

**DATE PRESENTING CLINICAL SIGNS**

9/22/22 Hematuria.

PATIENT Current Medications: None listed.

Darcy Strickler Date of Previous IntraPet Ultrasound: No previous.
Sedation: Declined.
Stat Report: Not requested.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

BREED

English Sheep Dog

SEX

Intact Male

AGE

2/21/16

WEIGHT

82 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Padonia Vet

REFERRING VET

Dr. Youssef

INVOICE

41551

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris and some dependent shadowing/sandy debris present. 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. Echogenic debris of this type can be associated with small crystals, sandy debris or small calculi. Correlate findings with abdominal radiographs, urinalysis and culture.

The prostate is large in size, measuring 5.15 cm in height in the sagittal view. The prostate has relatively smooth external margins, but the parenchyma is hyperechoic and heterogeneous with a discrete hypoechoic region deep in the prostate measuring 5.15 cm and a smaller hypoechoic lesion measuring 0.40 cm. Findings are most consistent with cystic lesions or hypoechoic nodules.

The left kidney has a normal shape and size (7.47 cm). Overall echogenicity is slightly hyperechoic with poor 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 (7.52 cm). Overall echogenicity is slightly hyperechoic with poor 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.57 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 0.72 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 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 gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and 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. 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.

Other

Both testicles are visualized. The right testicle appears normal. The left testicle measures approximately 3.1 cm in length and has a mixed echogenic hyperechoic nodule deep in the testicle measuring 1.39 cm x 1.2 cm.

ULTRASONOGRAPHIC FINDINGS

- Small amount of sandy dependent echogenic debris in the urinary bladder – The sandy debris in the bladder lumen could be consistent with cells, crystals, and/or mucus/small mineralizations – Recommend urinalysis and culture.
- Large hyperechoic heterogeneous prostate with two hypoechoic focal lesions – Findings are most consistent with benign prostatic hypertrophy +/- prostatitis. The hypoechoic lesions could represent nodules or cystic lesions.
- Decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- 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.
- Hyperechoic mixed echogenic nodule in the left testicle – There is a nodule visualized in the left testicle. Consider such differentials as benign or neoplastic lesions such as Leydig cell tumor, Sertoli

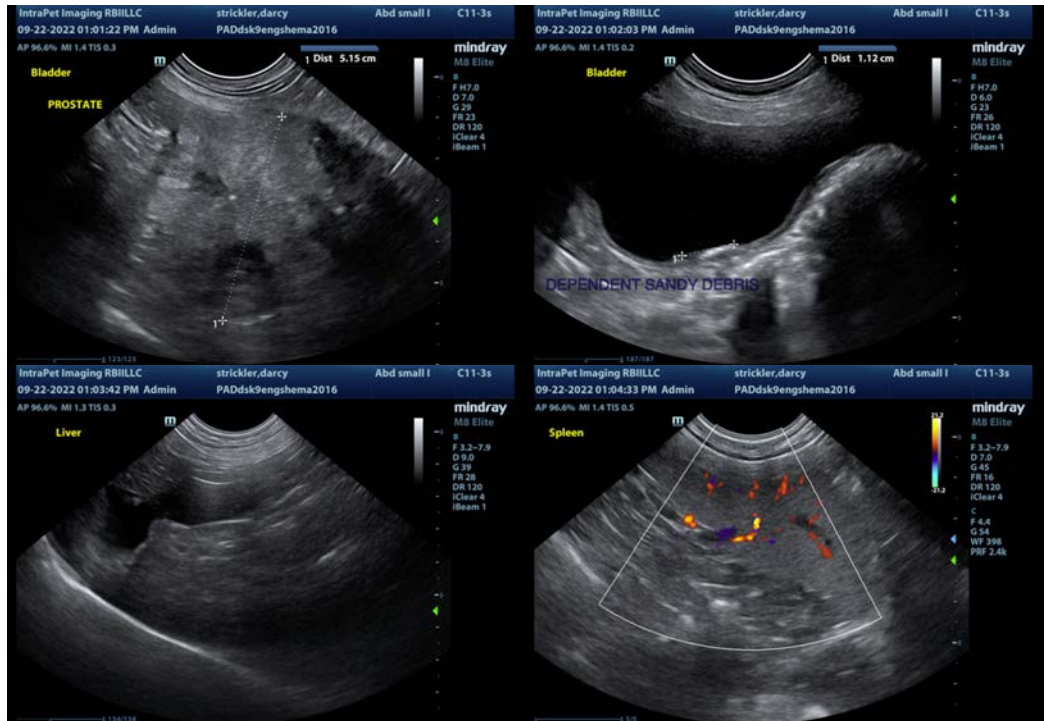
cell tumor, seminoma, granuloma, etc. Recommend neuter with histopathology (as treatment of choice), or cytology.

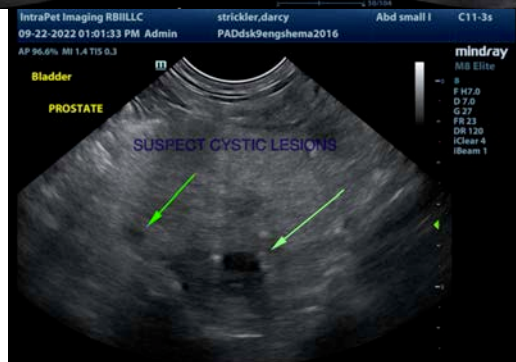
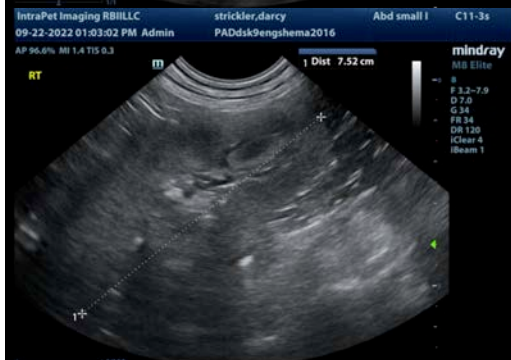
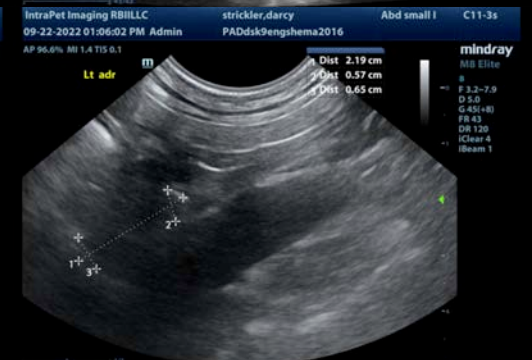
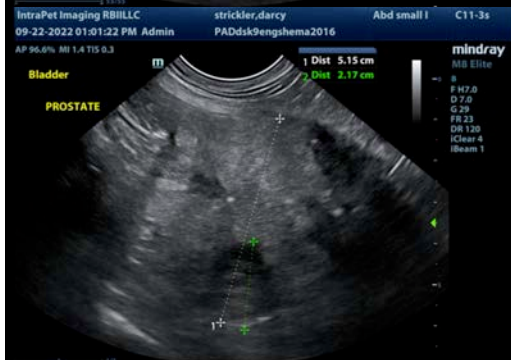
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate is large, hyperechoic, and heterogeneous, with two hypoechoic lesions. These could represent cystic lesions (benign sterile cyst or abscess) or could represent hypoechoic nodules. These nodules are likely too deep to easily sample. I feel that a cystic lesion or abscess is more likely. Recommend a urinalysis and culture and neutering with submission of the left testicle for histopathology. Recommend continued monitoring of the prostate to see if these lesions resolve, and aspiration of the lesions if they become more easily accessible.

The kidneys appear to have a mildly decreased corticomedullary distinction and the liver is heterogeneous. This somewhat of a non-specific finding. Correlate these findings with lab work results.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.





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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