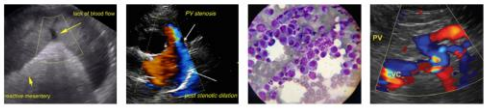
PAUS
Pet Animal Ultrasound Service



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Charlie Cann

SPECIES
Canine

BREED
Pitbull

SEX
MN

AGE
7 y

WEIGHT
55 lbs.

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

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Wood River AH

REFERRING VET
Leah Fischer

INVOICE
14380

DATE
7/22/22

PRESENTING CLINICAL SIGNS

Intermittent dribbling urine x 3 weeks. UA= 3+ blood; however, cysto and in-house urinary bladder ultrasound unremarkable. Nothing of clinical significance on physical exam. Low grade MCT removed last year. No improvement on Baytril. USG 1.025

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited overtly normal structure and tone. Anechoic urine was present in the lumen with no uroliths, sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic urinary bladder criteria was noted. No evidence of bladder overdistention was noted.

The residual prostate was normal in size and echogenicity measuring 0.86 cm in diameter.

Intermittent medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 1.85 cm x 0.6 cm. These lymph nodes were not consistent with inflammatory or neoplastic criteria and are likely incidental.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pyelectasia. The left kidney measured 6.8 cm in length. The right kidney measured 6.4 cm in length.

Adrenal Glands

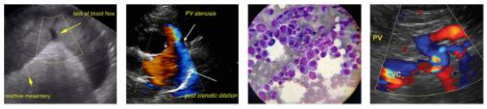
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.66 cm width at the caudal pole and 0.68 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.69 cm width at the caudal pole and 0.58 cm width at the cranial 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/ Gallbladder

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



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mild to moderate, nondependent, subjectively mobile gallbladder debris. The gallbladder and common bile ducts were otherwise normal.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sonographically unremarkable urinary bladder, residual prostate, and visible proximal urethra
- Normal bilateral kidneys
- Incidental, mildly prominent medial iliac lymph nodes

Secondary Findings

- Mild to moderate gallbladder debris - Incidental, assuming no evidence of cholestasis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of upper or lower urinary tract pathology as an obvious cause of the patient's urine dribbling or hematuria. If clinical concern for incontinence, a Proin trial, assuming normal systemic blood pressure, could be considered with assessment of clinical response. Likewise, if urination pattern is potentially suggestive of dyssynergia, Prazosin or similar trial could be indicated. Screening urine culture and sensitivity if off antibiotics for 7 days could be considered to rule out underlying infection. However, no overt evidence of urinary bladder sediment or lower-urinary tract / residual prostate / proximal urethral inflammatory criteria or other pathology was noted.

Ursodiol therapy could be considered if evidence of cholestasis.

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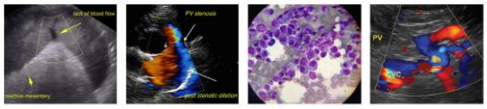

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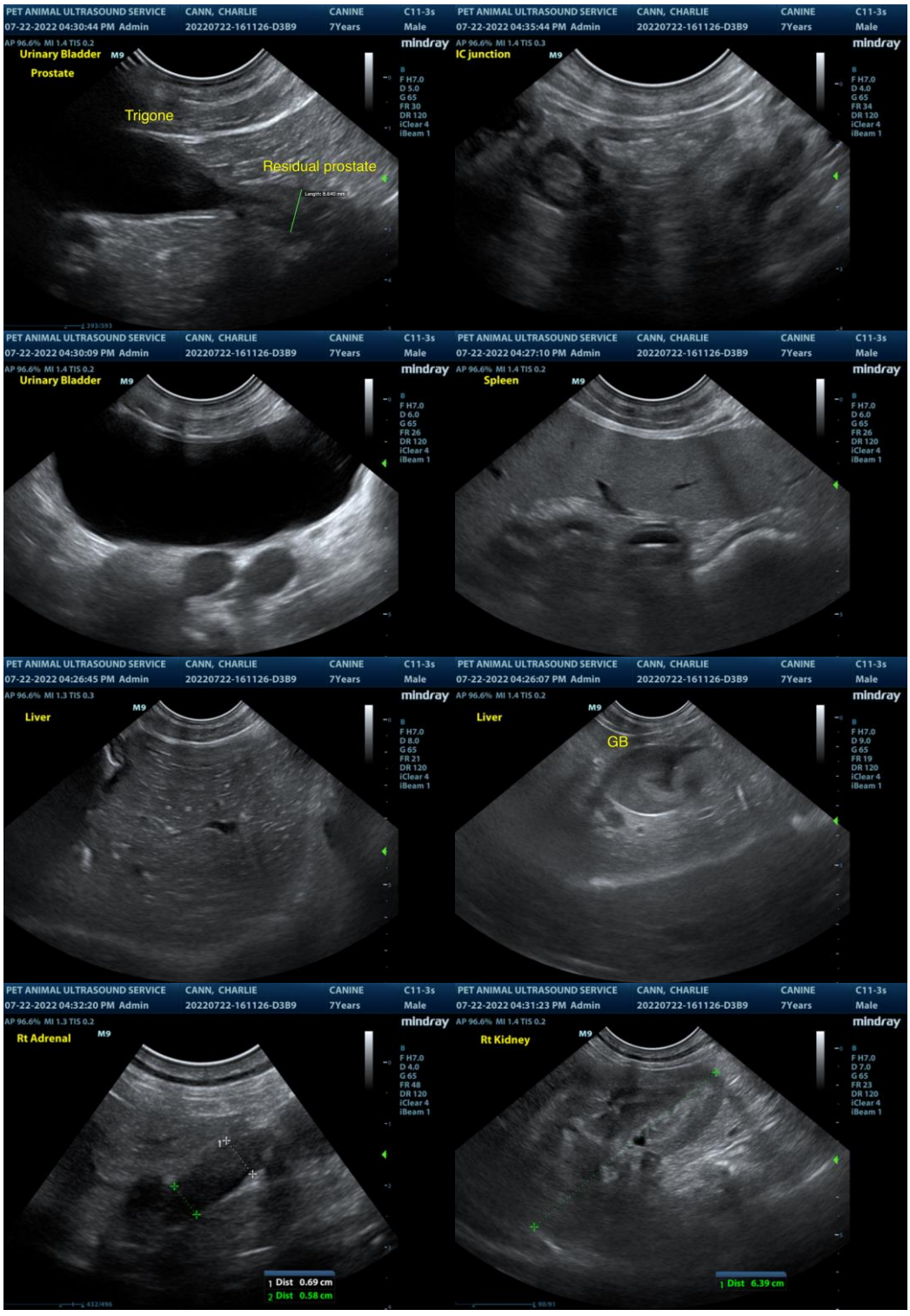

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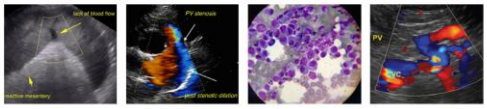

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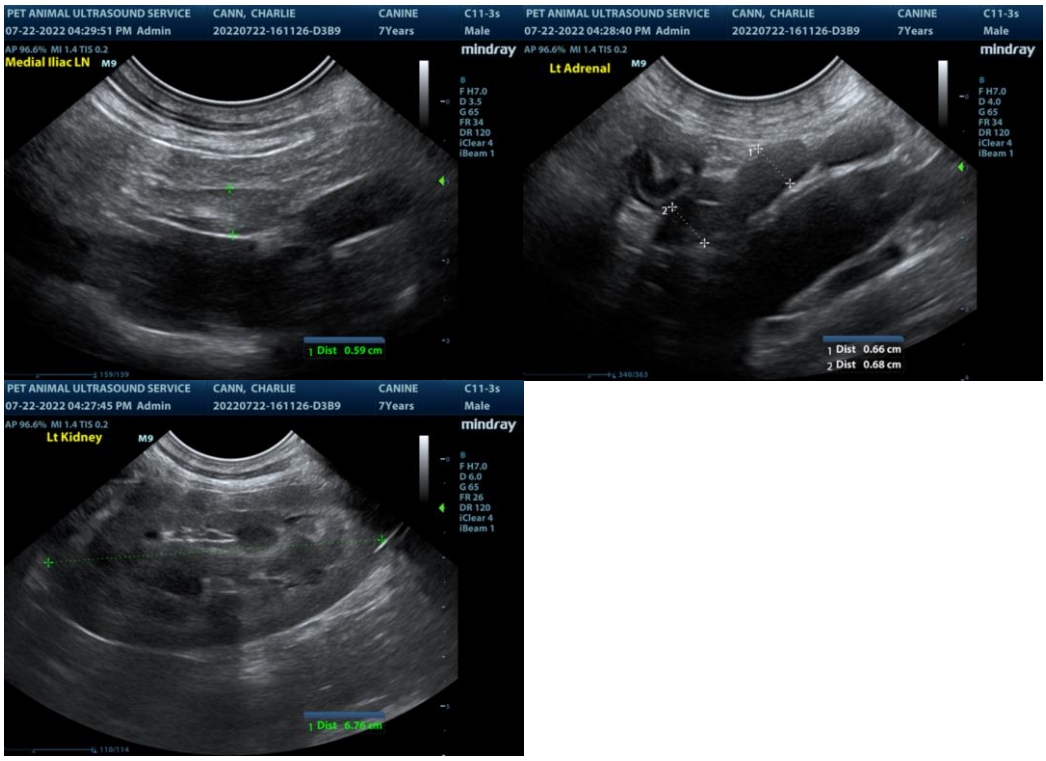

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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