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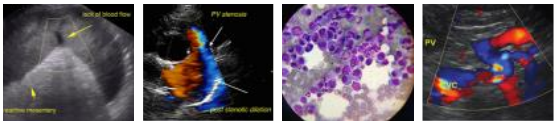

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Yeti Smith

SPECIES

Canine

BREED

Great Pyrenees Mix

SEX

Intact Male

AGE

5 Years

WEIGHT

90.4 Pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Ark VC

REFERRING VET

Dr. Mercer

INVOICE

20627

DATE

1/19/23

PRESENTING CLINICAL SIGNS

History: 1st cystotomy 2020 per O, second cystotomy 12/22 Presents to clinic on 1/08/23 - Intact male. Dribbling malodorous urine, bladder is large and soft, 8 Fr red rubber passes easily, no overt abnormalities of prepuce, prostate feels normal on rectal Presents to clinic 1/17/23 - ongoing stranguria, urinary obstruction, r/o bacterial infection vs BPH vs nerve problem vomiting: secondary to discomfort from urinary obstruction vs azotemia vs FB (possibly ate half of potty pad)

Abnormal PE/Chem/CBC/UA Results: 1/8/23 First urinalysis with culture - no growth 1/17/23 Second urinalysis with culture if indicated - pending Current Medications Carprofen 100mg: 1 1/2 tab PO SID, Prazosin 1mg: 3 cap PO Q8-12 as needed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size without evidence of bladder overdistention. Generalized to extensive moderately thickened urinary bladder walls were noted, exhibiting mild nonhomogenous yet nonmineralized mural echogenicity. Mild asymmetrical luminal surface contour was noted. Potential for intermittent to focal apical polyps. Anechoic urine with moderate dependent to nondependent particulate to accumulated sediment was noted along the apical luminal surface. No evidence of mural mineralization or overt sessile based urinary bladder masses. Ventral urinary bladder wall measured 0.92 cm in width. Mildly thickened urinary bladder neck and visible proximal urethra were noted, extending caudally to the prostate.

The prostate gland was mildly enlarged, exhibiting distinguishable yet mild irregular capsule contour compared to adjacent tissue. Nonhomogenous to mixed echogenic prostatic parenchyma was noted, exhibiting discrete cystic changes. No evidence of prostatic parenchymal mineralization. The prostate measured 5.1 cm x 4.5 cm. Subtle evidence of periprostatic and pericystic hyperechoic omentum noted. No evidence of concurrent free fluid.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.6 cm in length. The right kidney measured 7.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm in length x 0.6 cm width at the caudal pole.

No overt pathology in the area of the right adrenal gland.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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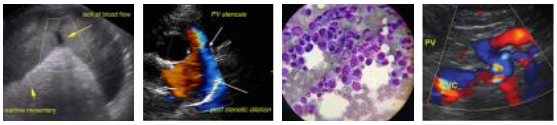

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Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact, possibly mild prominent wall layering. The lumen of the stomach was primarily empty with luminal gas artifact. Potential for minor retained nonspecific ingesta. Possible, yet no evidence of overt gastric foreign material or mechanical pyloric outflow obstruction.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Subtle evidence of periprostatic and pericystic hyperechoic omentum noted. No evidence of concurrent free fluid. No evidence of medial iliac or sublumbar lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Moderate to severe chronic cystitis/polypoid cystitis pattern with moderate urinary bladder sediment, suspect concurrent proximal urethritis
- Mild nonhomogenous prostatomegaly, exhibiting suspected minor intraparenchymal cysts- benign prostatic hyperplasia, possible mild prostatitis
- Normal bilateral kidneys
- Overtly normal gastrointestinal tract with mild gastric gas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for extensive urinary bladder tumor is considered less likely yet given the urinary bladder presentation, technically cannot be definitively excluded. Potential for chronic bacterial cystitis is possible. Correlation with pending urinalysis +/- recheck urine culture and sensitivity. Urinary bladder mural and prostatic biopsies for histopathology and culture and sensitivity are likely ideal. Empirically, pending additional diagnostics, therapy for chronic, potentially bacterial cystitis/mild prostatitis would be reasonable. No overt evidence of gastrointestinal foreign material, with potential for mild gastritis pattern. As needed gastrointestinal support is recommended.

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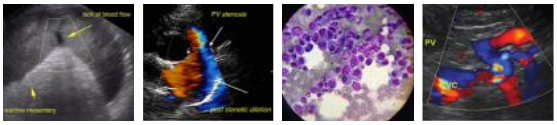

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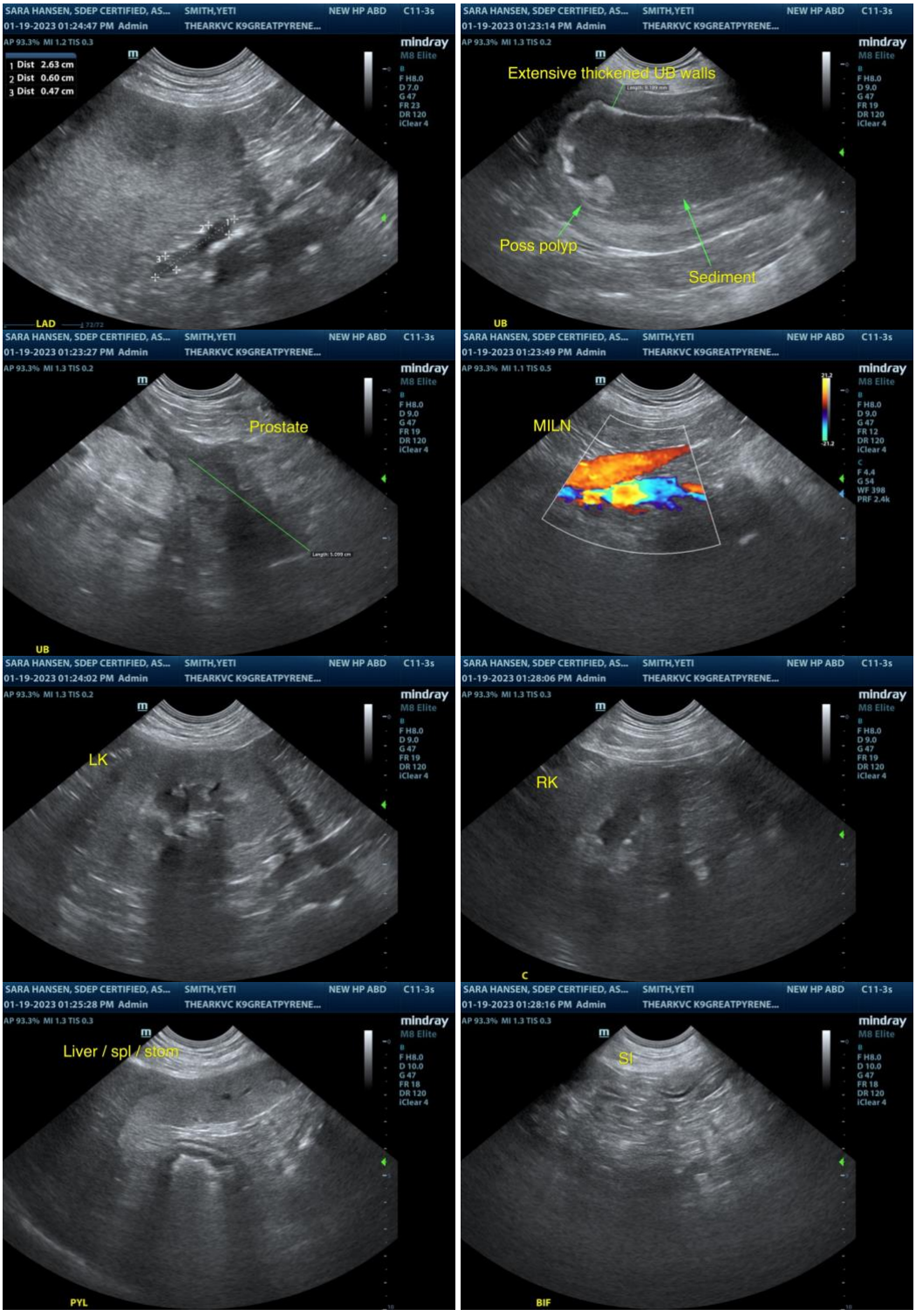

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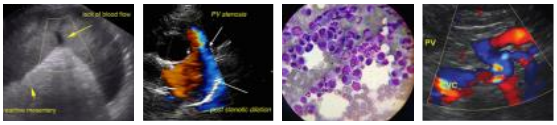

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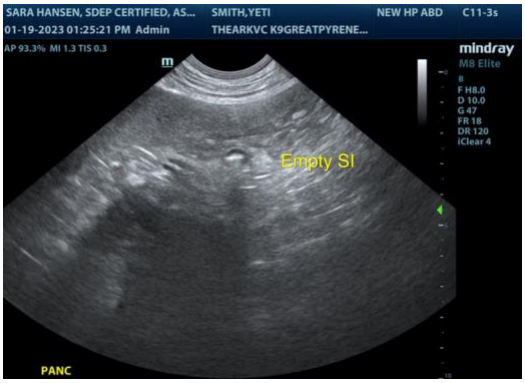

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com