



**DATE**  
08/02/2022

**PRESENTING CLINICAL SIGNS**

Urinary and fecal incontinence. PE: abnormal ambulation in hind legs due to previous cervical disc addressed with a ventral slot decompression 4 years ago.

**PATIENT**

Current Medications: Phenylpropanolamine 25 mg - 1 tab BID

Nugget Schaupp

Lab Results: BW/UA- no abnormality.

**SPECIES**

Date of Previous IntraPet Ultrasound: No previous.

Canine

Sedation: Not required to complete full diagnostic ultrasound.

**BREED**

Stat Report: Not requested.

French Bulldog

Imaging Performed By: Stephanie Warga RDCS, RVT.

**SEX**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

MN

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, or masses. There is a small stone visualized in the dependent portion of the bladder measuring 0.33 cm, this stone is mobile and is seen in the proximal urethra as well. There is an anechoic cystic structure visualized which appears dorsal to the urethra measuring 1.29 cm x 2.17 cm. A direct attachment to the prostate is not visualized. This could represent a distal ureteral dilation, a cystic area of prostate etc.

2011

**WEIGHT**

25lb

The prostate is normal in size (0.67 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi. There is an anechoic cystic structure visualized which appears dorsal to the urethra measuring 1.29 cm x 2.17 cm. A direct attachment to the prostate is not visualized but an association cannot be ruled out.

**INTERPRETED BY**

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

The left kidney has a normal shape and size. Overall echogenicity is normal with decreased 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 left kidney measured 4.96 cm in length.

**HOSPITAL NAME**

Chadwell Animal  
Hospital

The right kidney has a normal shape and size. Overall echogenicity is normal with decreased 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 measured 4.6 cm in length.

**REFERRING VET**

Dr. Schaupp

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.63cm 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.

**INVOICE**

11260ag

The right adrenal gland is normal in size measuring 0.71cm 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 heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. 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.

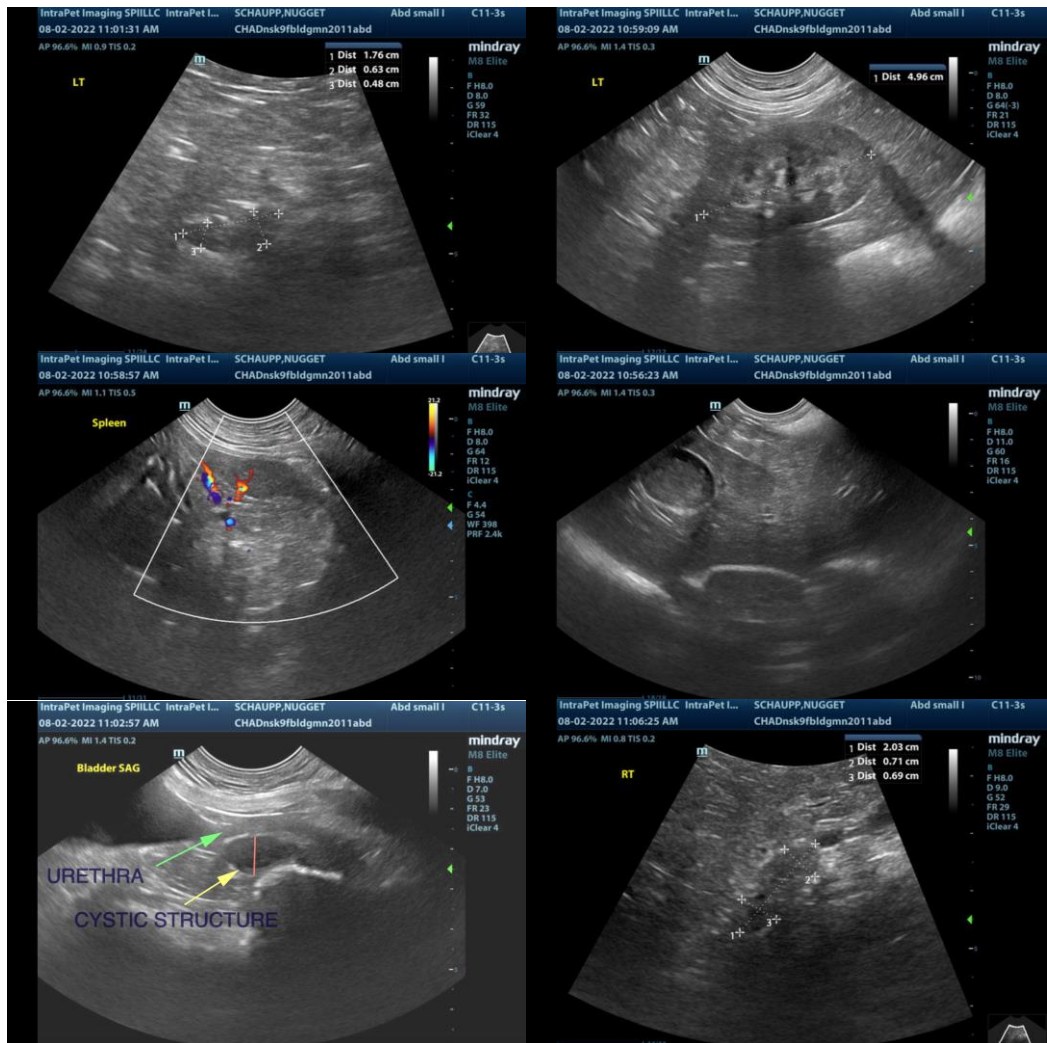
## **ULTRASONOGRAPHIC FINDINGS**

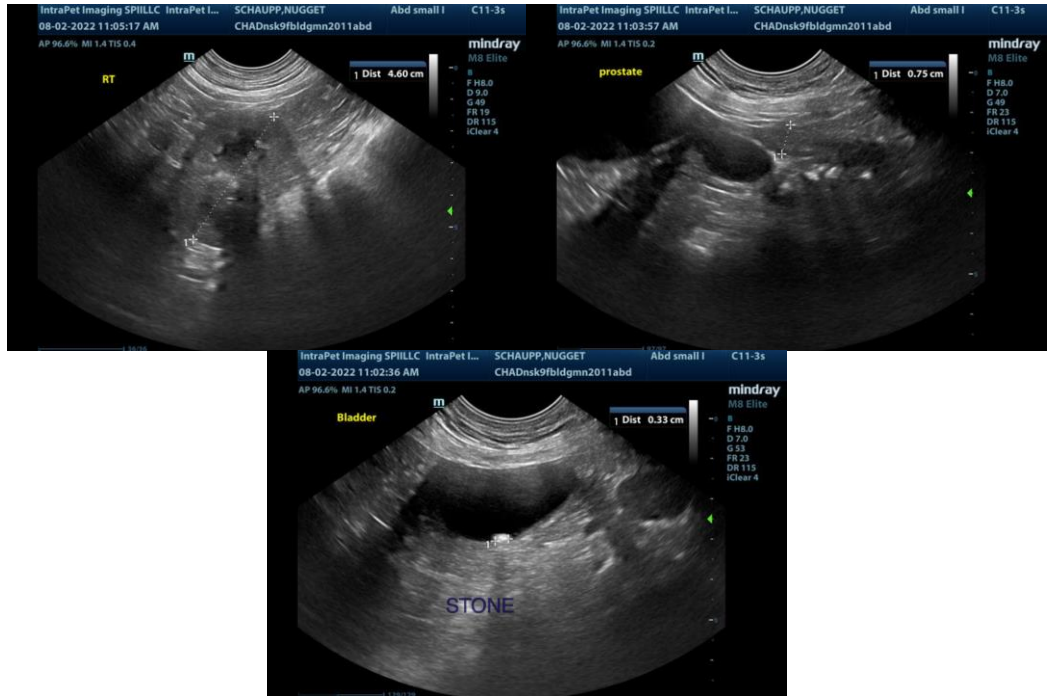
- A small mobile stone visualized in the urinary bladder. Correlate with abdominal radiographs, UA and C/S is recommended
- Cystic structure adjacent to the urethra and in the region of the prostate. The origination and character of this lesion is unknown, this could represent ureteral dilation, prostatic cyst, ureterocele etc
- Decreased corticomedullary distinction in both kidneys. The bilateral renal findings are consistent with age-related change.
- Heterogeneous liver. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

- Moderate gallbladder debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An anechoic cystic structure is visualized in the region of the urethra/prostate. The nature of this lesion is unclear as a direct association with the prostate cannot be visualized. Consider a contrast study (intravenous pyelogram/excretory urogram or contrast CT scan) to further evaluate this region. Additionally correlate with abdominal radiographs and digital rectal exam. UA, culture and monitoring of the bladder stone is recommended to determine if removal is warranted.





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.

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