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SVS Mobile Imaging CT 262 - 366 - 3970
fredgronalak@gmail.com

SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Bucket Beal 41686A

SPECIES

Canine

BREED

German Shorthaired Pointer

SEX

Intact male

AGE

11

WEIGHT

33 kg.

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME
SVS Imaging CT

REFERRING VET
Madison Veterinary Specialists- Dr. Marroquin

INVOICE
13455
DATE
3/9/22

This submitted study contained 55 still images and 6 videos for review.

PRESENTING CLINICAL SIGNS

2/21/22 went to pcDVM for routine care but was having mild urine drippling at the time. BW had mildly elevated ALT 143 otherwise WNL. UA had SG of 1.022 and proteinuria with quite sediment, UPC ratio was high (1.1), Accuplex negative (HW,BB,EC, AP). 3/8 was seen again at pcDVM for vomiting, diarhea and hematuria that started on Monday, AXR showed mineraliztion in the cadual abdomen suspect in the urinary bladder and possible enlarged prostate or LN, CBC mild neutrophilia 12.72k, Chem ALP 152, ALT 133, GGT 9, Crea 2 remainder WNL. He was given SQF (300ml) maropitant SQ and a rimadyl injection and sent home with gaba and clavamox. Today, Bucket has been very lethargic and hardly getting up. Has not eating since Monday and regurgitates water.
Abnormal PE/Chem/CBC/UA Results: PE: enlarged prostate but symmetrical, moderately tense abdomen, penis tip bruised, hematuria dripping from penis Test Results: UA SG 1.022, UPC ratio 1.1, Mild neutrophilia (12.72k), ALP, 152, ALT 133, GGT 9, Crea 2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly subnormal in size owing to lack of urine distention. Mild anechoic urine was noted with a solitary dependent calculus present, measuring 2.1 cm in diameter. Concurrent areas of adhered apical and ventral luminal surface mineral were present. Mildly thickened to nonhomogeneous urinary bladder walls exhibiting minor luminal surface polyploid component were noted. The ventral urinary bladder wall measured 0.7 cm in width. Concurrent prostatic urethral and distal urethral mineral potentially at the level of the os penis was noted. No overt evidence of urethral urine distention was noted.

The prostate was moderately enlarged in size with intact, primarily symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was heterogeneous with a mixed pattern of varying echogenicity without evidence of parenchymal mineralization. Intermittent parenchymal cysts were present. The prostate measured 8.0 cm x 5.2 cm.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 8.3 cm in length. The right kidney measured 8.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.65 cm width at the caudal pole and 0.57 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 0.63 cm width at the caudal pole.

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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. A moderately sized, thinly walled probable intra-parenchymal cyst was noted dorsal to the gallbladder, measuring 7.2 cm in diameter. The cyst contained anechoic fluid. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing anechoic fluid. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach was normal yet moderately distended with anechoic fluid. No overt evidence of mechanical pyloric outflow obstruction was noted. The gastric body wall width measured 0.30 cm.

The duodenum exhibited intact yet subjective prominent wall layering with segmental to generalized duodenal corrugation. No overt evidence of duodenal mechanical ileus or foreign material was noted. The jejunum and ileum to the level of the colon were overtly normal. The duodenum wall width measured 0.46 cm. The jejunum wall width measured 0.29 cm.

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

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

Regional to generalized mildly nonuniform reactive mesentery was present, most notable in the mid to caudal abdomen. Mild volume peritoneal free fluid exhibiting potential for cellular component was present. No overt lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Prostatomegaly exhibiting nonhomogeneous to nonuniform focally cystic parenchyma - benign prostatic hyperplasia with potential for prostatitis, prostatic neoplastic criteria not definitive yet cannot be definitively excluded

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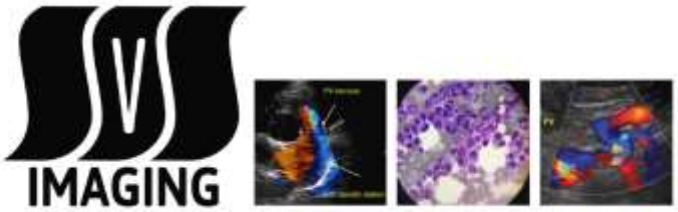

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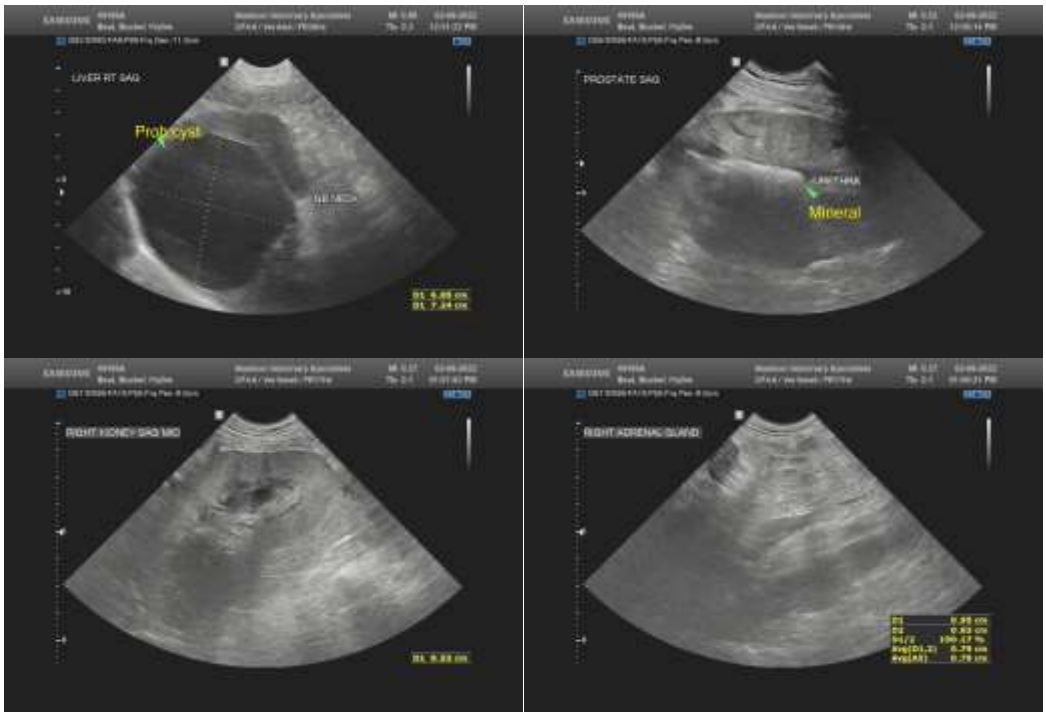
- Chronic cystitis to mild polyploid cystitis pattern with dependent cystic calculus and focally adhered apical and ventral luminal surface mineral, mild prostatic urethral and distal urethral luminal mineral
- Low-grade hepatopathy with probable moderately sized intra-parenchymal cyst dorsal to the gallbladder
- Hypomotile stomach with moderate duodenitis, potential for concurrent low-grade pancreatitis
- Mild volume peritoneal free fluid with regional to generalized mildly nonuniform hyperechoic mesentery - most notable in caudal abdomen
- Nonspecific chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Peritoneal free fluid analysis, cytology +/- culture and sensitivity are recommended for further clarification if possible. This effusion may potentially be inflammatory, potentially owing to chronic cystitis and/or prostatitis. However, given the patient's history of urine dribbling, as well as mild subnormal urinary bladder size, the possibility of urine leakage into the caudal abdomen cannot be definitively excluded. Correlation with potassium levels, if not done, is recommended.

Empirically, as-needed gastrointestinal support and medical therapy for gastroduodenitis and potential mild pancreatitis are recommended. Pending additional diagnostics and therapy, eventual urethral retrograde flush with cystotomy and neuter should be considered. A definitive diagnosis would require prostatic and urinary bladder biopsy with the potential for tissue culture and sensitivity.



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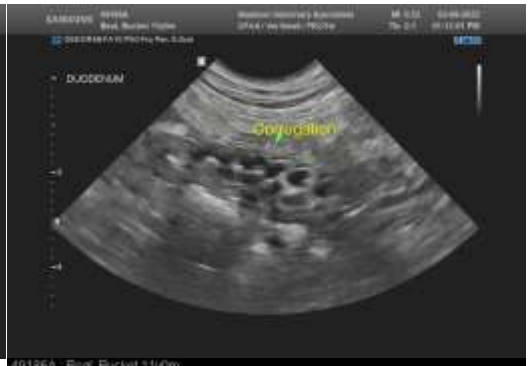

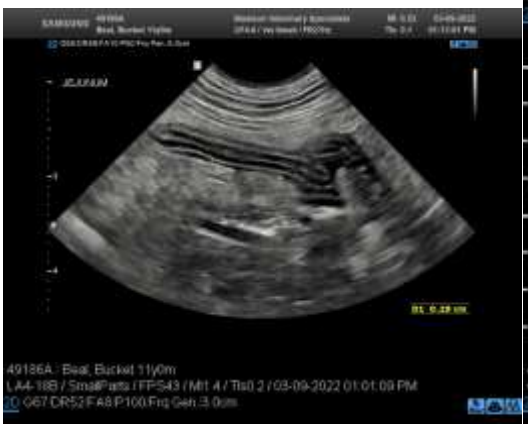

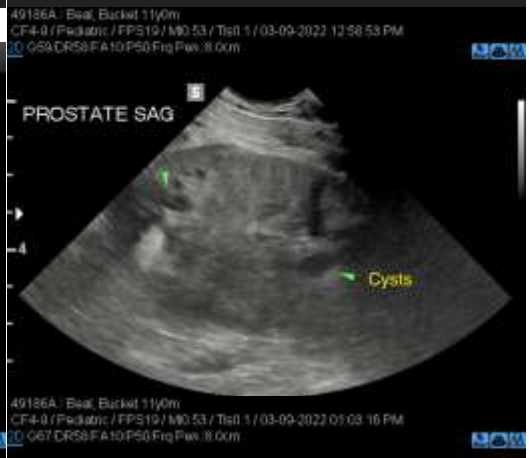

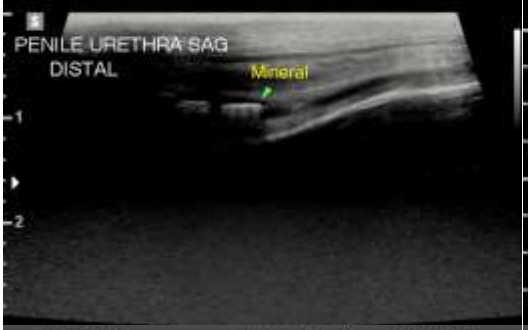

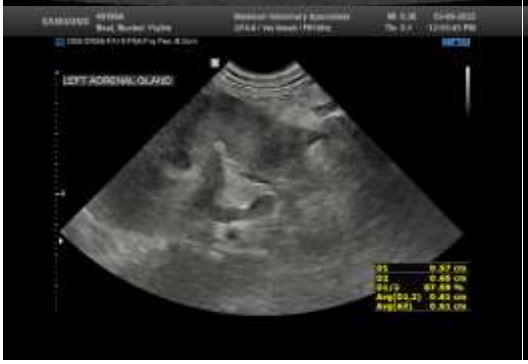

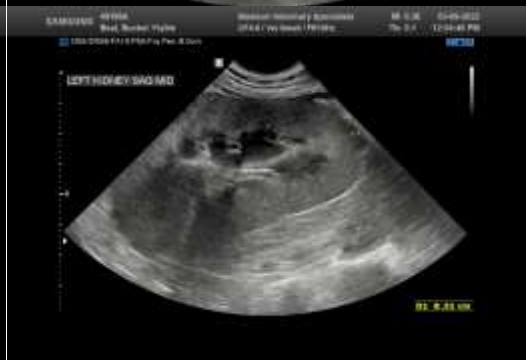

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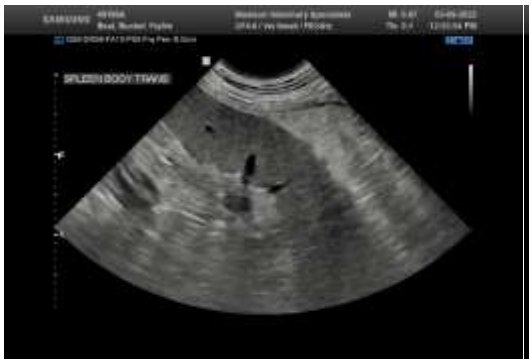

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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