

**DATE PRESENTING CLINICAL SIGNS**

1/6/22 History: Hx of masticatory myositis. Managed on low dose prednisone. Recently noted drops of blood from prepuce and in urine. Started on amoxicillin, no improvement after 4 days. Previous x-rays show evidence of prominent prostate, pt is intact male. Add enrofloxacin to treatment until u/s could be performed. BW 1/4/22 showed mild ALP elevation 395.

PATIENT

Toby Hunt

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Male Intact

AGE

7-7-2015

WEIGHT

97.3 Lbs.

INTERPRETED BY

Andrea Nicastro, DMV,
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(Small Animal
Internal Medicine)

HOSPITAL NAME

Bayside Animal Medical Center

REFERRING VET

Dr. Buchanan

INVOICE

10115

Current Medications: Enrofloxacin.
Lab Results: Attached separately within request.
Radiographs: prominent prostate.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 mildly 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 (6.68 x 4.40 cm); with normal shape and smooth peripheral contours. The parenchyma is hyperechoic to heterogenous in appearance. One to two cystic areas are observed, the larger measuring 0.89 x 0.85 cm. The prostatic urethra is not overtly dilated.

The left kidney presented normal size (7.62 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 is subjectively small in size (4.66 cm) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A cortical infarct is suspected at the caudal pole. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in length (0.36 cm at cranial pole) (0.40 cm at caudal pole) (2.34 cm in length); with a flattened contour. 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 in length (0.49 cm at cranial pole) (0.41 cm at caudal pole) (2.61 cm in length); with a flattened contour. 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 (1.21 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

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. Hepatic vascular and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

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 (xxx cm) 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.

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.

Free Abdomen

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

Other

The testicles are subjectively normal in size (left testicle 3.19 x 1.77 cm); (right testicle 3.25 x 2.12 cm); and symmetrical with homogenous parenchyma. No obvious pathology is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

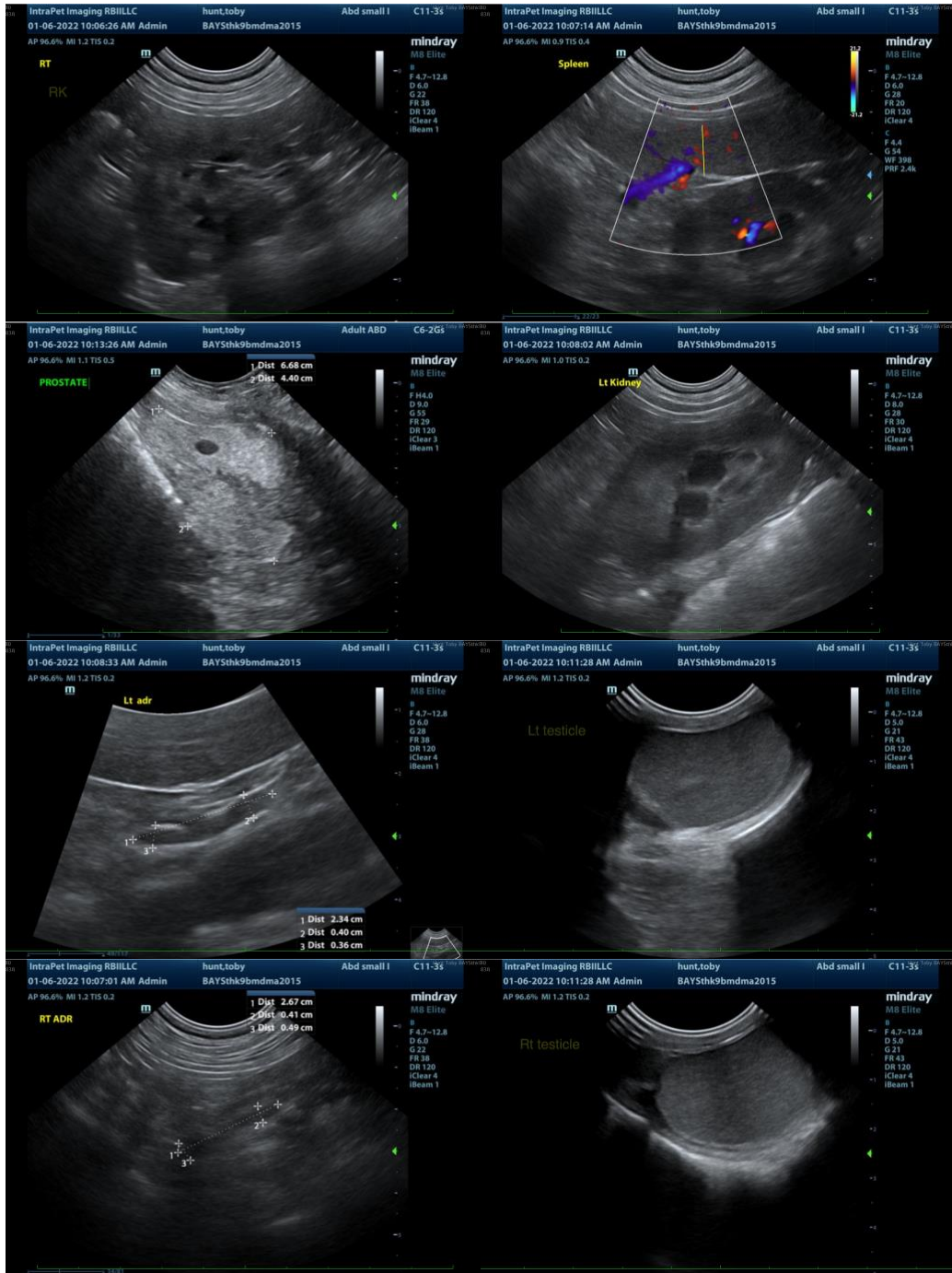
- The prostate changes are consistent with benign prostatic hyperplasia and parenchymal cysts. Concurrent bacterial prostatitis is also possible, particularly given the patient's clinical signs.
- The nonspecific diffuse hepatopathy is suspected to be secondary to chronic prednisone administration, however regenerative nodular hyperplasia or other age-related pathology cannot be excluded. Given the lack of ALT elevation, inflammatory disease is considered unlikely.

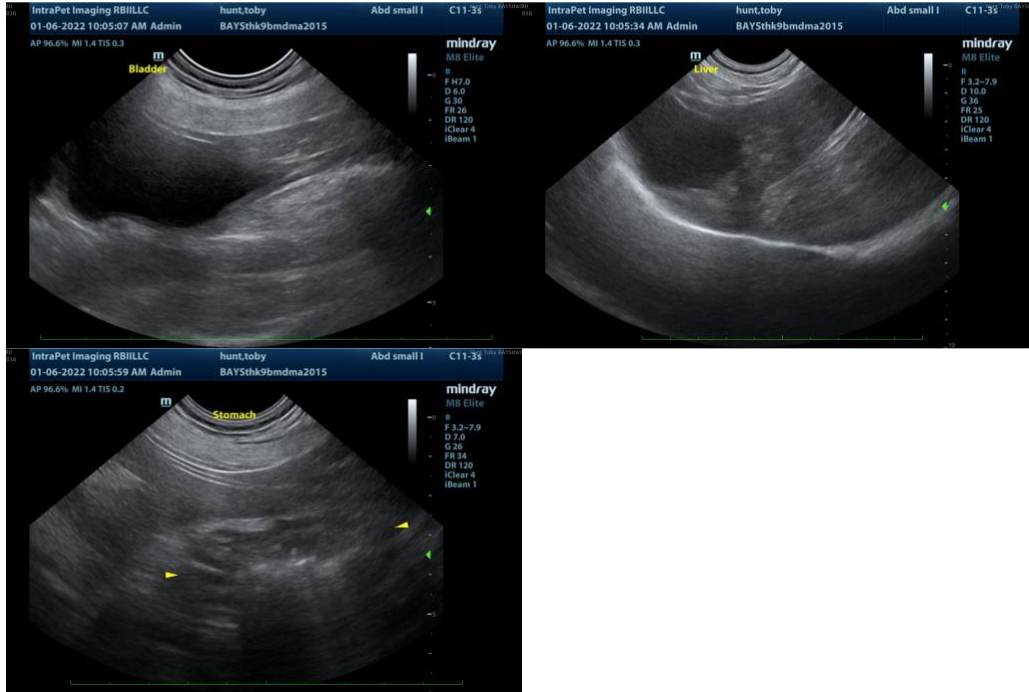
Secondary Findings

- The flattened left adrenal glands are likely secondary to chronic corticosteroid administration.
- Minor right-sided age-related renal changes with a suspected cortical infarct

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity is recommended, preferably on a pre-antibiotic sample.
- Castration is strongly recommended.





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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