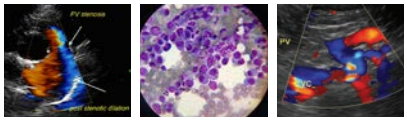
IMAGING PERFORMED BY

IntraPet.com



SonoPath

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DATE

8/26/21

PATIENT

Toby Rico

SPECIES

Canine

BREED

King Charles Cavalier Spaniel

SEX

Intact Male

AGE

2016

WEIGHT

24.4 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Happy Tails VH

REFERRING VET

Dr. Calpeno

INVOICE

24976

PRESENTING CLINICAL SIGNS

Enlarged prostate, bladder stones.

Current Medications: Onsior 40mg 1/2 t PO, q24h Baytril 68mg 1 t PO q24h, RC urinary SO, Prazosin 5mg 1 c po q24h
Radiographs: Enlarged prostate on radiographs pressing on urethra and apex of bladder, bladder stones. Attached separately.
Date of Previous IntraPet Ultrasound: No previous
Sedation: Gabapentin/Trazadone administered prior to scan.
Stat Report: STAT report not requested by the veterinarian.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, and ureteral papillae appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi. There are approximately four small stones visualized within the urethra, just proximal to the prostate, measuring from 0.27-0.5 cm.

The prostate is large in size (2.2 cm x 3.74 cm in cross section) but has a regular shape with smooth external margins. The parenchyma is heterogenous but no discreet focal lesions are present. The prostatic urethra appears normal, but there are at least four small stone visible just proximal to the prostate. There is no evidence of urethral irregularity or mass effect.

The left kidney has a normal shape and size (5.56 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. Non-obstructive nephroliths are present. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.17 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. Rare, non-obstructive nephroliths are present. There is no evidence of pyelectasia, 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 0.43 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.

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 dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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 measured 0.36 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.

Other

Both testicles are visualized and appear normal.

PRIMARY FINDINGS

- Large, hyperechoic prostate – most consistent with benign prostatic hypertrophy +/- prostatitis
- Pre-prostatic urethral calculi – approximately four small stones are observed, shadowing within the urethra. A complete obstruction is not evidence.

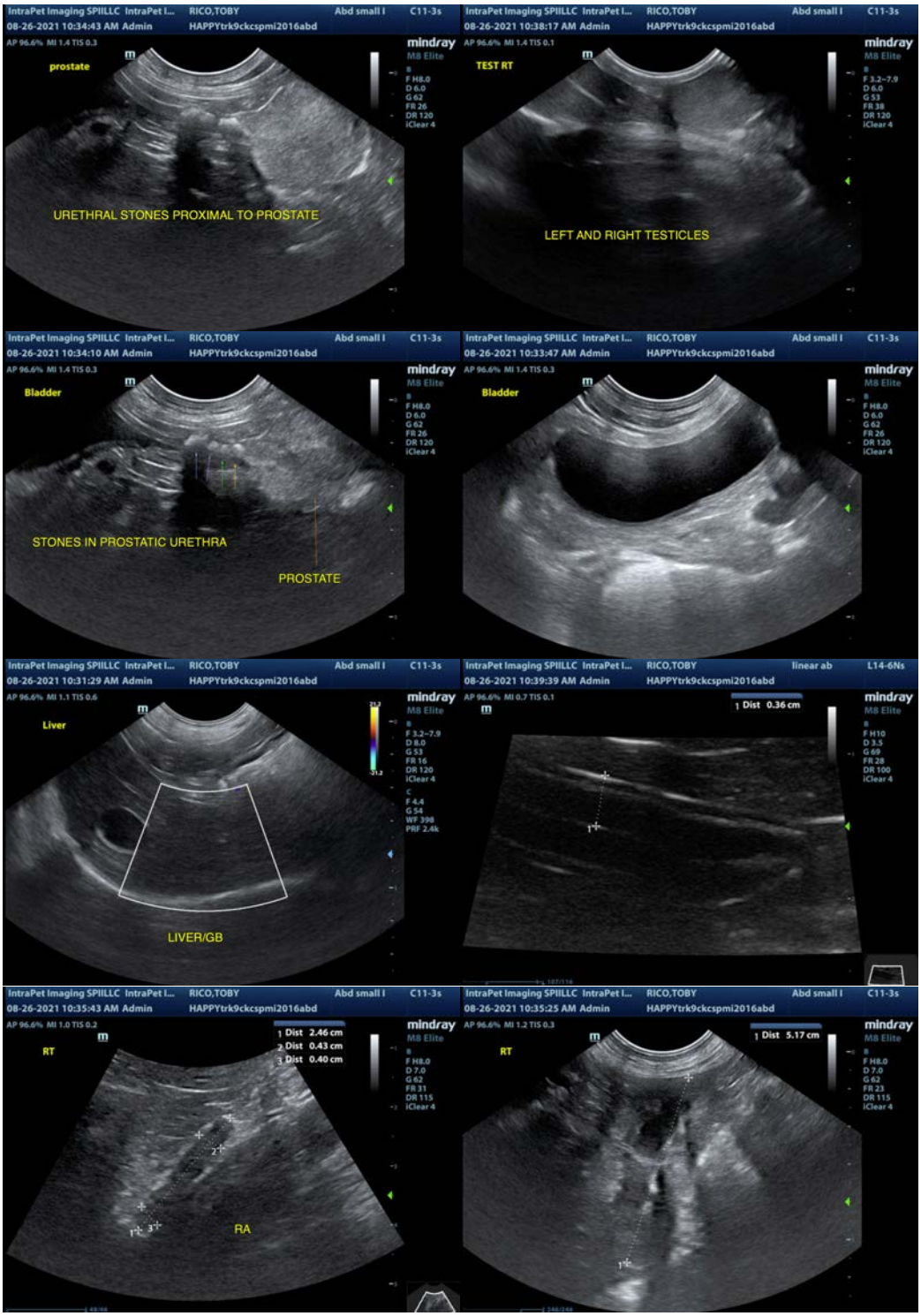
SECONDARY FINDINGS

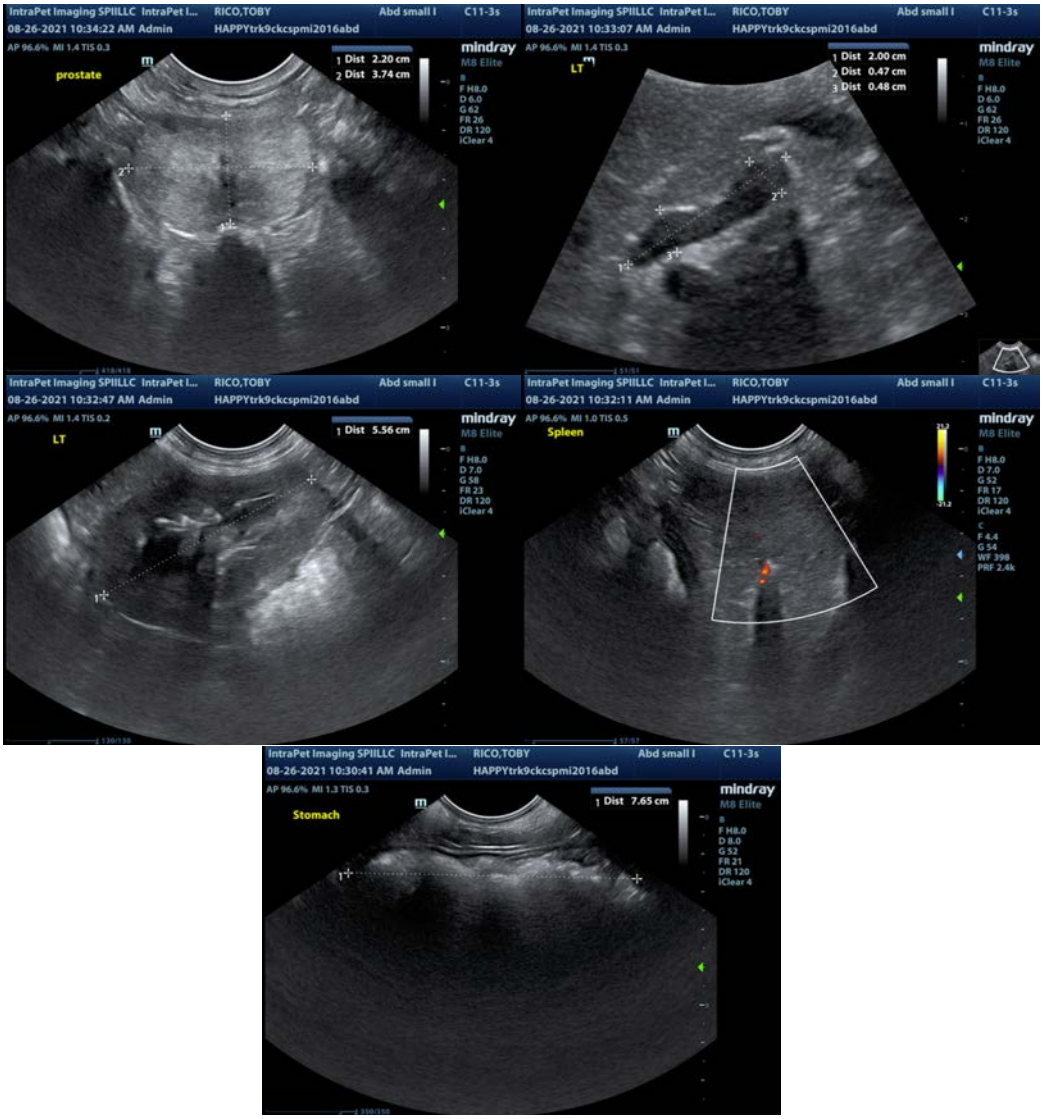
- Small, non-obstructive nephroliths in both kidneys – The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate is large, consistent with this patient's intact male status. Recommend urinalysis and culture to further evaluate for prostatitis and concurrent UTI. Additionally, there are stones in the pre-prostatic urethra. Recommend radiographs to confirm size and number. It is very likely that you could retropulse these stones back into the urinary bladder by placing a urinary catheter, and then remove them via cystotomy. Neutering could be done at the same time. Alternately, these could be struvite stones if there is concurrent

infecetion and prostatitis, but there is risk for obstruction during the dissolution process. Recommend stone analysis.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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