



PATIENT

Cyrus Breault

SPECIES

Canine

BREED

Siberian Husky

SEX

MI

AGE

6 years

WEIGHT

22 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Beatties PH Ancaster

REFERRING VET

Dr. Pandya

INVOICE

14660

DATE

8/23/22

PRESENTING CLINICAL SIGNS

-blood present in urine - blood clot was on the prepuce - licking genitals - appetite and thirst have increased - UTI is present from the UA - BAR, has been on Clavaseptin.

Abnormal PE/Chem/CBC/UA Results: Urinalysis Collection Free Catch Color Dark Yellow Clarity Slightly Cloudy Specific Gravity > 1.050 pH 7.0 LEU Negative PRO Trace GLU Negative KET Negative UBG 1 mg/dL BIL 1 mg/dL BLD 10 Ery/ μ L No rads.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. The ventroapical urinary bladder wall thickness measured 0.67 cm width. Mineralization or echogenic foci within the thickened areas of urinary bladder wall were not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Anechoic urine was present in the lumen with no calculi or sediment. The ureteral papillae were normal. The ureters were not visible which is normal.

The prostate was mildly enlarged with mild asymmetrical contour and slight lobulated appearance exhibiting nonhomogeneous to mildly mixed echogenic parenchyma. No evidence of prostatic parenchymal mineralization, cysts, or evidence of periprostatic inflammation was noted. The prostate gland measured 3.2 cm x 2.7 cm.

The area of the aortic trifurcation was free of pathology.

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 6.4 cm in length. The right kidney measured 6.5 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 2.5 cm length x 0.52 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.5 cm length x 0.74 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.



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Liver/ Gallbladder

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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 non-dependent, hyperechoic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta / chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The stomach was otherwise normal.

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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.

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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.

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Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

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Both the left and right testicles were sonographically normal.

ULTRASONOGRAPHIC FINDINGS

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- Cystitis urinary bladder pattern
- Mildly enlarged to nonhomogeneous prostate, normal bilateral kidneys - probable benign prostatic hyperplasia, minor potential for prostatitis, no evidence of prostatic neoplastic criteria

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Secondary Findings

- Mild gallbladder debris - incidental assuming no evidence of cholestasis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prostatic sampling is required for further assessment. Ultrasound-guided prostate FNA or prostatic was for cytology +/- C/S could be considered.

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Urine C/S on a sterile urine sample is recommended If not done with appropriate antibiotic therapy based on C/S results and in conjunction with potential prostatic cytology.

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Neutering is likely ideal in this patient if possible.



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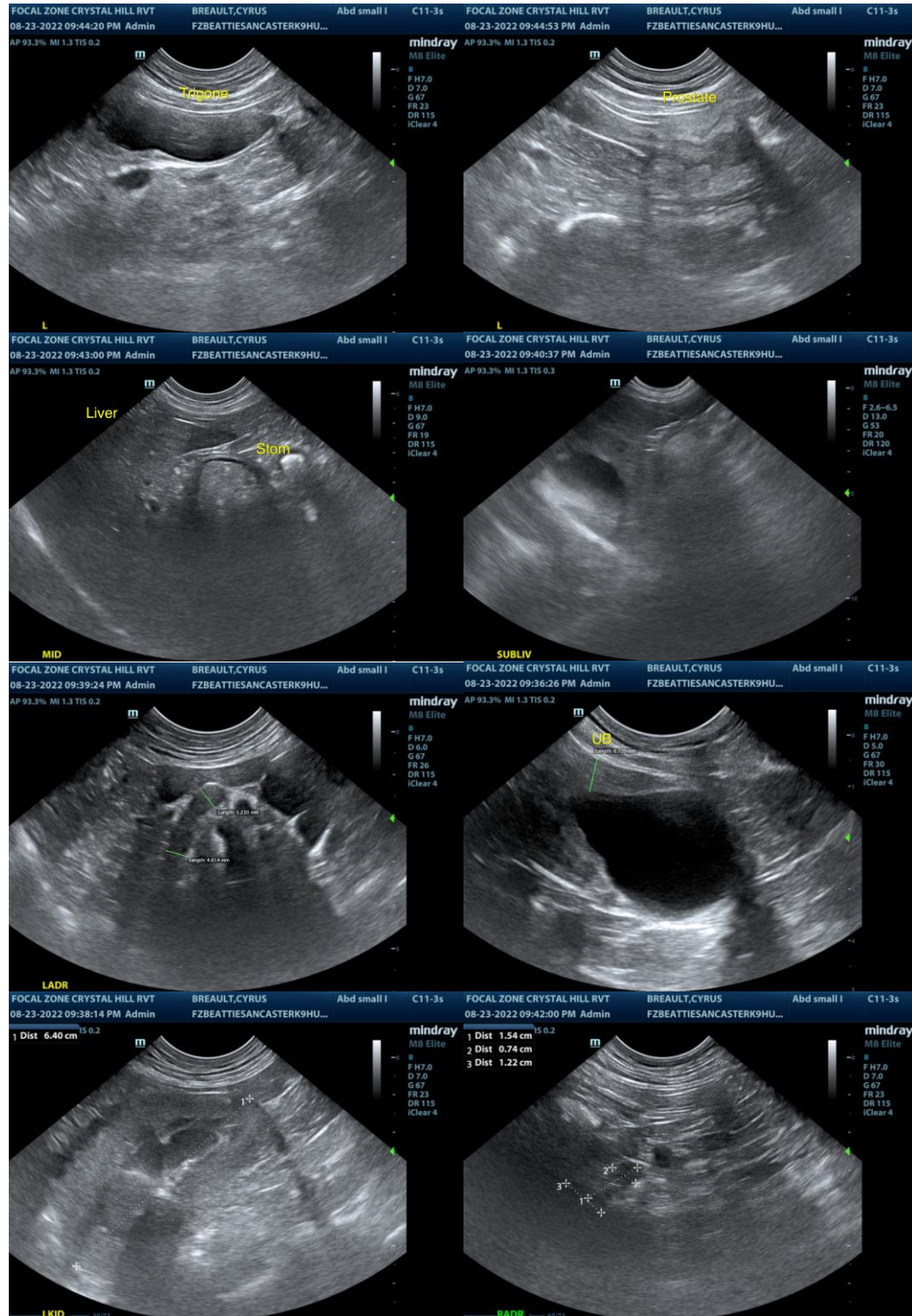
Dr. Pandya

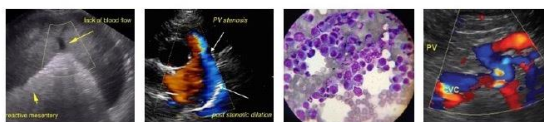
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

INTERPRETED BY

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