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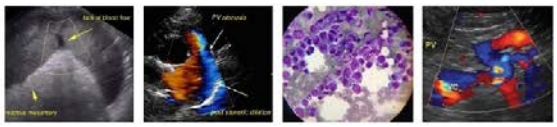

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Jasper Felice

SPECIES

Canine

BREED

Boston Terrier

SEX

Intact Male

AGE

6 Years

WEIGHT

12.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

Dr. Mellish

INVOICE

38924

DATE

6/21/22

PRESENTING CLINICAL SIGNS

small amounts blood in urine has not drank any water today vomited 3 times yesterday, 2x was kibble, 3rd time was overnight bile Bladder small sized, multiple small drips of ruddy-brown urine, nonpainful on deep bladder palpation. Rectal exam unremarkable, prostate palpable and mildly enlarged. Has been on Taurine supplementation.
Abnormal PE/Chem/CBC/UA Results: CBC: mild nonspecific changes Biochem: albumin quite high (dehydration) BG elevated (stress) ALT just tiny elevation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The urinary bladder appears somewhat diffusely thickened with a fairly regular mucosa surface. The area of the trigone and proximal urethra to a depth of 2.0 cm and ureteral papillae appear free of any mass lesions or calculi. Findings are most consistent with lack of urine distention or bacterial cystitis. Urinary bladder wall measures at 0.77 cm.

The prostate is large in size (3.2 cm in height in the sagittal view) but has a regular shape with smooth external margins. 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 (5.19 cm) with pinpoint non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.84 cm) with pinpoint non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 4.42 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 0.44 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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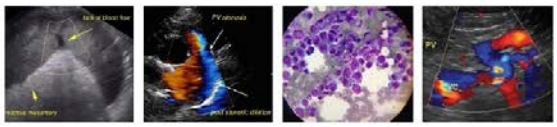

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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately distended with air and 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. Shadowing area and intraluminal fluid obscure full evaluation fo the cranial abdominal contents.

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 measured 0.30 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.

ULTRASONOGRAPHIC FINDINGS

- Large, mildly heterogeneous prostate – Prostatic changes are most consistent with benign prostatic hyperplasia. Other differentials include bacterial prostatitis and prostatic neoplasia. However, given the lack of lower urinary tract symptoms, these differentials are considered less likely in this patient.
- Thickened urinary bladder wall – These changes could be consistent with cystitis, or may be artifactual due to lack of adequate luminal distention. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Pinpoint non-obstructive nephroliths in both kidneys – The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.
- Air and fluid artifact visualized within the gastric lumen – This artifact presents full evaluation of the cranial abdominal structures.

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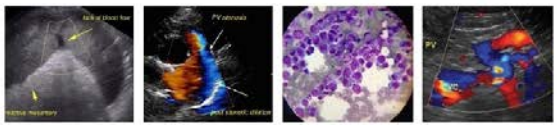

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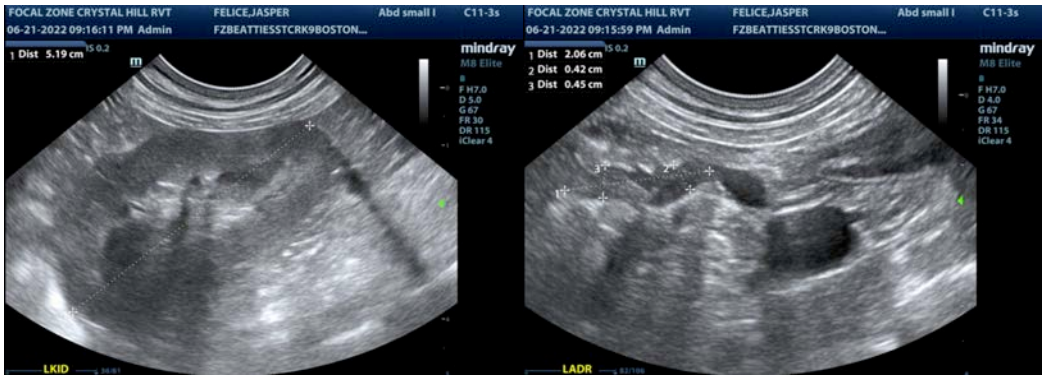
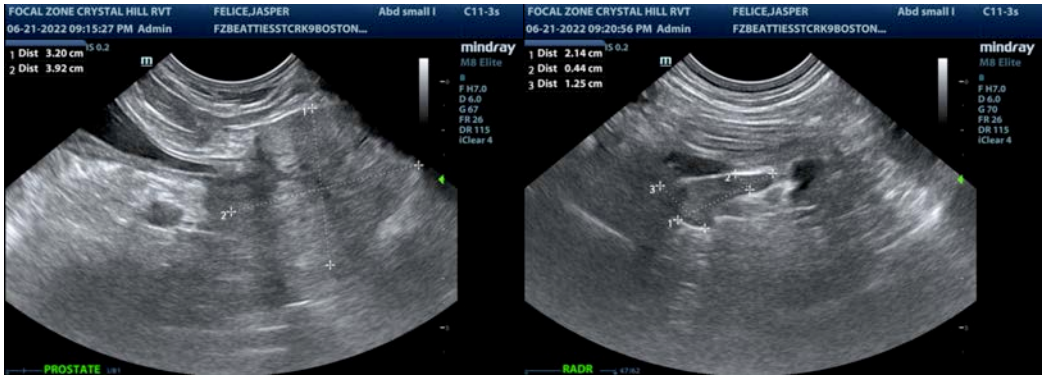
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

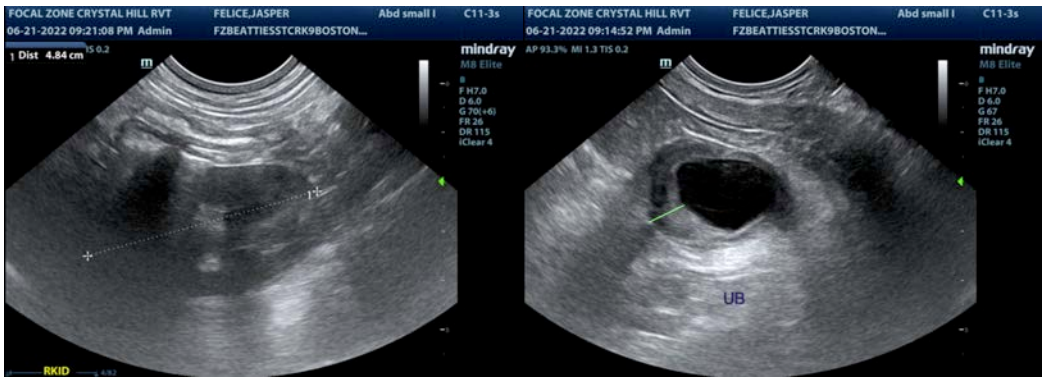
The prostatic changes are relatively mild and most consistent with benign prostatic hypertrophy +/- prostatitis. Recommend urinalysis and culture.

There is some fluid and air visualized within the gastric lumen. This is likely due to aerophagia. No overt obstruction is visualized, but correlate these findings with abdominal radiographs. If vomiting continues, recommend serial imaging, as not all obstruction can be visualized with ultrasound.

The urinary bladder is very mildly distended with urine, likely causing artifactual thickening of the urinary bladder wall. Evaluate for cystitis and recommend continued monitoring.







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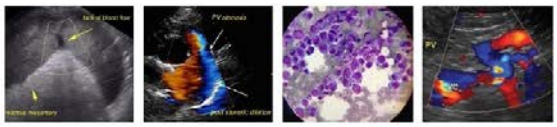

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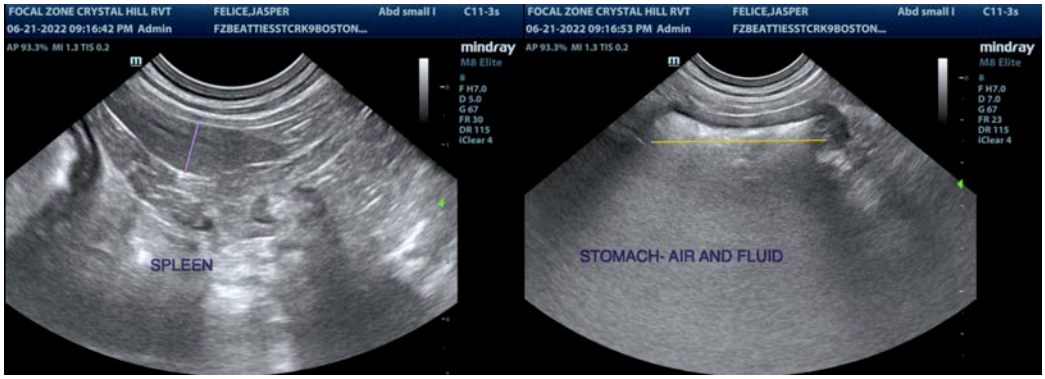

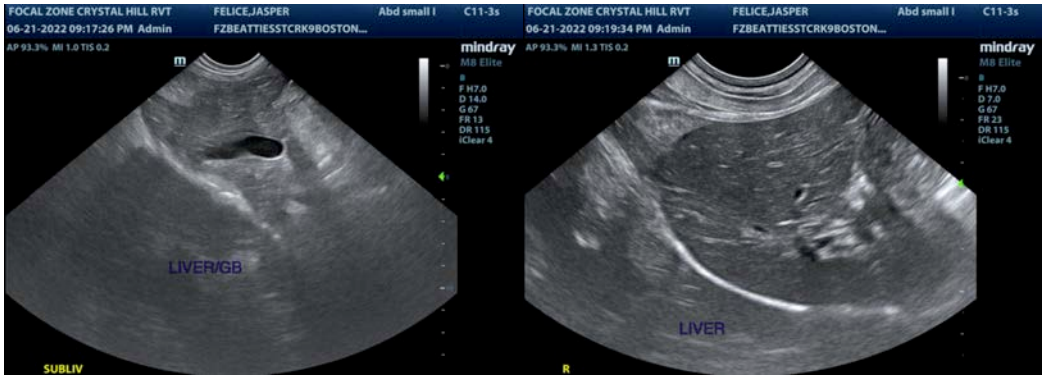

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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