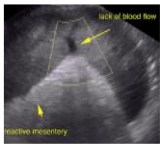
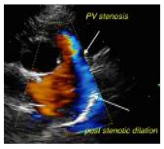
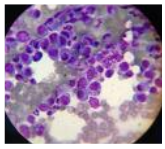
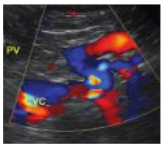
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Token Mackenzie

SPECIES

Canine

BREED

Retriever

SEX

MI

AGE

3 years 10 mos

WEIGHT

83 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Lacey-Crook - SDEP Certified Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. David Gray

INVOICE

15928

DATE

1/26/23

PRESENTING CLINICAL SIGNS

12 days frank blood, hematuria and urinating small frequent amounts - seen @ previous vet dx with urinary bacterial infection -- seen back in sept for similar presentation.
Abnormal PE/Chem/CBC/UA Results: Bacteria in urine and treated with SKT abx No stones seen on radiographs

ULTRASONOGRAPHIC EXAMINATION OF THE URINARY SYSTEM

The urinary bladder was mildly distended containing primarily anechoic content with minor non-dependent luminal mineral. No evidence of inflammatory or neoplastic urinary bladder criteria or evidence of macro calculi was noted.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 5.0 cm length x 3.3 cm width. The post prostatic urethra to a depth of approximately 6.0 cm exhibited potential for mildly prominent walls with minor post prostatic urethral urine. The visualized os penis appeared to be overtly normal. Suspect focal areas of distal urethral, likely passing, mineral at the level of the os penis.

Visualized solitary, medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 3.4 cm x 0.9 cm, (not consistent with neoplastic or inflammatory criteria).

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 minor left kidney pyelectasia. The left kidney measured 8.1 cm in length. The right kidney measured 7.2 cm in length.

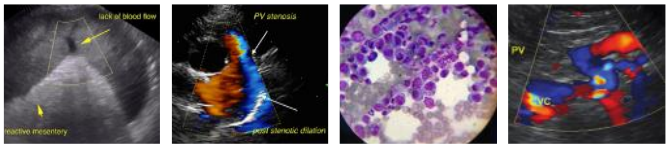
ULTRASONOGRAPHIC FINDINGS

- Mildly distended urinary bladder with minor dependent mineral
- Mild benign prostatic hyperplasia, potential for prostatitis considered less likely
- Mild left kidney pyelectasia
- Likely passing minor nonobstructive urethral mineral, potential for concurrent urethritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck urine C/S on a sterile urine sample is recommended if off antibiotics for 7 days. Rectal palpation for digital assessment of the prostate +/- prostatic sampling to ensure no evidence of prostatitis or prostatic infection could be considered. Definitive evidence of urethral obstructive criteria was not present.

Potential urethral retrograde flush, given possible mild yet subjective nonobstructive urethral mineral, may prove beneficial. On the submitted radiographs, an ill-defined, possibly mineralized lesion at the



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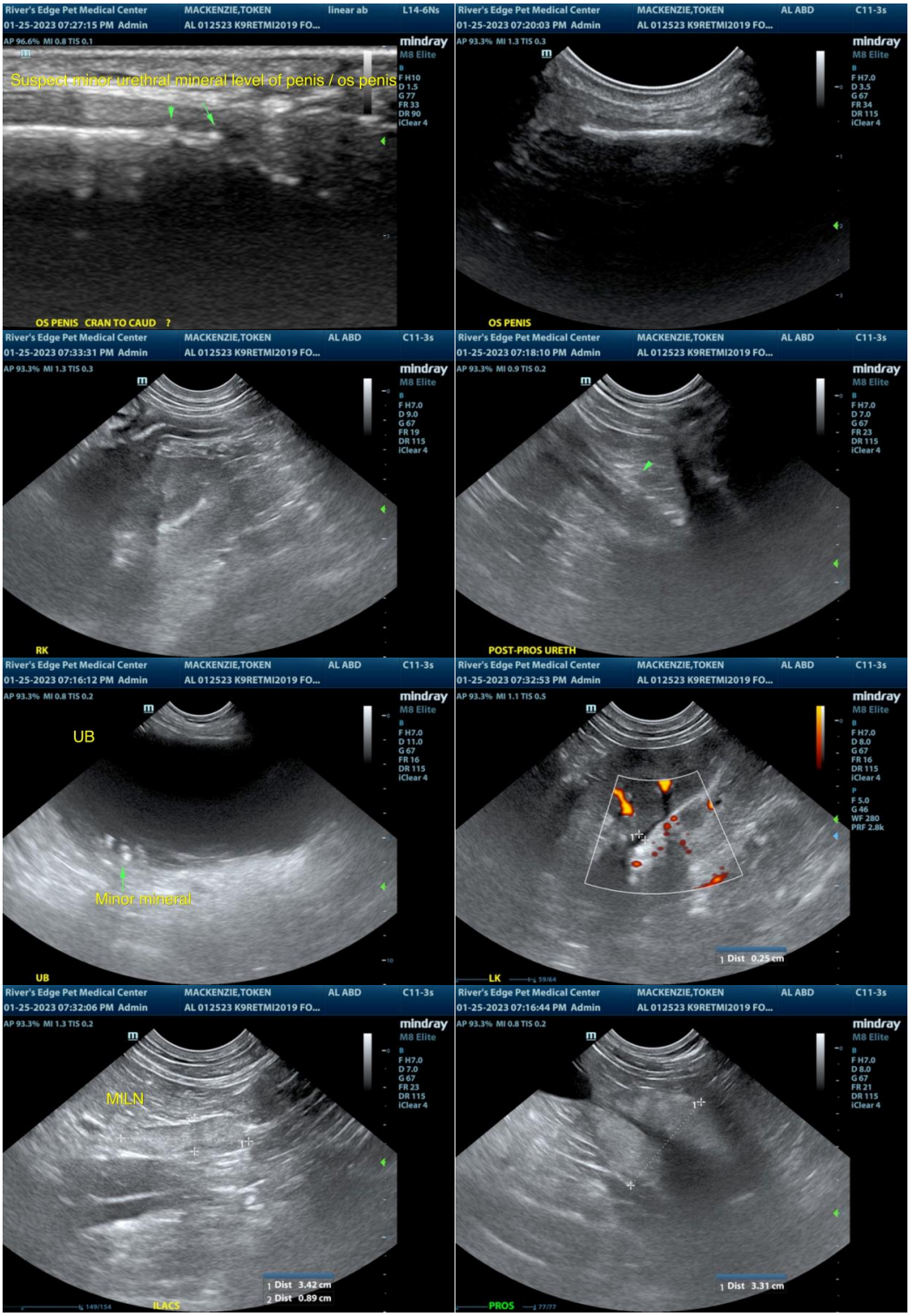
tip of the penis or possible prepuce was present and of unclear clinical significance. Gross inspection +/- sampling of this lesion, if clinically indicated or if not done, may be considered. Urethroscopy, if available, is likely ideal.



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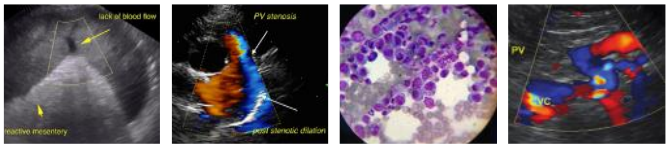

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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