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Clinical Sonography & Telecytology
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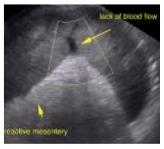
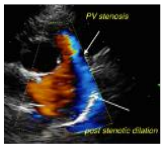
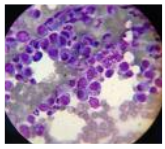
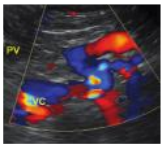





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Gizmo Mitchell

SPECIES

Canine

BREED

Pug

SEX

Male

AGE

14

WEIGHT

16.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Drh Sharkaway

INVOICE

17601

DATE

10/6/22

PRESENTING CLINICAL SIGNS

NOT ABLE TO URINATE
Abnormal PE/Chem/CBC/UA Results: RADIOGRAPH - URETHRAL STONES, BLADDER OPACITY BW- LEUKOCYTOSIS, NEUTROPHILIA, MILD ELEVATED GLOBULIN

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder initially present distended in size yet subsequently normal to mildly subnormal in size suspected to be secondary to urination. Overtly normal urinary bladder walls were noted. Anechoic content with moderate primarily dependent mineral/sand, along with mild nondependent particulate sediment. The mineral/sand appeared to extend into the area of the cystourethral junction yet did not overtly appear to be obstructive. No overt evidence of urinary bladder neoplastic criteria.

The prostate was mildly enlarged in size, exhibiting subtle asymmetrical prostatic capsule contour yet the prostatic capsule was able to be differentiated from surrounding tissue. Nonhomogeneous mildly hypoechoic to pinpoint hyperechoic prostatic parenchyma was present, which suggests potential area of fibrosis or suspected mineralization. The prostate measured 3.5 cm in diameter.

No evidence of medial iliac or sublumbar lymphadenopathy.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. Nonobstructive medullary renoliths. The left kidney measured 4.3 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

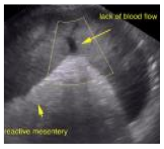
Spleen

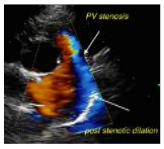
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

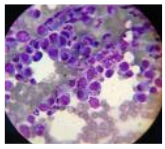
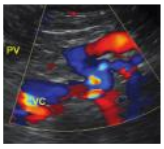
Liver/ Gallbladder

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 echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation. No evidence of gallbladder or peripheral gallbladder inflammation.





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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained nonspecific moderate ingesta, exhibiting mild progressive distal acoustic shadowing. This is likely indicative of recent meal ingestion, assuming documented NPO.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Moderate dependent urinary bladder mineral/sand extending into the area of the cystourethral junction
- Mild prostatomegaly, exhibiting nonhomogeneous pinpoint to focal hyperechoic parenchyma- potential areas of prostatic fibrosis or suspected mineralization
- Bilateral nonobstructive renoliths with associated chronic renal changes

Secondary Findings

- Gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate may indicate benign prostatic hyperplasia (if the patient is intact). Prostatitis with primary concern for potential prostatic neoplasia, given the suspected areas of prostatic parenchymal mineralization. Prostatic sampling, either via prostatic wash and/or ultrasound guided FNA for cytology +/- culture and sensitivity is recommended for further assessment. Catheterization with retrograde urethral flush is suggested if current or ongoing evidence of stranguria, pollakiuria or similar. If no evidence of prostatic neoplasia, neuter (if clinically indicated), cystotomy with urinary bladder flush, as well as urine culture and sensitivity may be considered.

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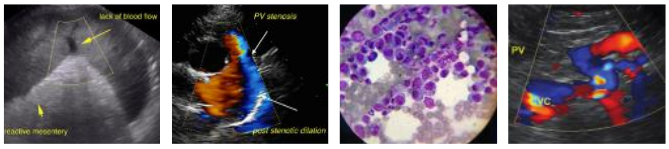

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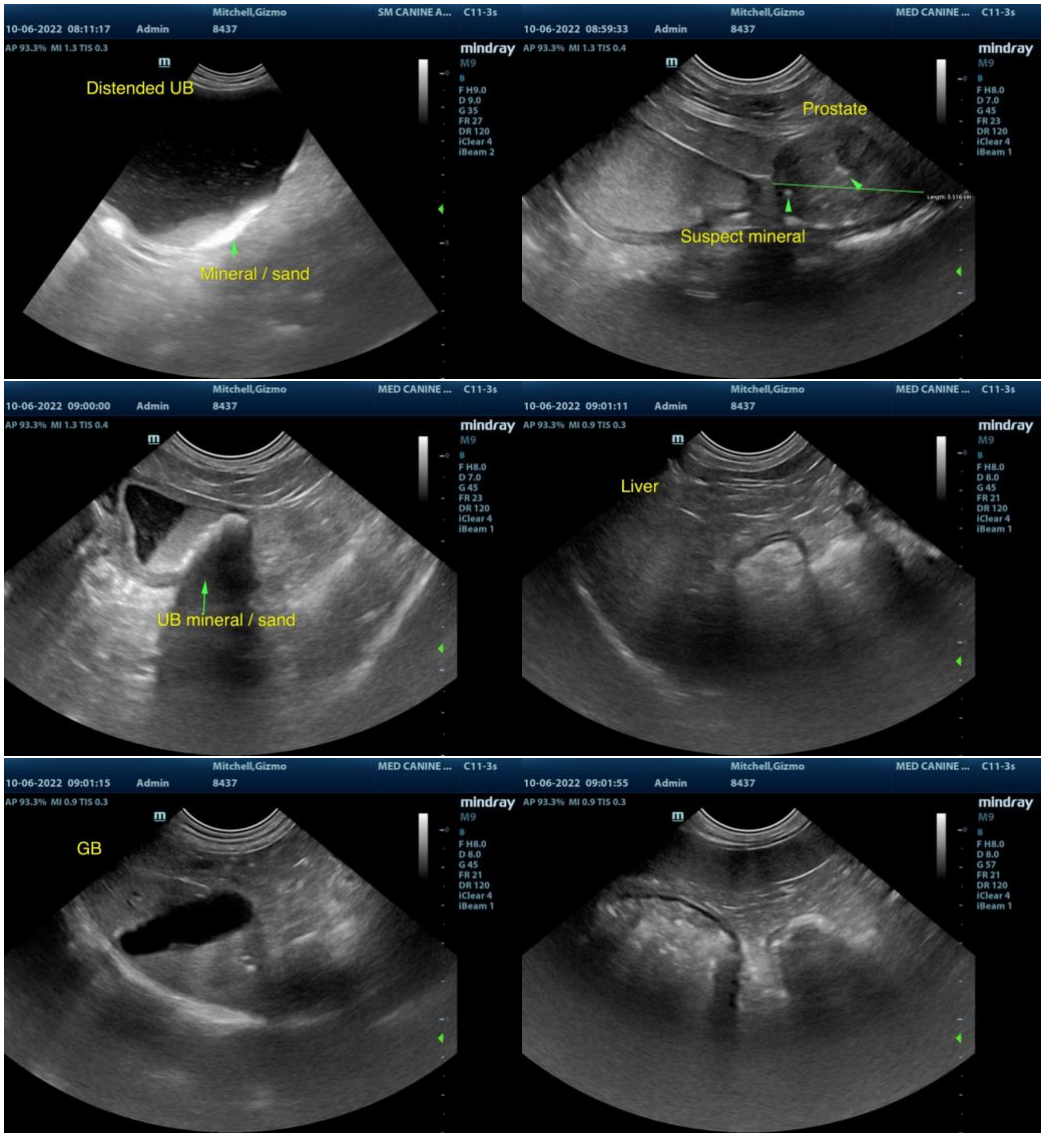

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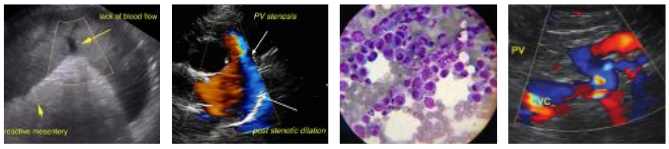

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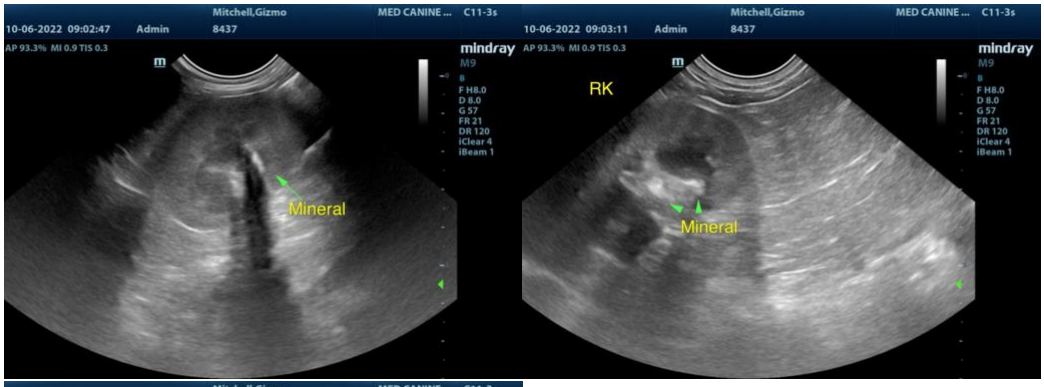

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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