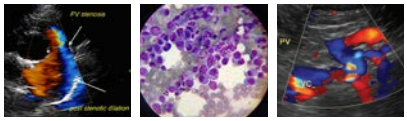
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

9/13/22

PATIENT

Charlie Hutchinson

SPECIES

Canine

BREED

Pit Bull X

SEX

Neutered Male

AGE

10/22/09

WEIGHT

44 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Homeward Bound VS

REFERRING VET

Dr. Vance

INVOICE

41271

PRESENTING CLINICAL SIGNS

Has been on repeated courses of antibiotics for UTI, not resolving. Rads show no stones.

Current Medications: No meds at this time but previous Clavamox and Baytril.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

LIMITED ULTRASONOGRAPHIC EXAMINATION

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is diffusely mildly thickened (0.82 cm in the ventral apical portion), and the mucosa is mildly irregular. The trigone, ureteral papillae, and visible urethra (to a depth of 2cm) appear normal with no evidence of severe mucosal irregularities, masses or cystic calculi. Findings are most consistent with bacterial cystitis or lack of urine distension. Recommend urinalysis and culture.

The prostate is normal in size (1.16 cm in width in the sagittal view). The parenchyma is primarily homogeneous with relatively smooth external margins. The pre-prostatic urethra appears relatively normal with no evidence of irregularity. The post-prostatic urethra is difficult to visualize but appears somewhat prominent and thickened, measuring 0.70 cm in diameter. No focal mass lesion is observed.

The left kidney has a normal shape and size (6.3 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (6.22 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The sublumbar lymph node is prominent measuring 0.79 cm in width.

ULTRASONOGRAPHIC FINDINGS

- Irregular thickened urinary bladder wall – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Prominent prostate with prominent, possibly thickened post-prostatic urethra – Correlate these findings with a digital rectal exam. Possible differentials for urethral thickening would include urethritis, prostatic neoplasia, urethral neoplasia, etc.
- Prominent sublumbar lymph node – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

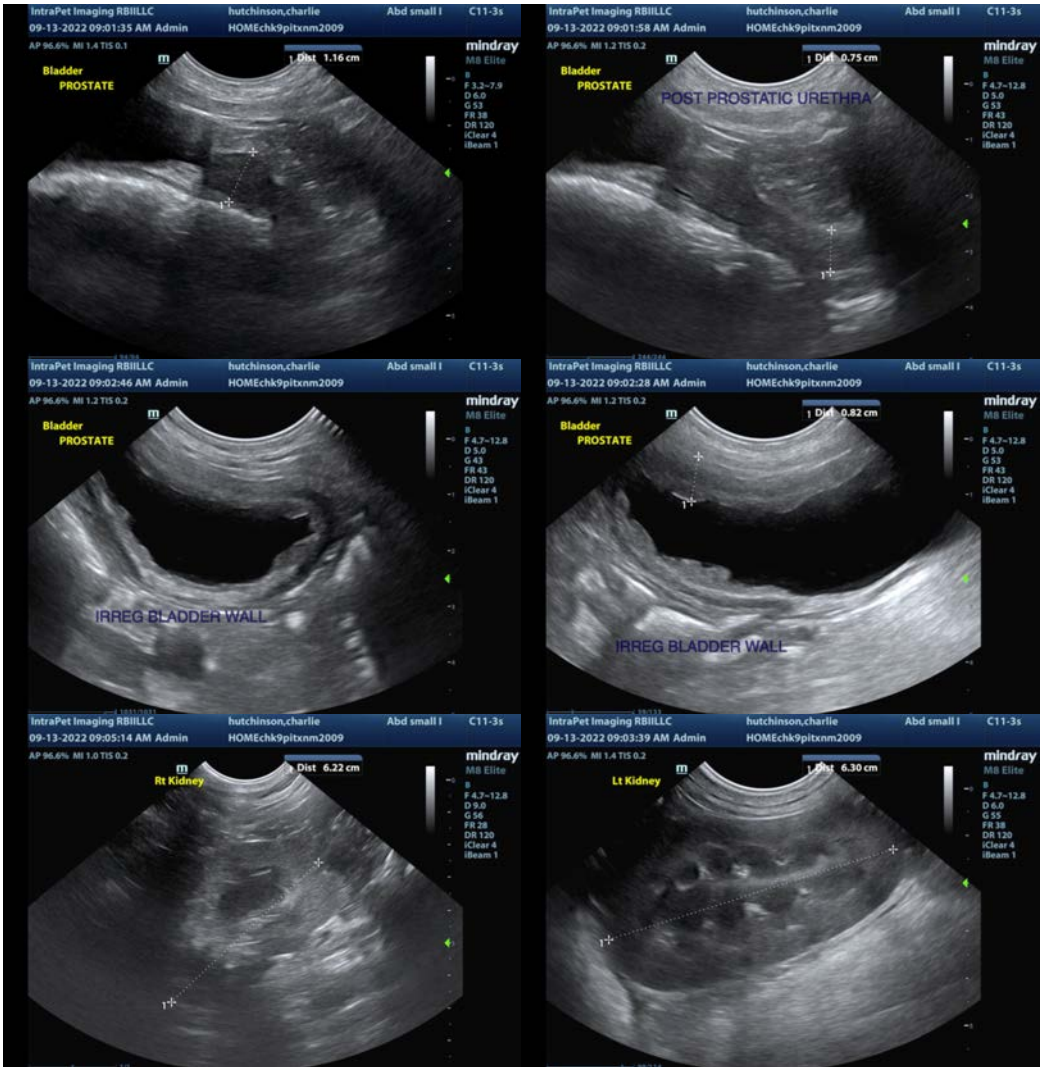
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

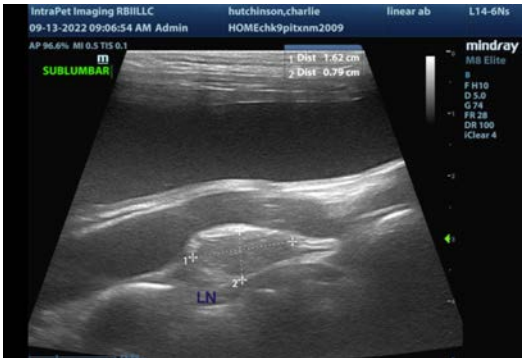
The changes observed in the urinary bladder could be due to cystitis, lack of adequate bladder distention, or possibly infiltrative disease to the bladder wall (inflammatory change, neoplasia, etc.). Correlate these findings with your culture results. If an active infection is present, I would most strongly consider cystitis. Recommend treatment with appropriate antibiotics and culturing while on antibiotics to ensure the infection

has gone, in addition to culturing approximately a week after cessation of antibiotics to determine if a relapse has occurred. Recommend concurrent use of chronic probiotics.

The post-prostatic urethra is somewhat difficult to visualize but there is the suggestion that it may be thickened. Correlate this with a digital rectal exam. If a ropey, thickened urethra is palpated, this would be of concern. The prostate does not appear significantly abnormal, but if it is irregular or firm, this could still be consistent with a neoplastic process. You could consider a traumatic catheterization just proximal to or at the level of the prostate, a fine needle aspirate of the prostate, or scoping of the urethra if you can find a facility with a small enough flexible endoscope to pass through a male dog's urethra. No stones or focal mass lesions are visualized.

If an underlying neoplastic process is suspected, and there is no evidence of a concurrent infection, you could consider a urine BRAF test. If this test is negative, it is a non-diagnostic test. If the test is positive, this would increase your suspicion for underlying neoplasia.





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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