



PATIENT

PRESENTING CLINICAL SIGNS

Rocco Cantor

History: Hematuria. UA: 3+ protein, 3+ blood; RBC 11-20. Study limited to urinary system

SPECIES

Canine

LIMITED ULTRASONOGRAPHIC EXAMINATION

Both kidneys were normal in size and margination. Both kidneys exhibited mild cortical hypertrophy exhibiting mild nonuniform increased cortex echogenicity with mild to moderate loss of corticomedullary border demarcation. Pinpoint areas of medullary mineral were present in both kidneys. No evidence of pyelectasia in either kidney. The left and right retroperitoneal spaces were sonographically normal. The left kidney measured 4.9 cm. The right kidney measured 5.4 cm.

BREED

Yorkshire Terrier Mix

The urinary bladder, trigone, cystourethral junction, and visible proximal urethra to a depth of 3.0 cm exhibited normal thickness and tone. Very minor primarily dependent particulate sediment was present yet no evidence of significant sediment or formed calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

SEX

Neutered Male

The residual prostate exhibited expected normal size for a neutered male, exhibiting symmetrical contour and uniform parenchyma, measuring 0.8 cm in width. No evidence of residual prostate pathology.

AGE

10 Years

ULTRASONOGRAPHIC FINDINGS

- Bilateral nonspecific chronic renal changes with pinpoint medullary mineral- no overt pyelonephritis
- Sonographically unremarkable urinary bladder, residual prostate and visible proximal urethra

WEIGHT

15.2 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Overall, no overt evidence of significant upper or lower urinary tract pathology (i.e., calculi or neoplasia) as an obvious cause of the hematuria. Full urinary work up, including urine culture and sensitivity as well as, if no evidence of significant inflammatory cells on urinalysis, baseline UPC level. Gross examination of the prepuce and extruded penis could be considered, if not done. Without evidence of visualized lower urinary tract pathology, assuming no evidence of underlying infection or preputial/penile pathology, rare conditions such as idiopathic renal hematuria could be considered in this patient. Correlation with renal parameters, if not recently done, suggested.

IMAGING PERFORMED BY

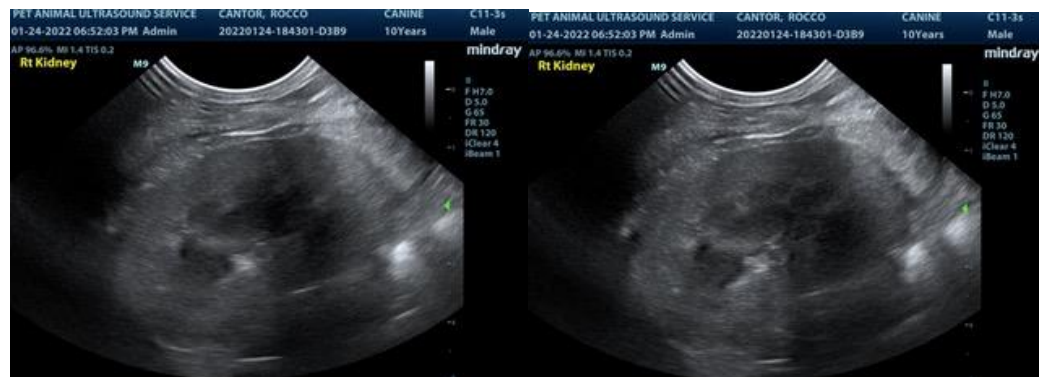
Pamela Harrigan, RDCS

HOSPITAL NAME

Eastham VH

REFERRING VET

Dr. Jay Jakubowski,
 DVM



INVOICE

13622

DATE

1/24/22



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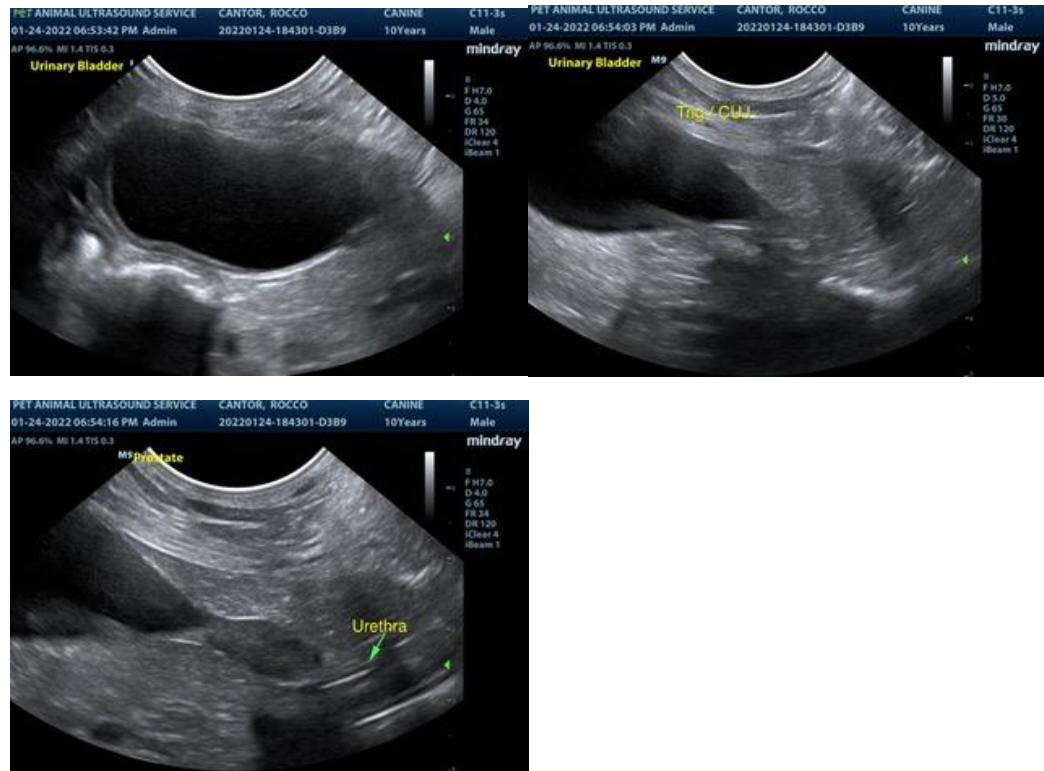
Dr. Jay Jakubowski,
 DVM

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DATE

1/31/22



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)
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