



PATIENT

Khan Woo

SPECIES

Canine

BREED

Maltese

SEX

Male

AGE

13 years

WEIGHT

6.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Paul Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr. Paul Kim

INVOICE

15086

DATE

10/5/22

PRESENTING CLINICAL SIGNS

Patient present to hospital with blood in urine, No C,S,V,D. Owners were concerned about slight behavior change, and possible stones. P is eating and drinking normal

The submitted study contained 32 still images and 12 videos for review.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. The ventroapical urinary bladder wall thickness measured 0.44 cm width. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, and cystourethral junction exhibited normal tone. Primarily anechoic urine was present in the lumen with probable, mild, dependent, particulate, nonmineralized sediment. No evidence of macro calculi or overt urinary bladder tumors was noted. The ureteral papillae were normal. The ureters were not visible which is normal.

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. Possible indistinct parenchymal cystic changes were noted. The prostate measured ~1.9 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Normal margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Subjective isoechoic medullary echogenicity compared to the cortex was noted with moderate to marked loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Small cortical infarcts were present in both kidneys. Nonobstructive medullary mineralization was noted in both kidneys. The left kidney was subjectively subnormal in size compared to the left, measuring 2.4 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The area of the left adrenal gland was free of overt pathology, subjectively measuring 1.4 cm length x 0.44 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

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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Liver/ Gallbladder

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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with minor, nondependent gallbladder debris. The cystic and common bile ducts were normal. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted.

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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

Male

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.

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

WEIGHT

Pancreas

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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 were evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Cystitis pattern with probable mild luminal sediment
- Benign prostatic hyperplasia exhibiting potential indistinct cysts, potential for prostatitis possible
- Bilateral chronic degenerative renal changes exhibiting mild medullary mineral and cortical infarcts

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of upper or lower urinary tract or overt prostatic neoplastic criteria was present. No urinary bladder calculi were visualized.

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Urine C/S on a sterile urine sample is recommended if not done. Rectal palpation to assess for evidence of prostatic pain or irregularity may be considered.

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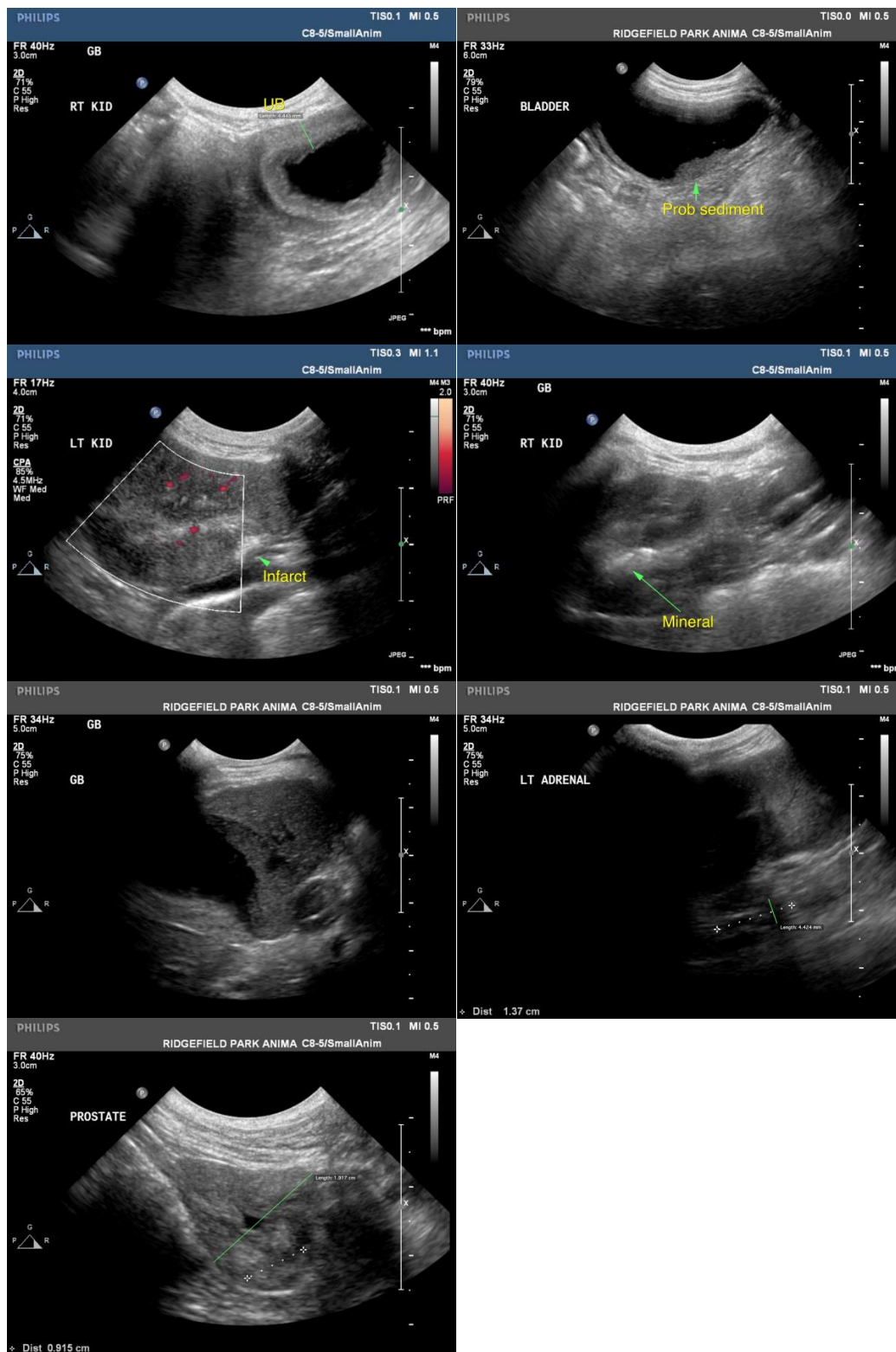
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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