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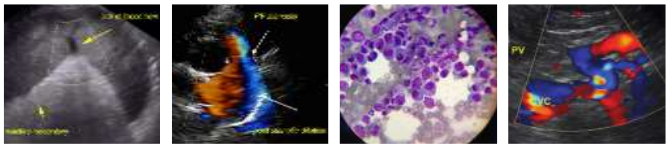
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Troy Lee Rosario

SPECIES

Canine

BREED

Mixed

SEX

Male Intact

AGE

5 Years

WEIGHT

17.5 lbs

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

IMAGING PERFORMED BY

Dr Gabriel Ferrer DVM

HOSPITAL NAME

Pulse: Pet Ultrasound Services

REFERRING VET

Dr Javier Rodriguez

INVOICE

48951

DATE

12-12-21

PRESENTING CLINICAL SIGNS

Troy Lee presented today for an abdominal ultrasound to evaluate Hematuria ay diarrhea. Presented on November 25th and abdominal rads were taken and they were unremarkable and on obvious stones were seen. Urine was collected then and it was dark colored. Rectal palpation showed enlarged bilobed prostate. Wants to determine the etiology of the hematuria. Urinary or reproductive (prostate). Ultrasound guided Cystocentesis was done today to further evaluate the urine.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary system

The urinary bladder is moderately filled and presents a significant amount of hyperechoic, partially heterogenous, structured material filling the complete bladder. Hyperechoic spots with gas artifacts are recognized as well as hyperechoic sediment with distal acoustic shadowing which can traced through the CUJ into the prostatic urethra. Wall layering is intact on all views without focal or diffuse thickening.

The prostate is markedly bi-lobulated and homogeneous and appears smoothly marginated with diameters of 2.09 x 2.19 x 2.99 cm.

Ureters are not visualized and considered to be normal.

Both kidneys show a fuzzy corticomedullary transition with a hyperechoic medullary rim and mild cortical calcifications.

Renal pelvises and exits to the ureters are unremarkable.

Adrenal glands

Both adrenal glands are normal.

Spleen

The spleen is inconspicuous in terms of size, surface and echotexture and shows diameters of 1.01 cm. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins.

There are no signs of nodular/focal changes noted.

Liver/Gallbladder

Liver images are inconspicuous. Echotexture, size and vasculature appear regular. Evidence of nodular or focal changes is not visible.

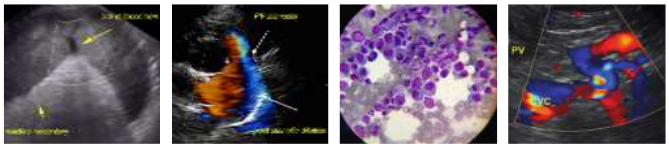
The gallbladder shows a mild amount of hyperechoic, striated sludge. The gallbladder wall is unremarkable without signs of a florid process or cholestasis.

Gastrointestinal

The stomach, the small intestine and colon present intact wall layers being normal in width and echogenicity. Adjacent mesentery and fat tissue are of normal appearance. There is no overt evidence of an ileus, a florid-inflammatory or even neoplastic process.

Mesenteric, epigastric and portal lymph nodes are considered to be normal.

Pancreas



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All pancreatic parts displayed show isoechoic echogenicity to the surrounding omental fat. Signs of inflammatory changes or focal lesions are missing.

Free Abdomen

There is no evidence of peritoneal or retroperitoneal effusion noted. Abdominal fat and great vessels show no pathological findings.

ULTRASONOGRAPHIC FINDINGS

Primary

- Severe signs of urinary bladder hemorrhage and hyperechoic sediment

Secondary

- Moderate benign hyperplasia of the prostate
- Bilateral, chronic degenerative changes of the kidneys
- Mild gallbladder sludge

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings of the bladder do reflect the reported hematuria. There is no significant thickening of the bladder wall recognized as it is typically seen with cystitis. Hemorrhage could be caused by trauma, generalized coagulation problems, inflammation/infection and neoplasia. The latter cannot be fully excluded since structured blood clots may look similar. Recheck examinations with color doppler are recommended to rule out neoplastic issues. The hyperechoic sediment may partially explain the hemorrhage causing mechanical irritation, but in severe cystitis the urinary bladder wall should be more reactive. The detected gas artifacts indicate bacterial infection (artificial after cystocentesis?).

Cystocentesis for urine culture/cytology/sediment (as already performed) as well as a follow-up ultrasound in 3 weeks after initial/empiric therapy could be the next diagnostic/therapeutic steps.

Blood clots, fibrin formation and sediment in the urinary bladder may become obstructive, flushing of the bladder via catheter should be considered.

Prostate changes are likely not relevant and do not match with the hematuria.

Changes of the kidneys are bilateral. I suggest they represent mild and chronic structural nephrosis showing normal variants or residuals of an inflammatory process. Focal renal lesions explaining the bladder hemorrhage are not recognized.

Especially stomach and small intestine including pancreas and gallbladder represent normal findings. Normal sonographic appearance does not exclude functional problems such as indigestibility going along with IBD.

Changes of the gallbladder are still considered to be normal without signs of a cholestasis.

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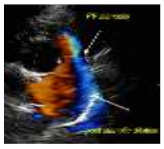
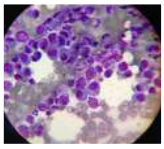
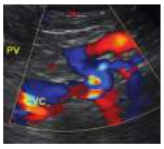

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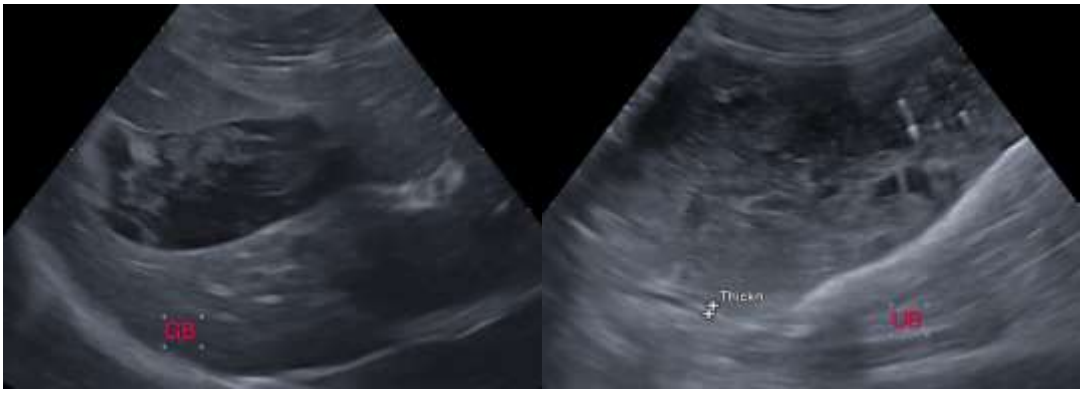

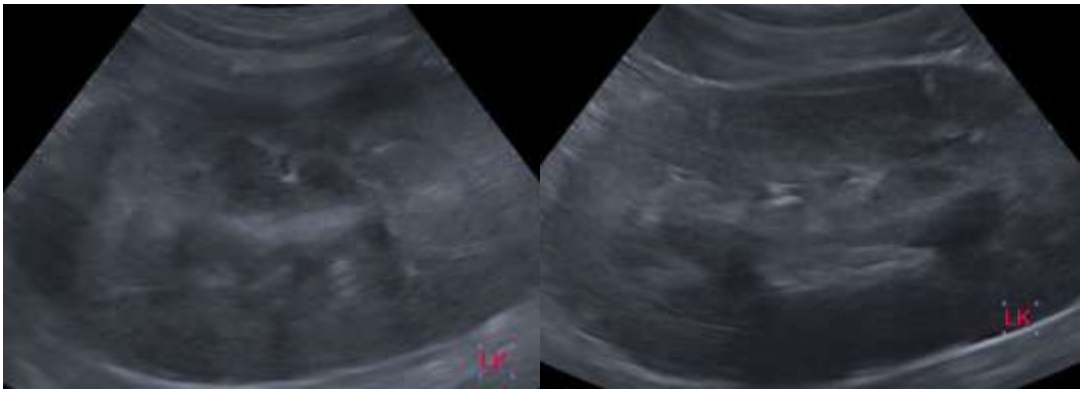

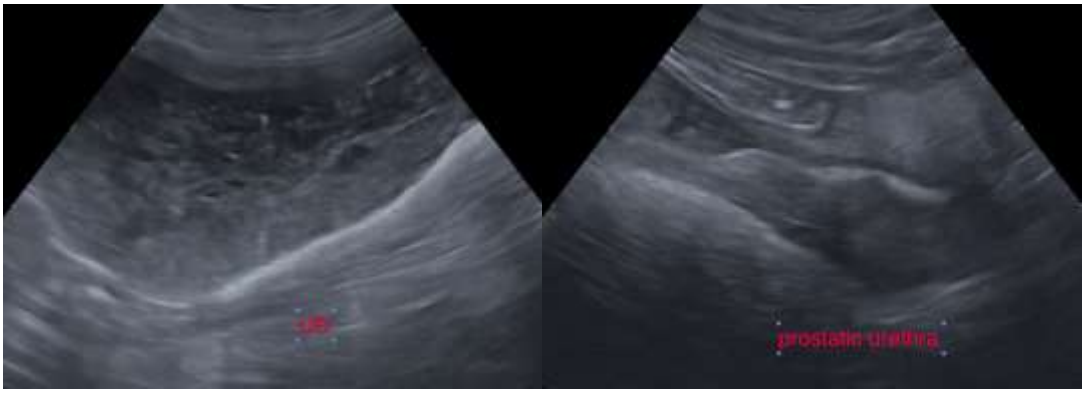

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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