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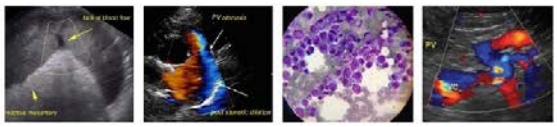

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Oliver Mcnair

SPECIES

Canine

BREED

Basset Hound

SEX

Intact Male

AGE

3 Years

WEIGHT

20 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hillview Vet Clinic

REFERRING VET

Dr. P. Stevenson

INVOICE

38509

DATE

6/8/22

PRESENTING CLINICAL SIGNS

past hx of cystine stones removed by guelph U. In for VX no urination issues but urine sample brought to check RBCS and WBS and presence of cystine crystals on fresh free catch urine BAR teeth - minro tarter starting. stage 2 dental disease- suggest brushing but will need dental one day bcs 5/9 good heart and lung sounds all else normal penis appears normal nothing felt abdomen on recheck weeks later o says holding leg up longer to urinate. and having to go more frequently second recheck sample much the same as first
Abnormal PE/Chem/CBC/UA Results: Please see attached labs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears diffusely thickened and irregular, particularly in the apical region. There are numerous hyperechoic shadowing stones visible in the dependent portion of the urinary bladder, creating a pile of mineralized stones. The suspicion is that there are multiple stones present, varying in size from 0.2-0.7 cm. Correlate these findings with abdominal radiographs, as I would suspect this size of stone is visible. The area of the urethra, trigone, and ureteral papillae appears relatively normal and free of calculi at this time.

The prostate is large in size (3.97 cm) but has a regular shape with smooth external margins. The parenchyma is heterogenous and hyperechoic, 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 (6.59 cm) with a non-obstructive nephrolith measuring 0.79 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.31 cm) with pinpoint non-obstructive nephroliths and a larger non-obstructive nephrolith measuring 0.45 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.47 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 0.46 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.

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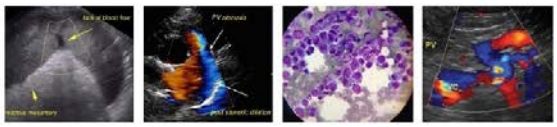

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Liver

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 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 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 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.

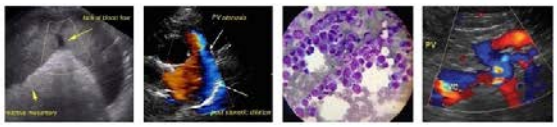
ULTRASONOGRAPHIC FINDINGS

- Diffusely thickened urinary bladder wall with numerous shadowing mineralizations – most consistent with bladder stones and associated infection/inflammation.
- Bilateral nephroliths – The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.
- Large, heterogeneous/hyperechoic prostate – most consistent with benign prostatic hypertrophy +/- prostatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are stones evident in the urinary bladder and both kidneys. Based on the history provided, I would suspect these are cystine stones, but analysis would be necessary to definitively prove this. It is not clear if medical therapy has been implemented in this individual.

Therapies such as dietary modification and medications to alkalinize the urine should be implemented



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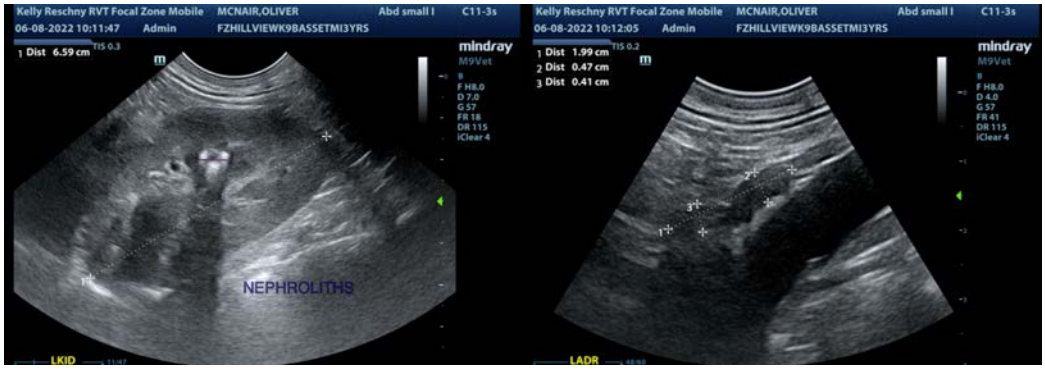
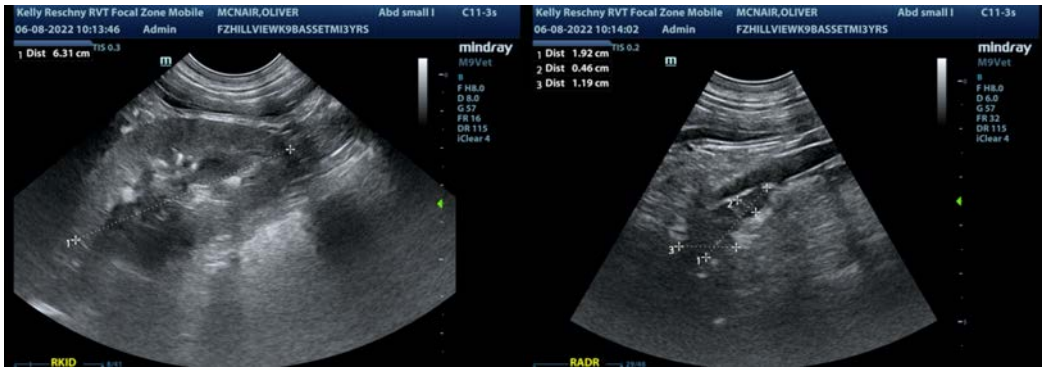
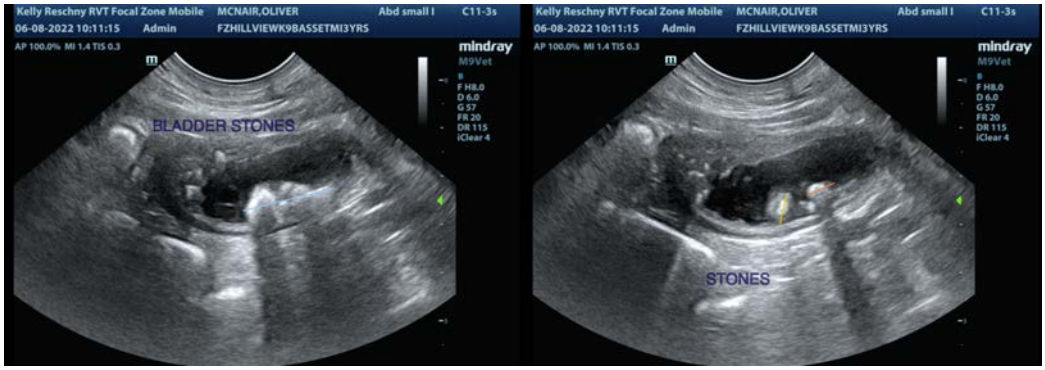
to both dissolve the stones and prevent recurrence. Additionally, these dogs should be neutered, as some types are androgen dependent, and additionally we don't want them breeding and passing on this genetic defect.

Recommend consultation with or referral to a veterinary internal medicine specialist to further discuss long-term treatment strategies, management, etc., as this is beyond the scope of this ultrasound consultation.







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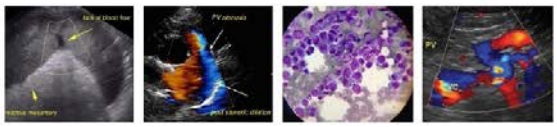

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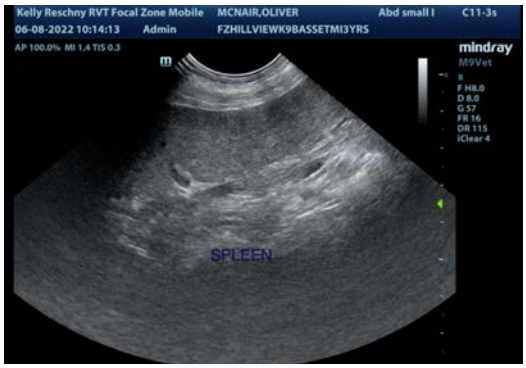

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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