



PATIENT

Venture Eguchi-Coe

SPECIES

Canine

BREED

Greater Swiss Mtn.
Dog

SEX

Neutered Male

AGE

8 Years

WEIGHT

101 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Eguchi-Coe

DATE

1/13/22

INVOICE

13415

PRESENTING CLINICAL SIGNS

History: Presentation and clinical exam findings: Hematuria HX of prostatitis followed with castration. Histopath of testicle Epididymis: Severe, chronic, diffuse, lymphoplasmacytic and neutrophilic epididymitis with marked fibroplasia Testis: - Intratubular seminoma, excision complete - Mild to moderate, chronic, locally extensive, lymphoplasmacytic and histiocytic orchitis - Severe atrophy of seminiferous tubules Please compared to the study in 09/20

Abnormal PE/Chem/CBC/UA Results: Current Medications 300mg Trazodone 600mg Gabapentin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The wall is diffusely thickened, more so in the region of the apex (up to 1.02 cm). The mucosal surface is also irregular in the apical region. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is mildly enlarged (2.22 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is homogeneous in appearance. No focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (7.57 cm in length); with a slightly irregular shape. The cortex is mildly thickened and hyperechoic and there is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (8.30 cm in length); with a slightly irregular shape. The cortex is mildly thickened and hyperechoic and there is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.61 cm at cranial pole) (0.58 cm at caudal pole) (3.35 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 (1.61 cm at cranial pole) (0.85 cm at caudal pole) (2.32 cm in length); normal shape; homogenous parenchyma. The parenchyma is slightly mottled in appearance. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.



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Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

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.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally distended with gas. 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.

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

A brief echocardiogram (no charge) reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild prostatomegaly. The prostate is smaller compared to the previous sonogram. The changes likely represent resolving hyperplasia following late-in-life neutering.
- The gastric wall is now normal in thickness without visible evidence of pathology.

Secondary Findings

- The urinary bladder wall changes are most consistent with cystitis. Neoplasia is possible but considered less likely.
- The bilateral renal changes are most consistent with chronic interstitial nephritis
- The hepatic changes are consistent with age-related parenchymal remodeling and are not



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considered clinically significant at this time.

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- The splenic parenchymal changes are likely benign (i.e., lymphoid hyperplasia or extramedullary hematopoiesis) with a low possibility of emerging neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the patient is clinically doing well, no sonographic follow-up is needed. Given the patient's age, however, baseline lab work (i.e., CBC/chemistry panel, urinalysis, T4) is recommended to assess overall metabolic function.

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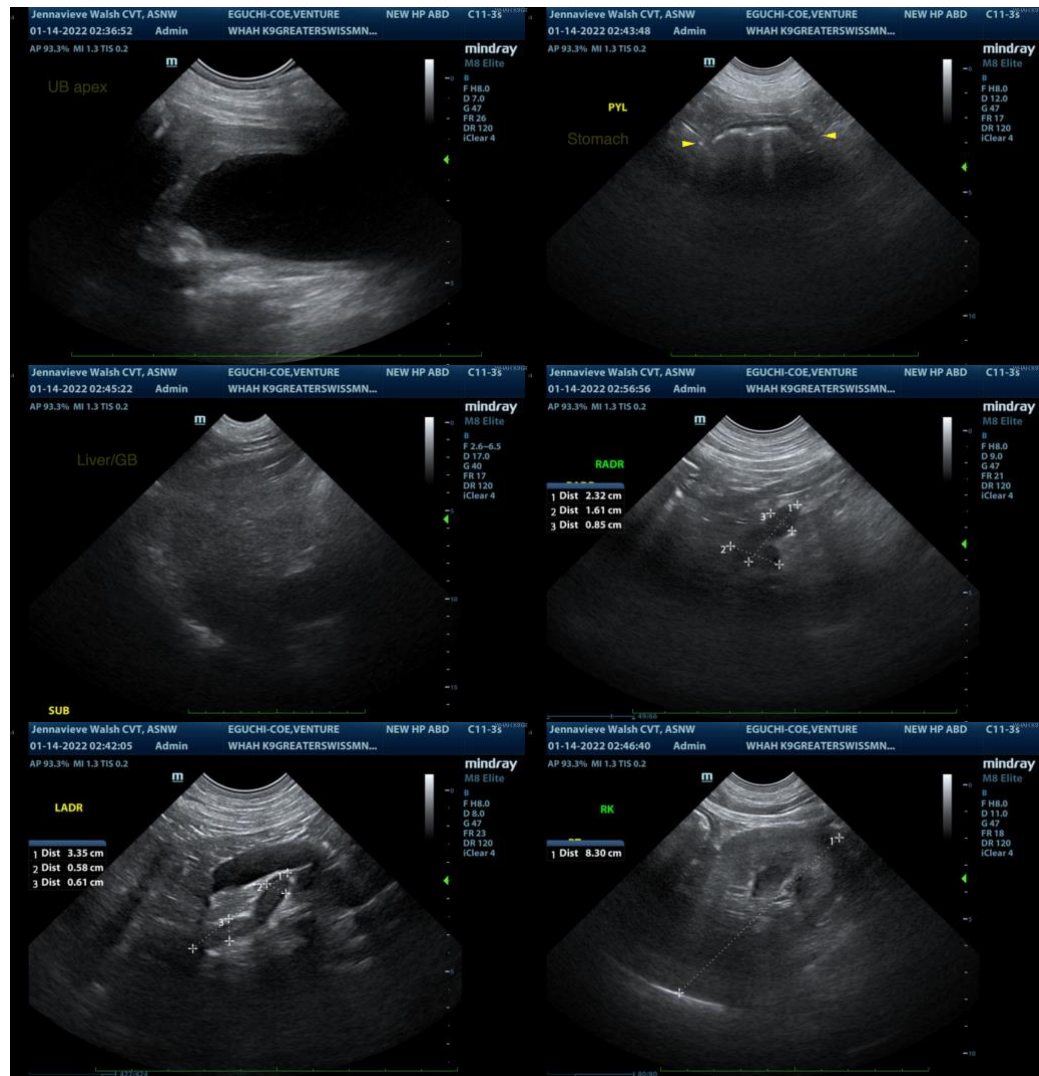
Dr. Eguchi-Coe

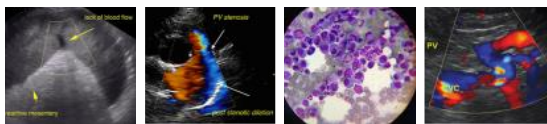
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

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