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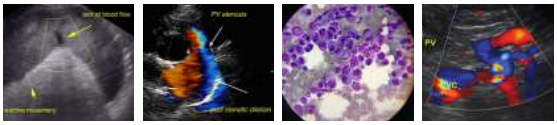

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Ralphie Rometty

SPECIES

Canine

BREED

Lab

SEX

Male

AGE

8 Years

WEIGHT

102 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Heidi Putnam

HOSPITAL NAME

Albany Animal Hospital

REFERRING VET

Dr. Glaze

INVOICE

46904

DATE

8-9-21

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Urinary obstruction. Patient has history of prostatitis and right sided cryptorchidism. Previously neutered. Abdominal explore revealed spermatic cord and testicular artery extending though inguinal canal. Could not locate. Patient obstructed 2 days after surgery and was hospitalized with indwelling catheter and placed on finasteride. Patient was doing well for three weeks then re-obstructed. Current Medications Finasteride.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder exhibited subjective moderate distension containing primarily anechoic urine along with dependent to nondependent mineralized sediment to sand. Subjective normal urinary bladder tone was present while the urinary bladder walls were sonographically unremarkable without evidence of inflammatory or neoplastic criteria extending into the cystourethral junction. The visible proximal and prostatic urethra were nondilated in appearance without overt evidence of associated urethral mineral to a dept of approximately 5.0 cm.

The prostate was subjectively mild to moderately enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 5.0 cm x 4.0 cm.

A solitary likely reactive medial iliac lymph node measuring 0.72 cm width exhibiting normal width to length ratio less than 0.5 and uniform isoechoic echogenicity compared to adjacent tissue was present. No other evidence of intraabdominal lymphadenopathy.

Normal size and margination was 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 pelvic dilation. No evidence of pyelectasia or overt pyelonephritis in either kidney. The left kidney measured 7.3 cm in length. The right kidney measured 7.9 cm in length.

Adrenal Glands

No evidence of pathology in the area of the left or right adrenal glands.

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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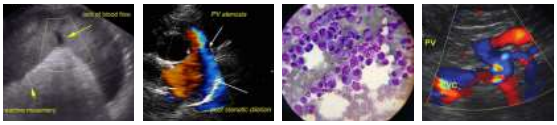

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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 was evident.

Free Abdomen

No evidence of additional intraabdominal lymphadenopathy or peritoneal effusion was present.

The retained right testicle was not definitively visualized in this study.

ULTRASONOGRAPHIC FINDINGS

- Moderate urinary bladder distension containing primarily anechoic urine with dependent to nondependent mineralized sediment.
- Subjective mild to moderate prostatomegaly with nonuniformly echogenic parenchyma - consistent with probable benign prostatic hyperplasia, potential for prostatitis possible.
- Sonographically unremarkable bilateral kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjectively, the degree of prostatomegaly was not overtly consistent with prostatomegaly typically associated with urethral obstruction; however, some degree of urethral impingement owing to prostatomegaly cannot be definitively excluded. Concurrently, the possibility of urethral mineral in the non-visualized deep urethra is certainly possible. If urethral mechanical obstruction is ruled out, potential reflex dyssynergia may be a consideration in this case and correlation with micturition pattern may be indicated. If not done, urine culture and sensitivity on sterile urine sample is suggested given the presence of urinary bladder mineral. Continued finasteride would be appropriate. Given the lack of location of the retained testicle, advanced imaging such as CT for location of the testicle as well as further evaluation of the urethra may be ideal in this case.

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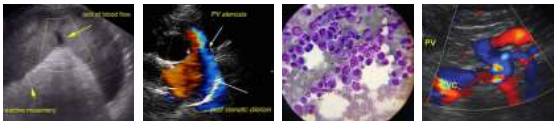

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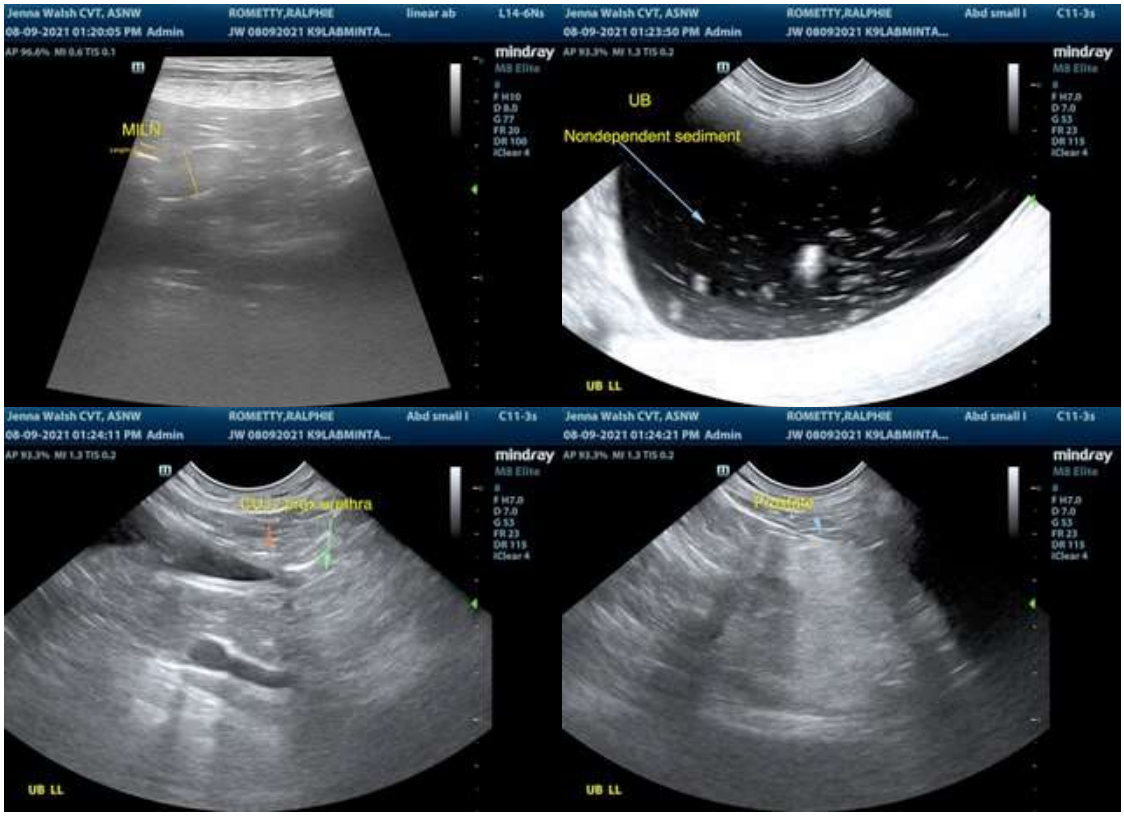

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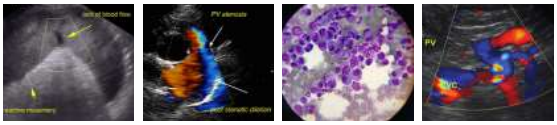

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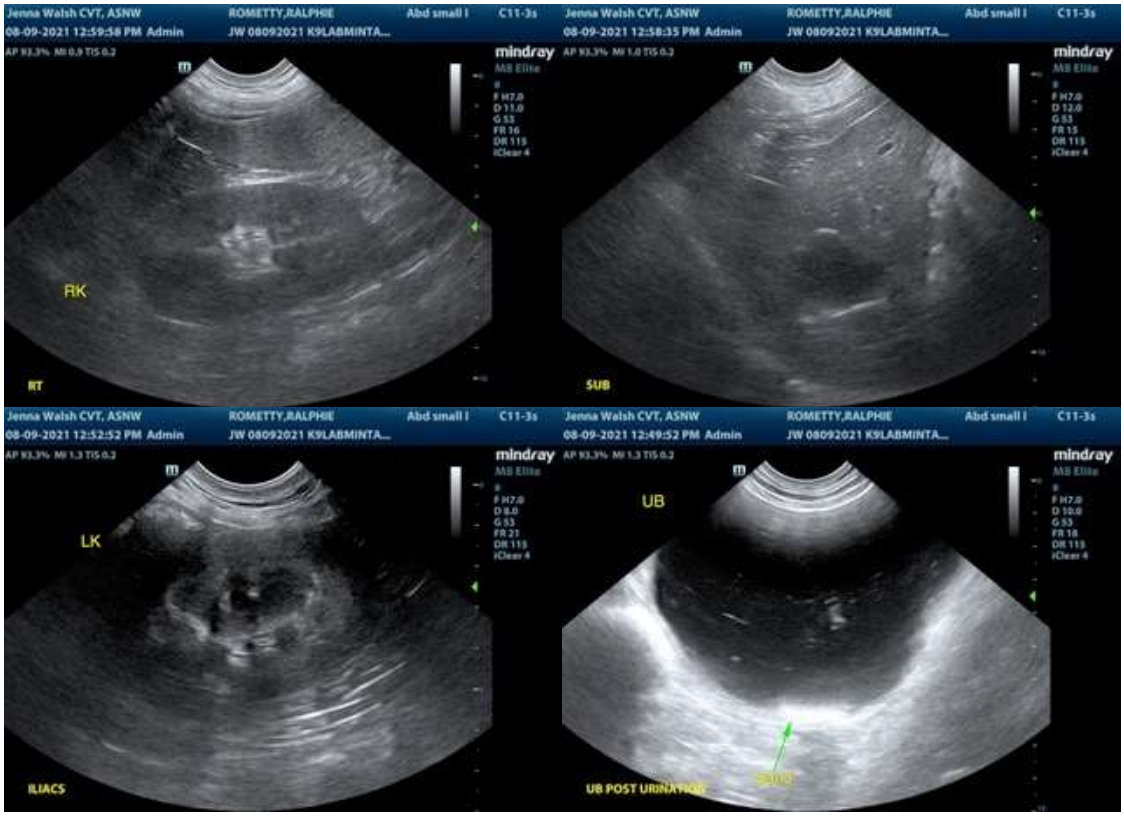

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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