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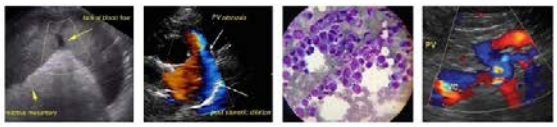

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Lex Gameiro

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

12 Years

WEIGHT

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

The Maples AH

REFERRING VET

Dr. Kazienko

INVOICE

25463

DATE

9/16/21

PRESENTING CLINICAL SIGNS

consistent blood in urine after course of Abs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. Additionally, there is a small pile of echogenic, mineralized/shadowing debris in the dependent portion of the urinary bladder, most consistent with sandy debris/small stones. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or calculi. The suspended echogenic debris can be associated with small crystals, cellular debris, and proteinaceous debris.

The prostate is normal/prominent in size (0.95 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.

The right kidney has a normal shape and size (3.04 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. Several non-obstructive nephroliths are present at 0.36 cm and 0.43 cm. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The left kidney has a normal shape and size (3.24 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. Multiple non-obstructive nephroliths are present, the largest measuring 0.37 cm. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.40 cm. 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 0.35 cm. 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 echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The spleen is subjectively normal in size with no focal parenchymal abnormalities. The blood flow through the hilus and splenic parenchyma appears normal.

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 gall bladder 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.

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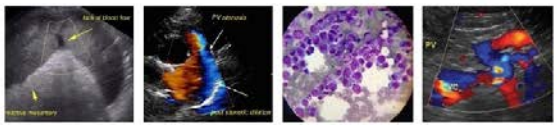

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Gastrointestinal

The stomach appears contains minimal luminal contents. It measures at a normal thickness of XX cm 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 0.33 cm. Jejunum wall measured 0.21 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.

PRIMARY FINDINGS

- Mineralized dependent debris in the urinary bladder – most consistent with sand/small stones.
- 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.

SECONDARY FINDINGS

- Prominent, but normal shaped prostate – The significance of this depends somewhat on the age at neutering. This is a small dog, and the prostate is very normal in shape. However, if this dog was neutered prior to puberty or symptoms continued, consider recheck, as I cannot exclude the possibility of prostatic enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large amount of suspended debris present in the urinary bladder along with dependent mineralized debris. Recommend culture and sensitivity in addition to a urinalysis 5-7 days after discontinuing antibiotics. Recommend radiographs to better estimate the size of the material present. In a female dog, this debris would be small enough to pass, but it is difficult to assess this in a male dog. Additionally, if this is associated with an infection it could be struvite, and you may be able to clear it up with diet and treatment of infection. Recommend continued monitoring of the prostate and the trigone area of the urinary bladder if symptoms don't resolve, as the mucosa under the mineralized material cannot be assessed, and the prostate appeared slightly prominent, but very normal in shape. If larger stones are visualized on radiographs and cystotomy is performed, recommend biopsy of bladder wall at that time.

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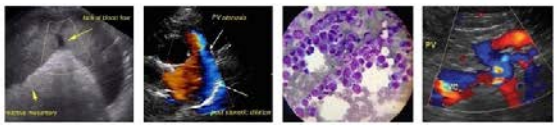

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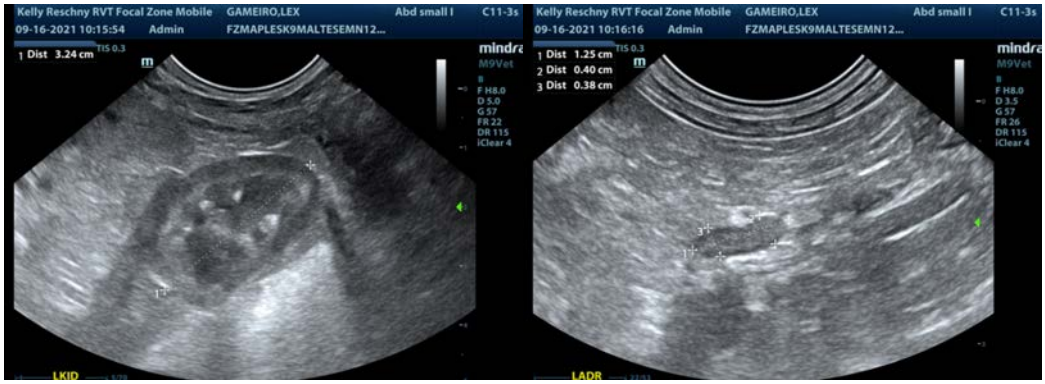

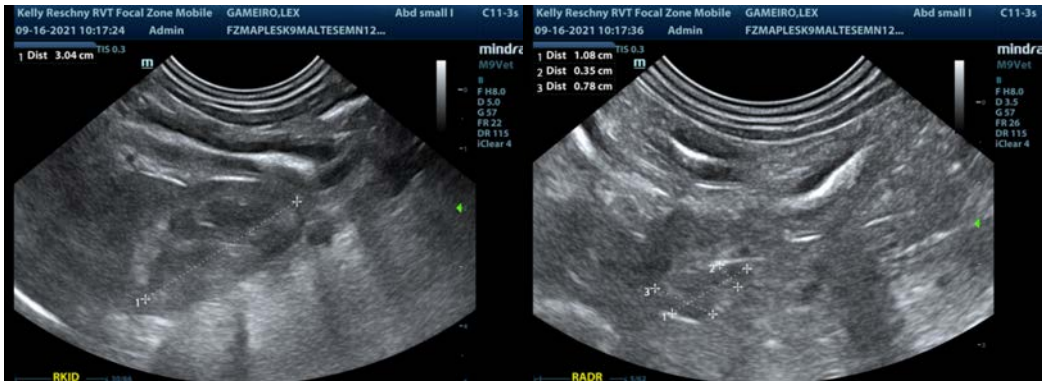

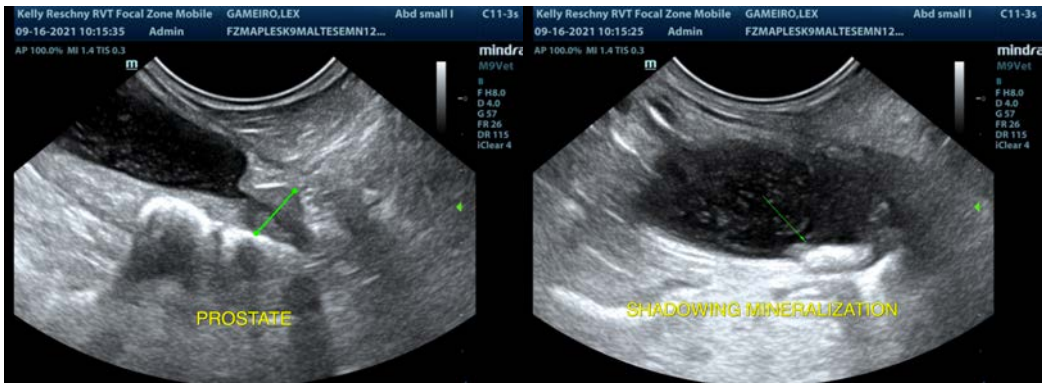

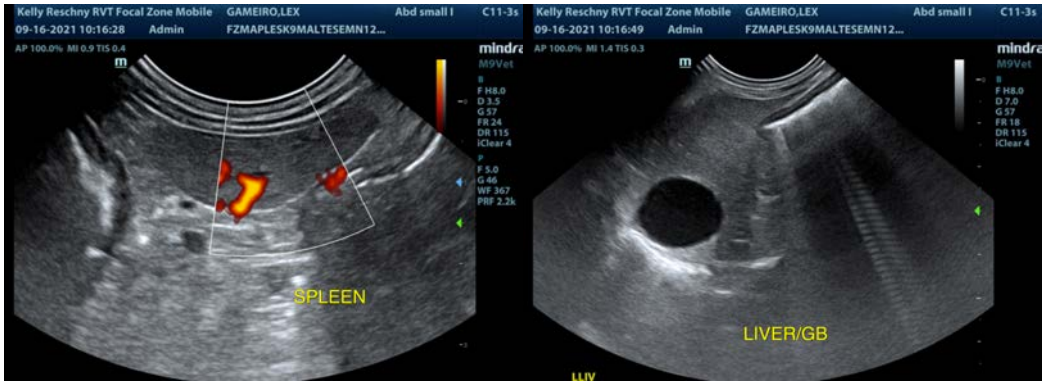

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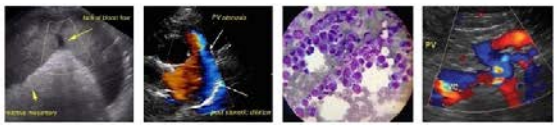

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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