

**DATE**

10/11/22

PRESENTING CLINICAL SIGNS

Ongoing intermittent bloody discharge from penis, has improved since neutered on 06/21/22 but happens about once a week, previous ultrasound was consistent with BPH and suspected cysts. No straining or change in frequency or amount of urinations.

PATIENT

Pup Edwards

Current Medications: None listed.

Date of Previous IntraPet Ultrasound: 5/31/22.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

SPECIES

Canine

BREED

Chihuahua mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

**This study was limited to the urinary system. There is a potential for pathology in organs that were not visualized.

SEX

Male, neutered

Urinary System

The urinary bladder is mildly distended. The wall is of appropriate thickness for the level of repletion. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

AGE

9/30/2012

A 4.13 x 2.14 cm cystic area is arising from the caudal aspect. Within the cystic portion, suspended echogenic material is observed and an approximately 1 cm irregular, focus of tissue is seen at the periphery. In the more solid appearing portion of the prostate, the parenchyma is relatively homogeneous and the width measures 1.13 cm. The mesentery surrounding the cystic portion is mildly hyperechoic.

WEIGHT

7.6 lbs.

The left kidney is normal in size (3.41 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

INTERPRETED BY

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

The right kidney is normal in size (3.97 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

HOSPITAL NAME

Perry Hall AH

ULTRASONOGRAPHIC FINDINGS**Primary Findings:**

- The fluid filled structure arising from the prostatic parenchyma could be consistent with a cyst or abscess. The cyst is similar in size compared to the previous sonogram. Adjacent mild retroperitonitis is present.

REFERRING VET

Dr. Baer

Secondary Findings:

- Bilateral, chronic renal changes with dystrophic mineralization. Changes are similar to the previous sonogram.

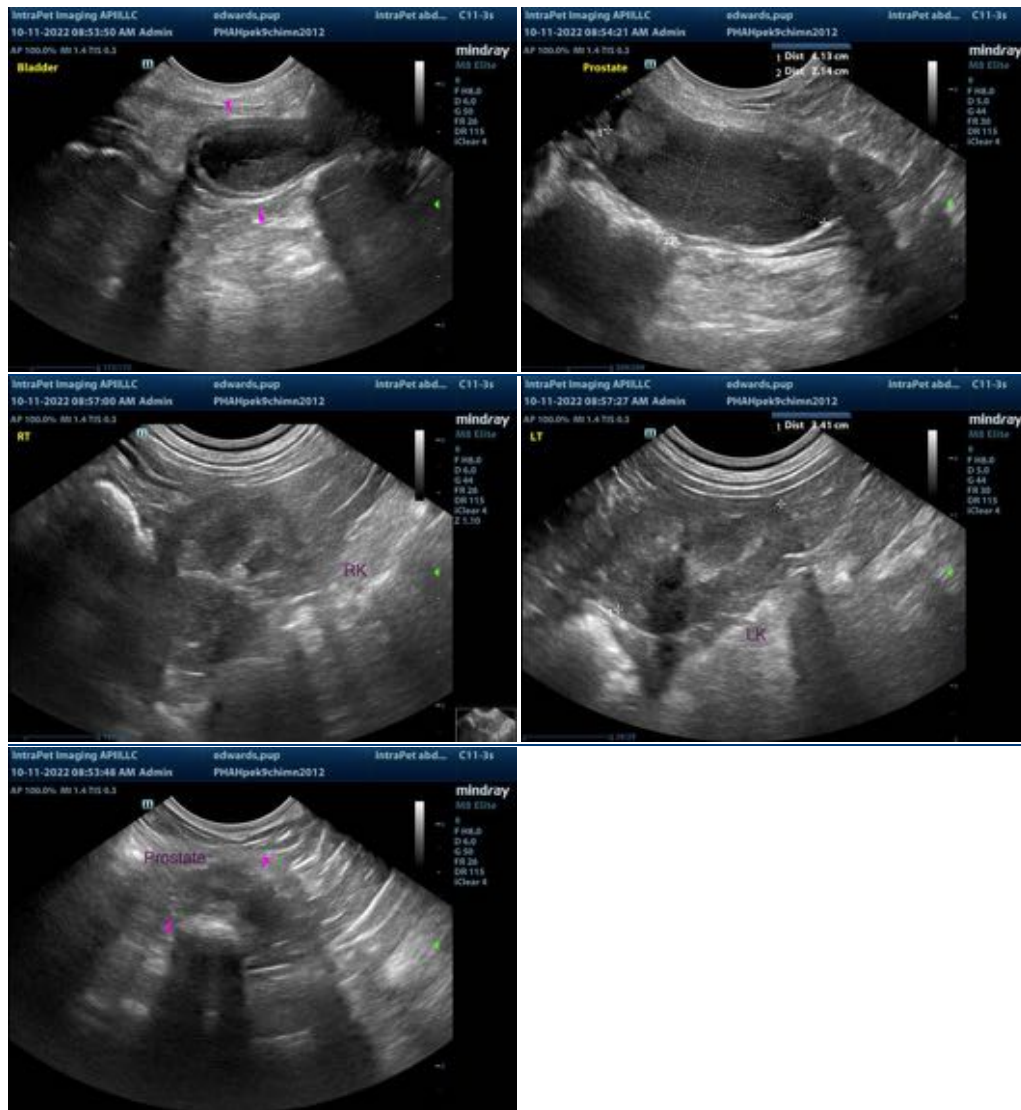
INVOICE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider consultation with a board certified surgeon to discuss potential omentalization of the fluid filled prostatic lesion.

- A fine needle aspirate of the prostatic lesion can also be considered. Fluid should be submitted for cytology as well as aerobic and anaerobic cultures.



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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