

**DATE PRESENTING CLINICAL SIGNS**

10.20.2022

Seen at other vet in mid Sept for biannual exam. U/A revealed WBC 10-15 and RBC 30-50, +4 epi, and +1 ammon phosphate. Dog not having any urinary issues. Tx with cefpodoxime. Recheck U/A end of Sept revealed WBC 75-100 and RBC 10-15. Treated with Baytril. Recheck U/A mid-October WBC 10-15 and RBC 30-50. O worried that there may be something else going on. Rectal exam revealed large prostate. O reports no difficulty urinating/defecating and appetite is good.

**PATIENT**

Kalo Solano

**SPECIES**

Canine

Current Medications: Zonisamide 100 mg po bid and 50 mg po bid  
 Dasuquin, Finished baytril about 3 days ago., Will come in on 150 mg trazadone.

Lab Results: 9/22- Crea 1.6 SDMA 21

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

**BREED**

Pitbull Terrier

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Intact Male

**Urinary System**

The **urinary bladder** wall is 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.

**AGE**

10/19/2011

The **prostate** is enlarged (4.75 cm in width) with irregular peripheral contours. The parenchyma is diffusely heterogenous with numerous cysts throughout the gland, the largest measuring 1.22 cm in diameter. The prostatic urethra is not overtly dilated.

**WEIGHT**

74.4 lbs

**INTERPRETED BY**

Andrea Nicastro, DMV,  
 Diplomate DACVIM  
 (Small Animal  
 Internal Medicine)

The **left kidney** is normal size (5.36 cm in length) with an irregular shape. The cortex is variably thickened and heterogenous. There is poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Moderate to severe pyelectasia is present (1.10 cm in the longitudinal plane). Small, nonobstructive nephroliths are seen. A cortical infarct is suspected at the caudal aspect. Renal vasculature is normal.

**HOSPITAL NAME**

Healing Paws Vet  
 Wellness Ctr

The **right kidney** is normal size (6.69 cm in length); with an irregular shape. The cortex is variably thickened with poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. A 0.64 cm septated cyst is observed at the caudal pole. Infarcts are suspected at the caudolateral aspect. There is no evidence of pyelectasia hydroureter. Renal vasculature is normal.

**REFERRING VET**

Dr. Levitsky

**Adrenal Glands**

The **left adrenal gland** is normal size (0.66 cm at cranial pole) (0.61 cm at caudal pole) (3.21 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.

**INVOICE**

11867

The **right adrenal gland** is normal size (0.70 cm at cranial pole) (0.7 cm at caudal pole) (3.00 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.

**Spleen**

The **spleen** is normal in size (2.22 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is diffusely mottled in appearance. No focal lesions are observed. Splenic vasculature is

normal.

### **Liver**

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 **gall bladder** lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic to mineralized, mostly gravity dependent debris is observed within the lumen. 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 pyloric outflow tract is patent. 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. There is no evidence of an obstructive pattern.

### **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: 3.45 x 1.92 cm) (right: 3.33 x 1.99 cm) and symmetrical. The parenchyma is heterogenous with focus of mineralization. In the left testicle, a few, small cystic areas are observed, the largest measuring 0.51 cm in diameter.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- Bilateral degenerative renal changes with nonobstructive nephrolithiasis, suspected cortical infarcts and left pyelectasia.
- The prostate changes are most consistent with benign prostatic hyperplasia with parenchymal cysts. Concurrent bacterial prostatitis is also possible, given the pyuria.

### **Secondary Findings**

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation or infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- The testicular changes are most consistent with age-related remodeling and mineralization.

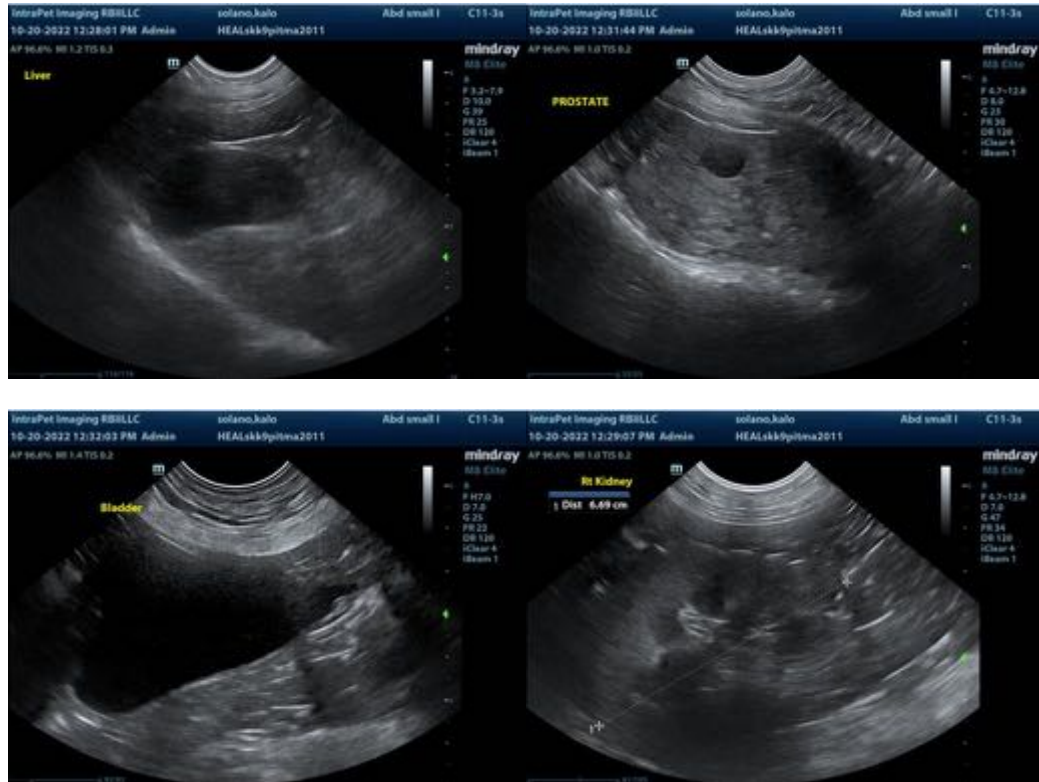
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

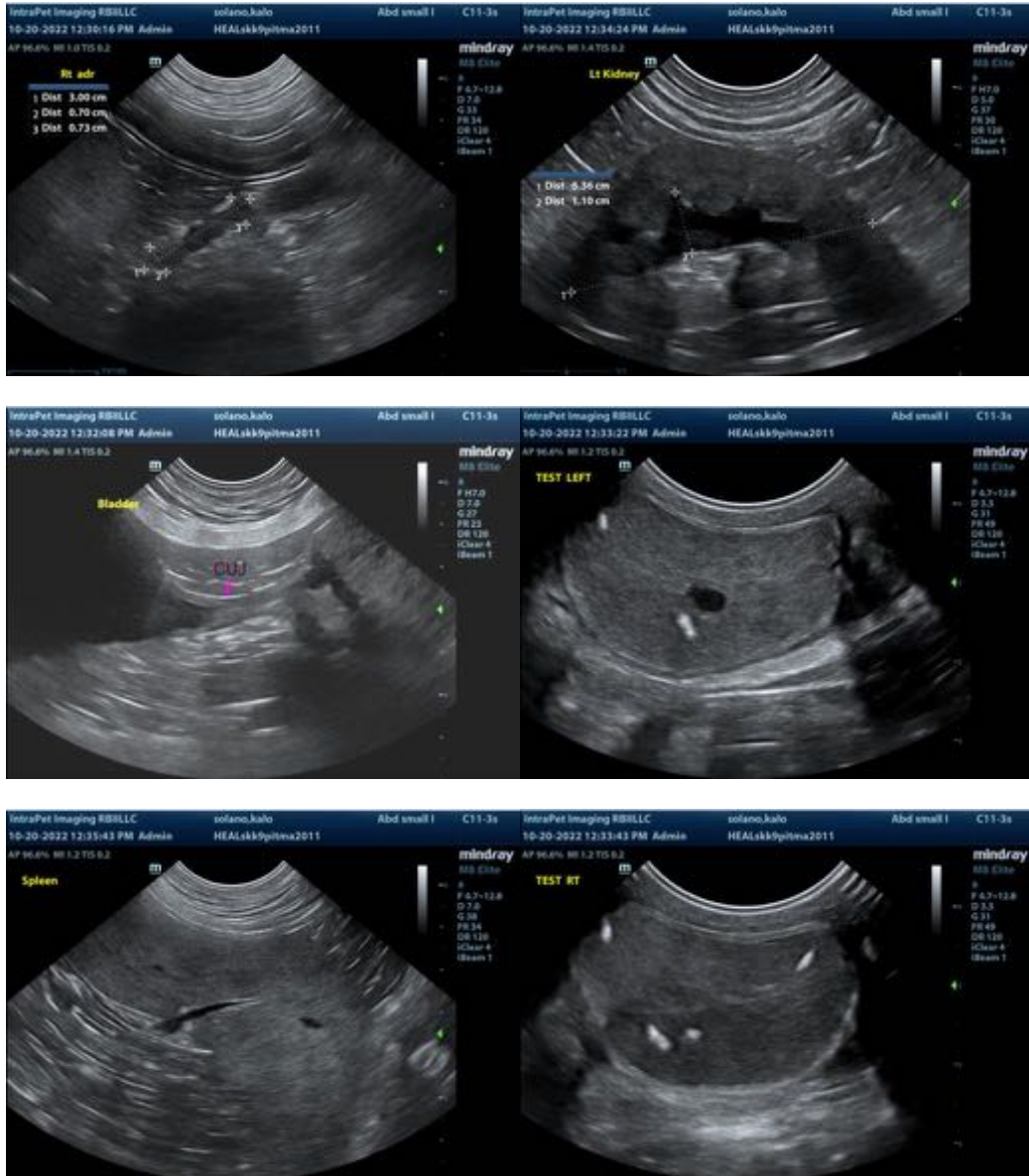
Regarding the patient's azotemia, consider the following:

1. A urine culture and sensitivity is recommended, ideally 5-7 days or more following the last dose of antibiotics.
2. UPC (if proteinuria is present in the absence of infection)
3. Baseline blood pressure measurement
4. Transition to a prescription renal diet
5. Serial monitoring (i.e., every 3 months) of the patient's renal values to assess for progression

Castration with submission of the testicles for histopathology is also recommended. Given the patient's age, three-view thoracic radiographs are recommended prior to anesthesia to assess cardiopulmonary status.

Regarding the splenic parenchymal changes, consider a fine-needle aspirate to further assess for round cell neoplasia (if clotting status is appropriate). A 25-gauge needle should be used.





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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