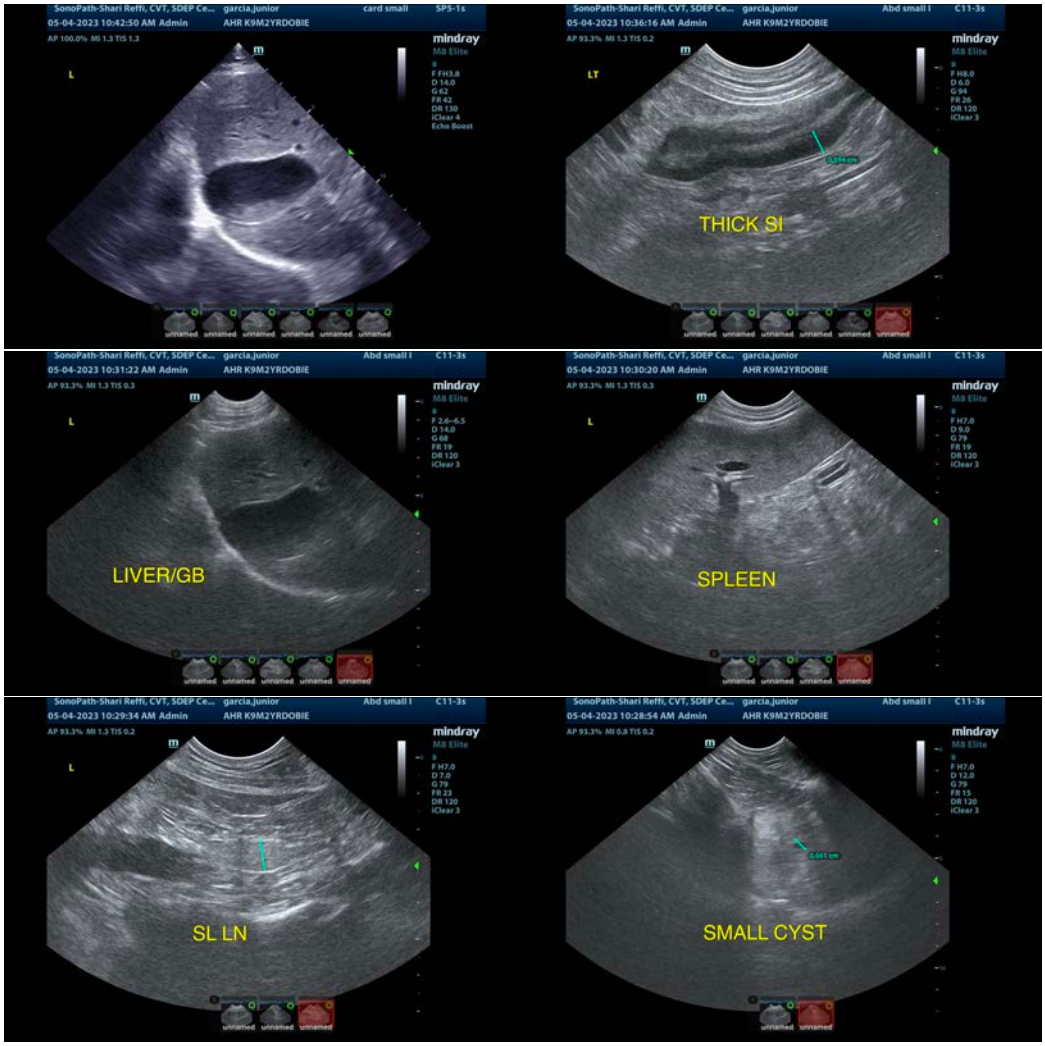
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are no mass lesions or obvious anatomic abnormalities associated with the urinary bladder to explain the recurrent urinary tract infections reported. The prostate is large, heterogeneous, and slightly cystic. This is consistent with benign prostate hypertrophy, but the history of infections increases concern that concurrent prostatitis may be present. It can be very difficult to clear a urinary tract infection if prostatitis is present, as bacteria tend to be harbored within the prostate, and this is unlikely to resolve as long as the prostate is under the influence of testosterone. Ideally, neutering this patient may help to resolve the recurrent urinary tract infections. If additional evidence is required, you could consider a fine needle aspirate of the prostate with a culture from the aspirate. If neutering is absolutely not an option, you could consider a testosterone blocker, but this would require lifelong therapy.

The significance of the bowel irregularities described is uncertain. This could represent normal anatomic variation, underlying enteritis, etc. Recommend continued monitoring. If recurrent antibiotic therapy is implemented, recommend starting chronic probiotic therapy and spacing antibiotics from probiotics by at least two hours.



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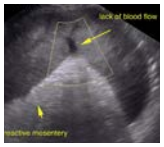
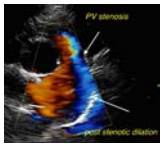
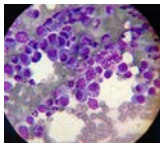
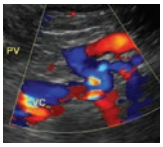

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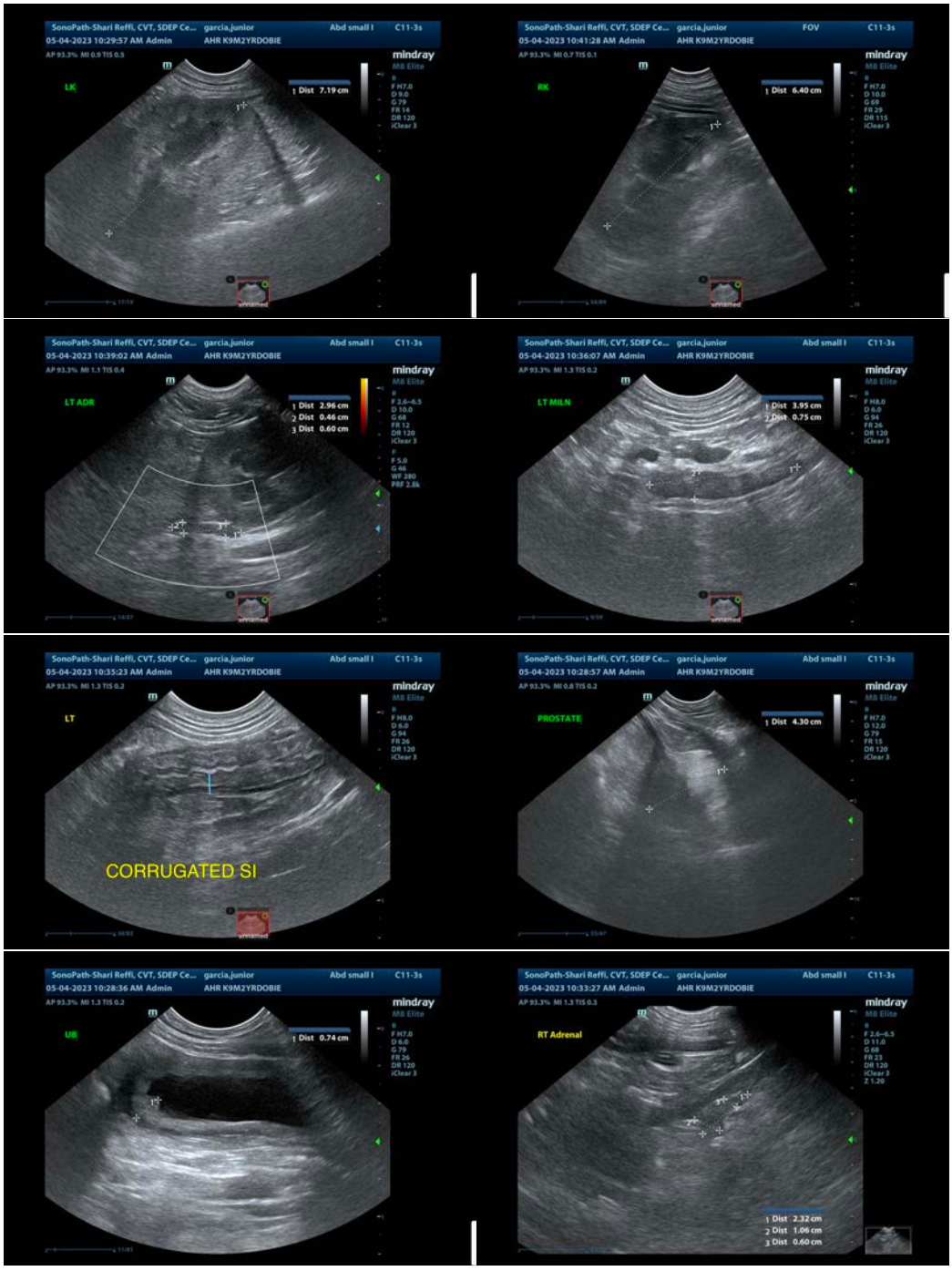

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com