



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Cookie Alpuche  
**SPECIES** Canine  
**BREED** Boston Terrier  
**SEX** Intact Male  
**AGE** 3 Years, 10 Months  
**WEIGHT** 24.7lbs

History: PAWS Request Form: Chief Concern / Provisional Diagnosis: evaluate bladder disease response to diet change - p. was prescribed c/d prev. u/s report **ULTRASONOGRAPHIC FINDINGS** • Urinary bladder sand (versus tiny cystic calculi). • The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis can also not be excluded. Correlation with clinical findings is recommended. • The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS** 1. A prescription urinary diet is recommended. 2. Consider repeat ultrasound of the bladder in 4-6 weeks to assess for progression of the urinary bladder sand/tiny stones. 3. Castration is also recommended. ~ hx of crystalluria and bacterial cystitis, last culture in may - no growth after treatment~ Recent Diagnostics: Relevant Laboratory Results / Abnormalities: ~none since May 2021~ Abnormal PE/Chem/CBC/UA Results:

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is enlarged (2.15 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is hyperechoic to slightly heterogenous in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney presented normal size (4.99 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney presented normal size (4.74 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

**Adrenal Glands**

The left adrenal gland is normal size (0.44 cm at cranial pole) (0.51 cm at caudal pole) (2.00 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.41 cm at cranial pole) (0.53 cm at caudal pole) (2.03 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (1.82 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**Liver**

**INTERPRETED BY**

Andrea Nicastro, DVM,  
Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**IMAGING PERFORMED BY**  
Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**  
MountainView Animal  
Hospital

**REFERRING VET**

Dr Sarah Kalivoda

**INVOICE**

10121

**DATE**

1/6/21



**PATIENT**

Cookie Alpuche

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The portal vein to caudal vena cava ratio is approximately 1: 1.

**SPECIES**

Canine

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

**BREED**

Boston Terrier

**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

**SEX**

Intact Male

**Pancreas**

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

**AGE**

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**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

**WEIGHT**

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**Other**

The testicles are subjectively normal in size (left testicle 2.96 x 1.46; right testicle 2.31 x 1.63); with a normal shape and homogenous parenchyma. No obvious pathology is observed.

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A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.
- There is no evidence of urinary bladder sand or cystic calculi on today's scan

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Castration is recommended to reduce the risk of prostatitis in the future.

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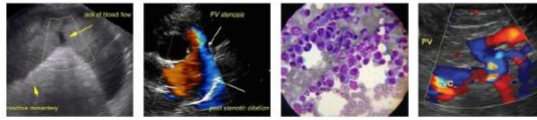
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Portable Animal Welfare Sonography, Inc.

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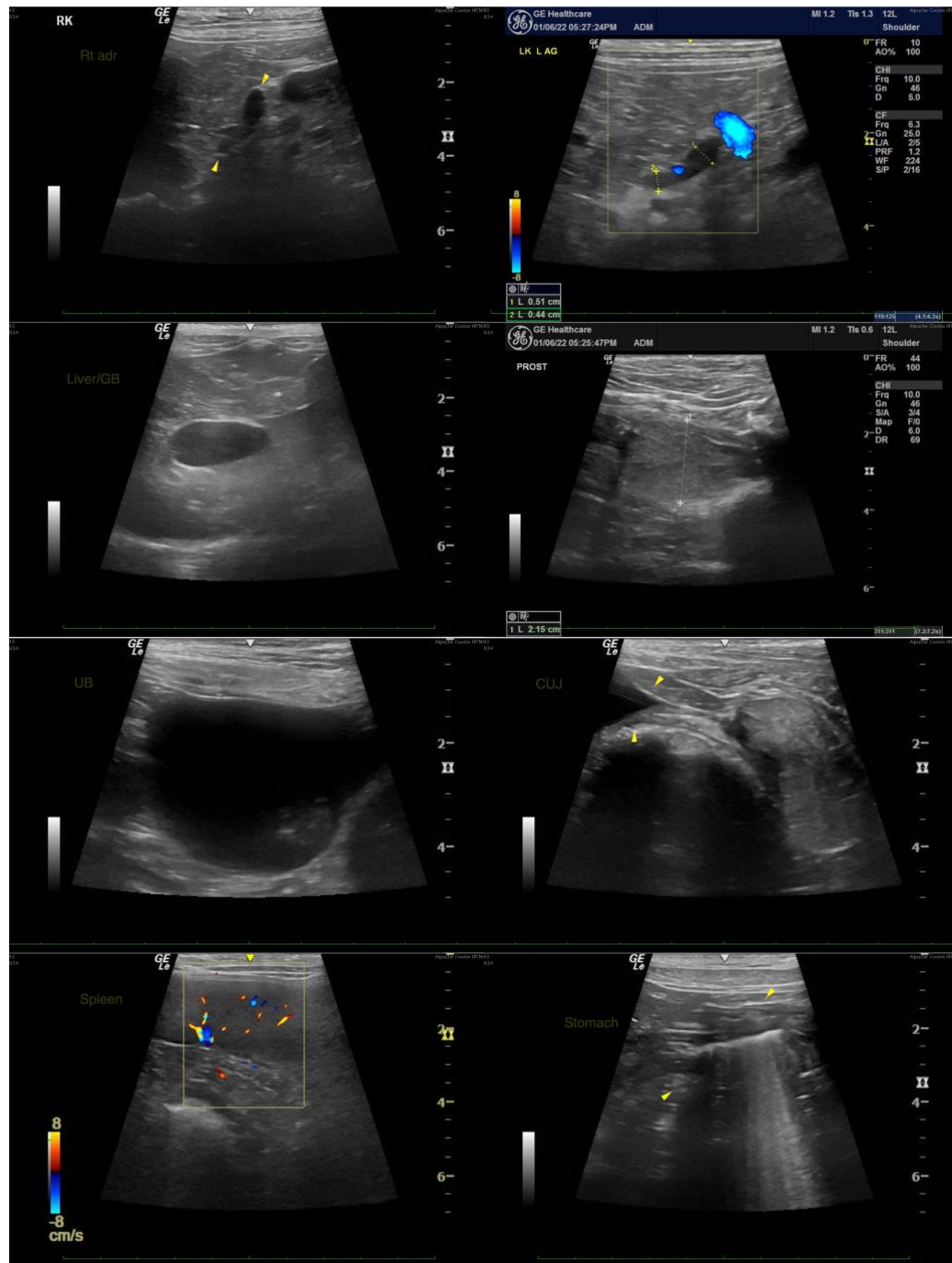
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
info@SonoPath.com



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