



PATIENT PRESENTING CLINICAL SIGNS

Paxil Kula History: vomiting urinating in house

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

The urinary bladder, trigone and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Aortic trifurcation was normal.

BREED

Terrier Mix

SEX

Neutered Male

No overt pathology associated with the residual prostate. Mild dilation of the prostatic urethra was present, extending to a visualized approximate 1.1 cm post cystourethral junction. Overtly normal post prostatic urethral structure and tone to a depth of 4.0 cm. The residual prostate measured approximately 1.0 cm in diameter. Residual prostatic urethral dilation measured 0.5 cm.

AGE

11 Years

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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.0 cm in length.

WEIGHT

13.8 Pounds

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole and 0.58 cm width at the cranial pole.

INTERPRETED BY

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(Canine and Feline)

The right adrenal gland was indistinctly visualized yet without overt pathology, subjectively measuring 0.46 cm at the caudal pole.

IMAGING PERFORMED BY

Jenn

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.

HOSPITAL NAME

Rockaway AH

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.

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Dr. Maniar

The gallbladder was non distended in size with mild gallbladder debris (likely incidental). The cystic duct and common bile ducts were normal without evidence of dilation.

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Gastrointestinal

The stomach presented intact yet mildly prominent wall layering. The lumen of the stomach contained minor retained anechoic fluid. No evidence of gastric distention with ingesta or foreign material. The ventral gastric body wall measured 0.40 cm.

DATE

6/23/22



PATIENT
Paxil Kula
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. Small intestinal wall width measured 0.32 cm.

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

Pancreas

Canine

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.

BREED

Terrier Mix

Free Abdomen

SEX

No overt lymphadenopathy or peritoneal effusion was present.

Neutered Male

ULTRASONOGRAPHIC FINDINGS

AGE

11 Years

- Sonographically unremarkable urinary bladder
- Mild nonspecific dilation of the residual prostatic urethra
- Bilateral chronic renal changes
- Mild gastritis pattern, sonographically unremarkable small bowel

WEIGHT

13.8 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mildly dilated residual prostatic urethra is nonspecific and at times may be seen in patients who are neutered at a later age. Assessment for possible incontinence is recommended. Dietary intolerance/food allergy, occult parasitism, suspected gastritis, or structurally insignificant nonspecific inflammatory gastroenteropathy are all potential considerations given the vomiting. Supportive care for gastritis should prove beneficial. A hydrolyzed diet trial and broad spectrum deworming, if clinically indicated, may be considered.

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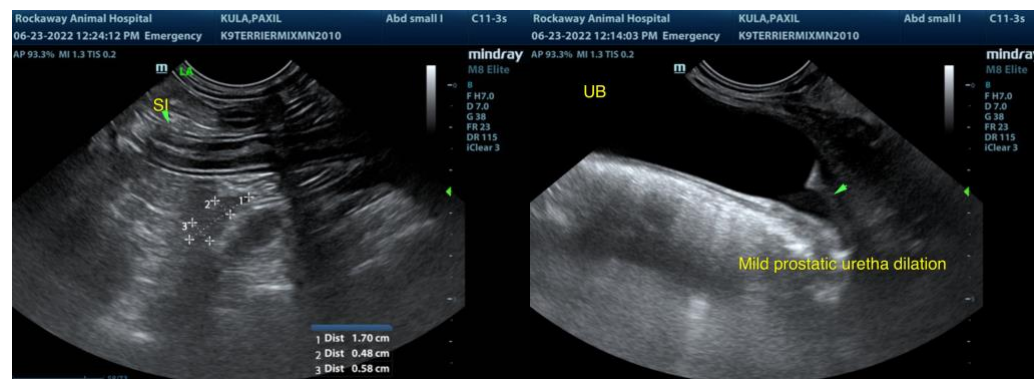
Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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SPECIES

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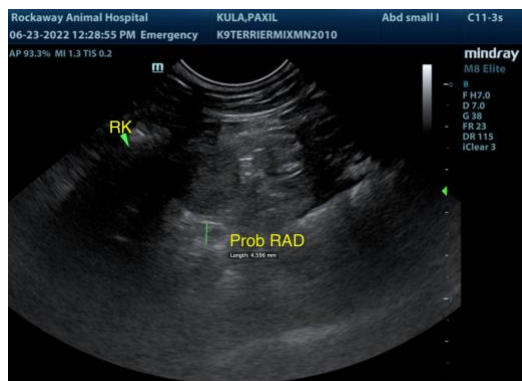
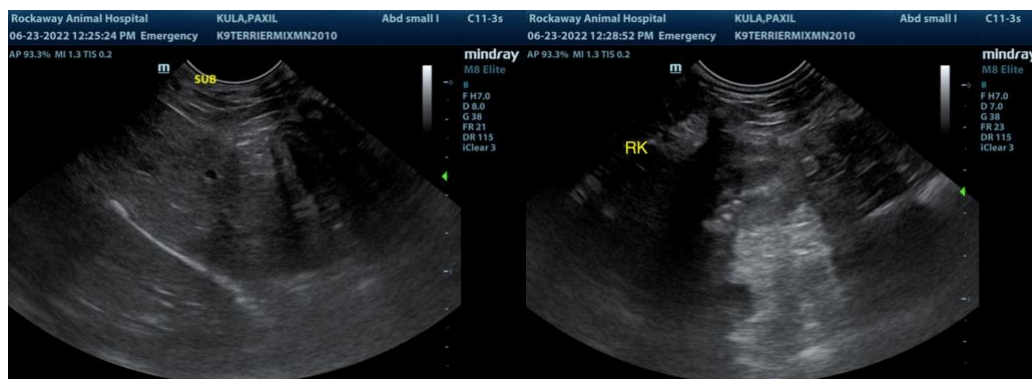
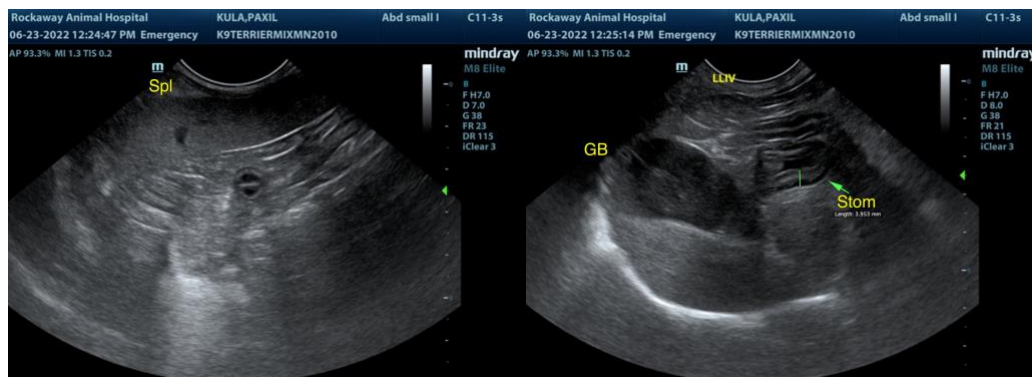
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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