



PATIENT

Baloo Custis

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

5 Years

WEIGHT

62 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Anna Wepprich

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Anna Wepprich

INVOICE

14808

DATE

4/19/22

PRESENTING CLINICAL SIGNS

History: stranguria x 6 weeks, diagnosed with prostatomegaly on rads by rDVM and neutered 3 weeks ago. Poor appetite and decreased energy since neuter, recently much worse.
Abnormal PE/Chem/CBC/UA Results: Painful kidneys chem - Crea >13.9, BUN >129, Phos >16, K 5.9
CBC - mild stress leukogram, hct 66% UA - USG 1.011, casts, wbc 8/hpf, rbc 11/hpf, cocci

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in overall in size and tone. Anechoic urine was present with minor dependent sediment and potential for minor pyuria. No calculi noted. The ventral and dorsal trigone, extending into the cystourethral junction and likely proximal urethra exhibited moderate thickening with subtle nonhomogeneous mural echotexture yet without evidence of mineralization. Dorsal trigone wall measured 0.79 cm in width.

The residual prostate exhibited moderate enlargement with nonhomogeneous nonmineralized mixed echogenic parenchyma. The residual prostatic capsule was able to be differentiated from surrounding tissue. The residual prostate measured 4.5 cm x 2.8 cm. The post-prostatic urethra exhibited subjective normal tone to a depth of 3.0 cm.

No evidence of pathology in the area of the aortic trifurcation, including no evidence of medial iliac or sublumbar lymphadenopathy.

Both kidneys exhibited subjective mild enlargement. Moderate to severe hydronephrosis, exhibited by replacement of discernable medullary parenchyma with anechoic fluid present in both kidneys. The left kidney measured 9.2 cm in length. The right kidney measured 9.4 cm in length. No overt evidence of retroperitoneal inflammation. The left and right ureters, exiting the left and right kidneys, respectively, exhibited variable urine distention extending caudally. Probable concurrent mild hydroureter noted at the level of the urinary bladder. The proximal left ureter measured 1.9 cm in diameter with mid proximal left ureter measuring 0.5 cm in diameter. The right proximal ureter measured 1.4 cm in diameter with mid proximal right ureter measuring 0.55 cm in diameter.

Adrenal Glands

The left and right adrenal glands were 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.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach exhibited intact yet mildly prominent wall layering with moderate gastric distention with retained anechoic fluid. No evidence of mechanical pyloric outflow obstruction.

The small intestine was normal with mild areas of nonobstructive ileus.

SPECIES

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

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 was evident.

Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

5 Years

- Thickened trigone and cystourethral junction, potentially extending into the proximal urethra
- Residual mild to moderate prostatomegaly, exhibiting nonhomogeneous to mixed echogenic parenchyma

WEIGHT

62 Pounds

- Bilateral moderate to severe hydronephrosis, concurrent left and right hydroureter
- Hypomotile stomach with segmental enteritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Potential considerations for the thickened trigone and cystourethral junction as well as the prostatic presentation may include regional trigone and cystourethral junction cystitis with normal prostatic involution secondary to benign prostatic hyperplasia with potential for persistent prostatitis. The possibility of neoplastic process involving the urinary bladder trigone, cystourethral junction and/or prostate thought less likely yet cannot be definitively excluded. Left and right ureteral obstruction is likely at the level of the trigone given the thickened trigone presentation suspected with secondary left and right moderate to severe hydronephrosis. Potential for alternative cause of left or right obstruction cannot be definitively excluded. Functionality of the left and right kidneys is highly questionable given the presentation and degree of azotemia.

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Urine culture and sensitivity as well as additional advanced imaging to identify a definitive area of left or right ureteral obstruction with potential for stent placement in order to potentially salvage renal functionality is recommended. However, given the presentation of the bilateral kidneys and degree of azotemia, very guarded to potentially unfavorable prognosis is likely indicated.

REFERRING VET

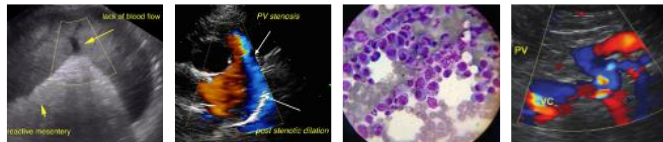
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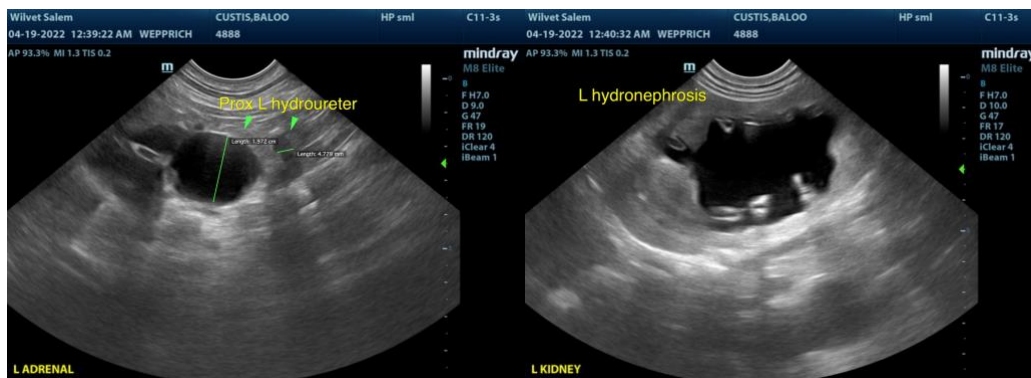
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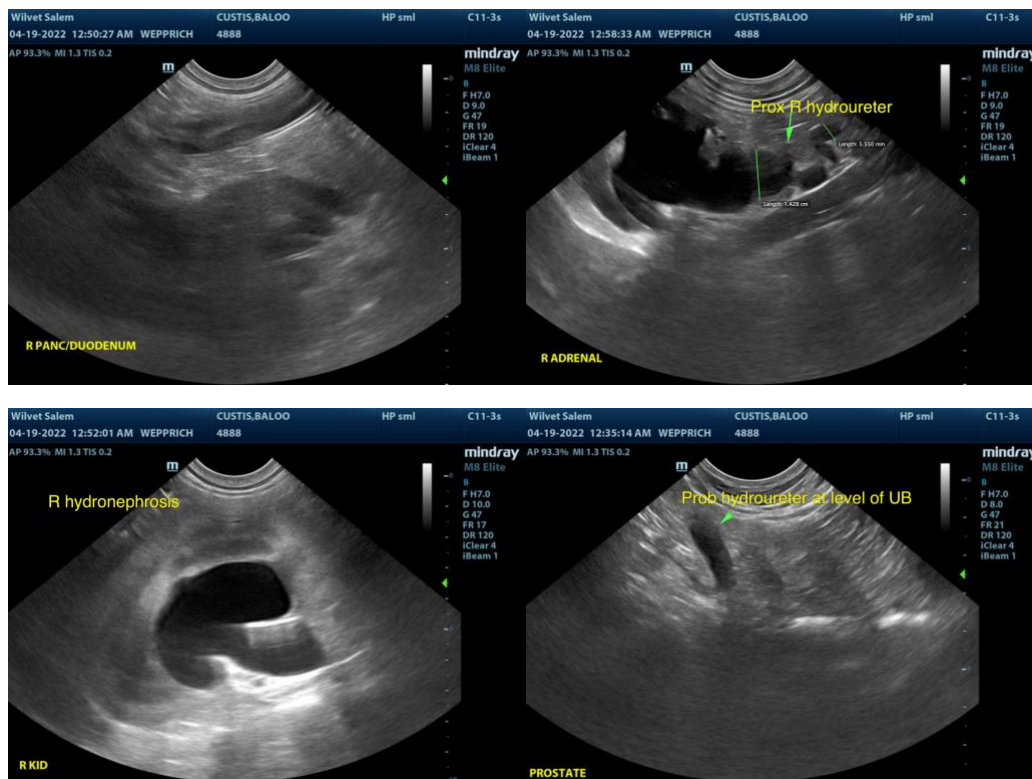
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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