

PATIENT

Frankie Finlater

SPECIES

Canine

BREED

Terrier X

SEX

Male

AGE

11 years

WEIGHT

5.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY
Dr. Belan

HOSPITAL NAME

McKnight 24 Hour
Animal Hospital

REFERRING VET

Dr. Gruffydd

INVOICE

10088ag

DATE

03/01/2022

PRESENTING CLINICAL SIGNS

History: Blood in urine suspect caudal Ab mass

Abnormal PE/Chem/CBC/UA Results: Non recent

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Mild nonuniform thickening of the urinary bladder wall was present. The ventral apical urinary bladder wall measured 0.31 cm. The multiple calculi are primarily small and present in the dependent lumen. An example of calculi measured 0.67 cm in diameter. Concurrent mild nondependent particulate sediment was noted, which may indicate cellular or mild crystalline debris.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mild to moderately increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Nonobstructive medullary renoliths present in both kidneys, primarily in the area of the pelvis and lateral diverticuli. An example of left kidney renolith measured 0.9 cm in diameter. An example of right kidney renolith measured 1.0 cm. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 3.5 cm in length.

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. A small to multifocal parenchymal cyst was noted. The prostate measured 4.4 cm x 2.0 cm.

Still images of the bilateral testicles revealed no overt pathology.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width at the caudal pole and 0.39 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width at the caudal pole.

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.

Liver

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 mild debris. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

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.

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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Urinary bladder calculi with cystitis pattern.
- Mild prostatomegaly exhibiting nonhomogeneous to microcystic parenchyma-likely consistent with benign prostatic hyperplasia with small parenchymal cysts, prostatitis possible.
- The prostate is without overt evidence of neoplastic criteria.
- Bilateral chronic renal changes with non-obstructive renolithiasis.

Secondary findings:

- Mild gallbladder debris-likely incidental, potentially owing to fasting or non-clinical cholestasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary workup including recheck UA as well as urine C/S on a sterile urine sample to assess for underlying infection is recommended.

Potentially this patient may be passing mineral form the kidneys into the urinary bladder. Prostatic sampling would be required for further clarification. Cystotomy with bladder flush +/- bladder wall biopsies for histopathology and tissue C/S as well as neuter with sonographic monitoring of prostatic involution could be considered.

No overt evidence of urinary bladder or prostatic neoplastic criteria was observed.



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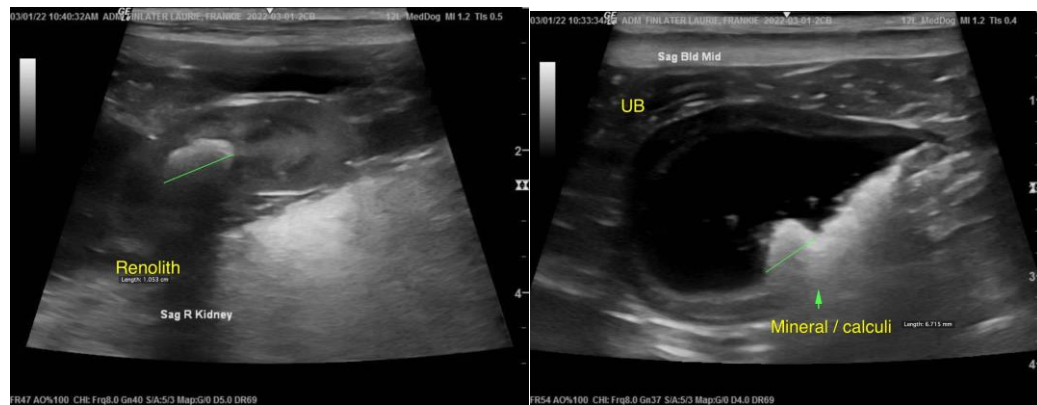
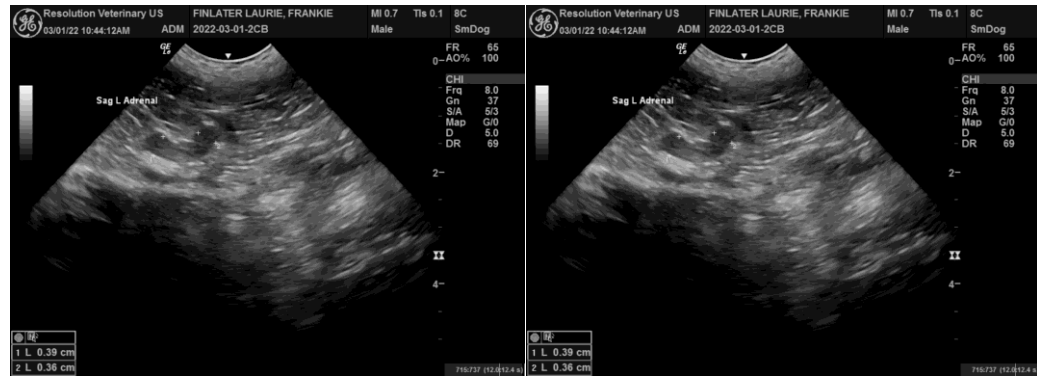
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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