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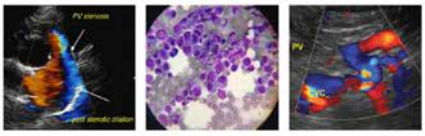

SonoPath
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PATIENT
Bentley Buchanan

SPECIES
Canine

BREED
English Bulldog

SEX
Male

AGE
2 Years 9 Months

WEIGHT
58.2 Pounds

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

IMAGING PERFORMED BY
Amy Mayhew, LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Kimball AH

INVOICE
40399

DATE
8/12/22

PRESENTING CLINICAL SIGNS

Urinary tract infection, possible bladder stones, Straining to urinate and abnormal urinary color and odor

Abnormal PE/Chem/CBC/UA Results: Please see attached labs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with echogenic urine. The Bladder wall appears mildly thickened and there is slight irregularity to the mucosal surface. In the dependent portion of the urinary bladder, there are mobile, hyperechoic, shadowing areas, most consistent with a cluster of small stones/sandy debris. The area of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi. The section of shadowing material extends along approximately 1.3 cm of the urinary bladder wall and is most consistent with a cluster of small stones.

The prostate is large in size (2.73 cm) 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 (6.9 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.

The right kidney has a normal shape and size (6.71 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 0.63 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 0.54 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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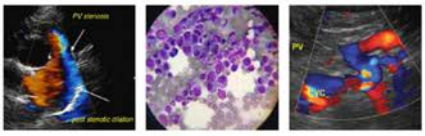

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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach 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. Duodenum wall measured 0.45 cm. Jejunum wall measured 0.29 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

- Numerous small calculi visualized in the dependent portion of the urinary bladder – Correlate findings with abdominal radiographs, urinalysis and culture.
- Large, heterogeneous prostate – most consistent with benign prostatic hypertrophy +/- prostatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is shadowing material in the dependent portion of the urinary bladder, most consistent with a small pile of mobile stones. Correlate these findings with abdominal radiographs to better identify the number and size of stones visualized. Recommend culture. If an active infection is present, these could be struvite stones and you could consider trying a dissolution diet along with treatment. If no infection is present, then I would be concerned more about calcium oxalate, etc.

Additionally, in an intact male dog, there is concern that there may be concurrent prostatitis. If neutering is an option, consider cystotomy with neutering, and long-term antibiotics therapy per culture results to avoid a chronically infected prostate. Recommend repeat culture 1-2 weeks post treatment to ensure the infection is gone, and periodic rechecks.

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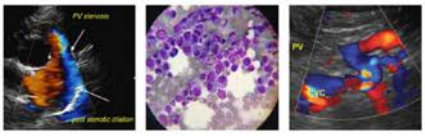

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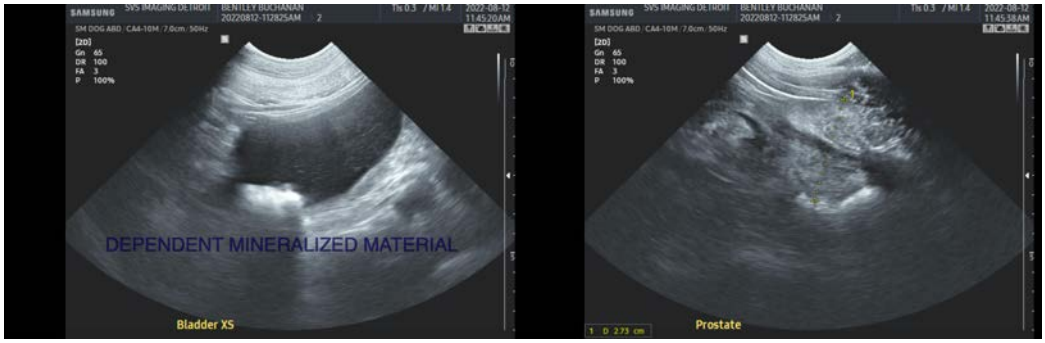

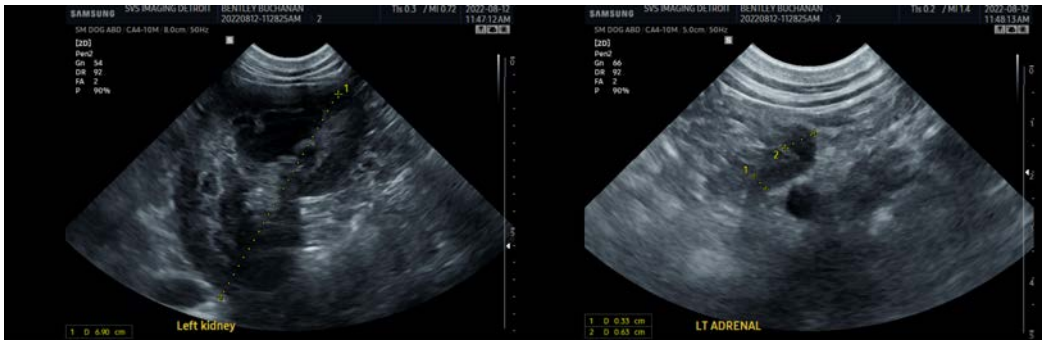

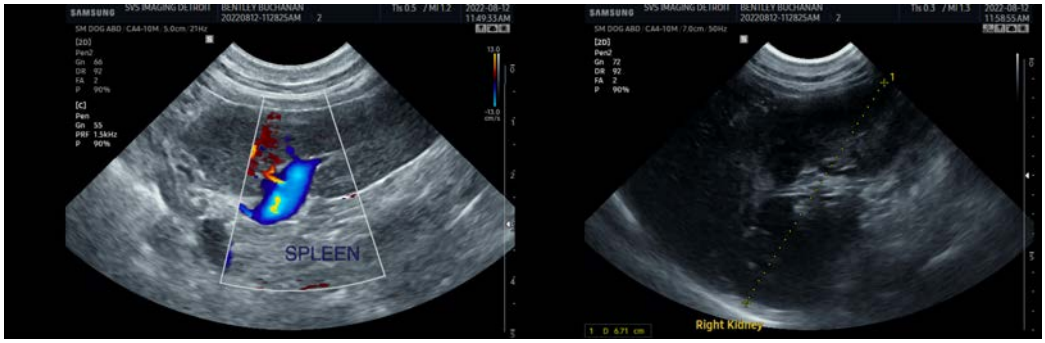

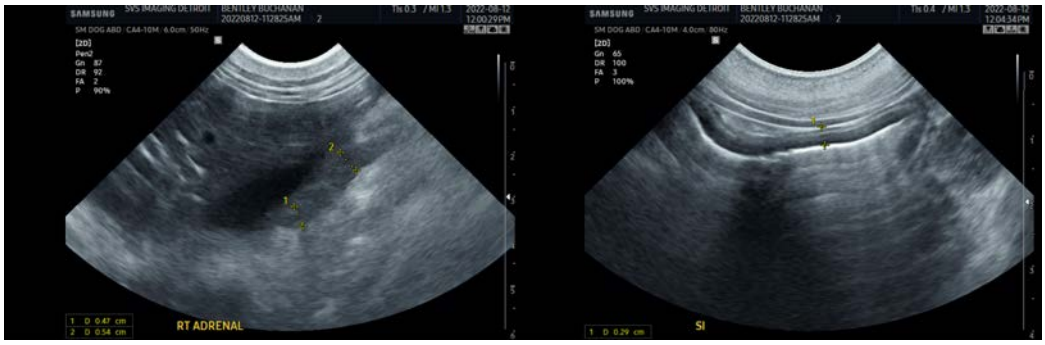

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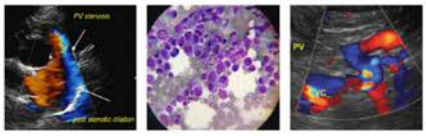

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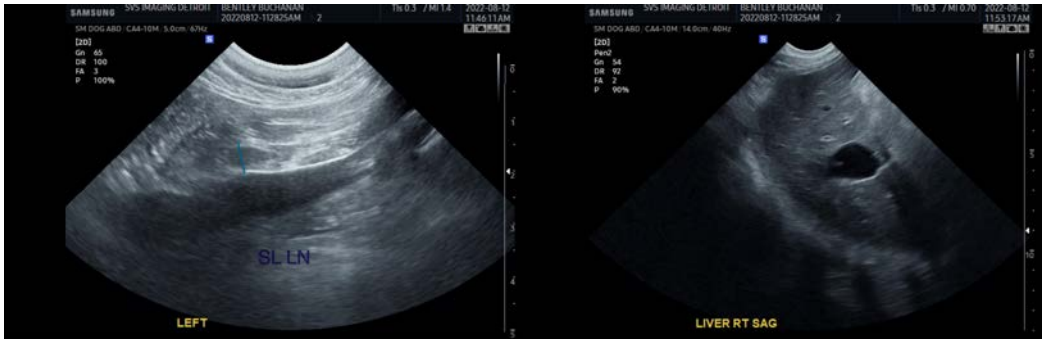

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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