IMAGING PERFORMED BY

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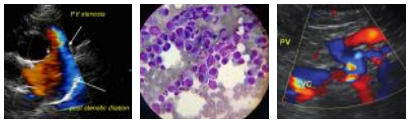

SonoPath
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DATE

12/3/21

PATIENT

Lucky Willis

SPECIES

Canine

BREED

Pitbull Terrier

SEX

Intact Male

AGE

8/25/13

WEIGHT

84.7 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Nacke-Horney

INVOICE

12822

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Bleeding from Penis. Date: 11-25-2021 Notes: Dripping blood from his penis - started 2 weeks ago - tried giving extra Prednisone, off of it - last dose was 5 days ago. Has happened before - April 2020 - rdvm: UTI, given abx and Prednisone - subsided for a while but has started back up - appointment next Friday but recommended come to ER. Assessment: Blood noted from penis Plan: Reviewed history and physical exam. Discussed ddx: UTI vs stones
Recommended baseline BW, abdominal x-ray, UA and culture via cysto, +/- sedation, SQ fluids, TGH meds.

Current Medications: Amoxicillin, Gabapentin.
Lab Results: URINE CULT & SUSCEPTIBILITY - No growth. Additional labs attached separately within request.
Radiographs: No obvious stones in the bladder or kidneys.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: IV dex/domitor.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The wall is normal in thickness with a smooth mucosal surface. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal. The penile urethra is evaluated. No obvious abnormalities are observed.

The prostate is enlarged (8.53 cm x 3.85 cm) with an irregular shape. The parenchyma is hyperechoic to heterogeneous in appearance with ill-defined cystic areas. A 2.25 cm x 1.74 cm semi-walled nodule with cavitated areas and echogenic debris/tissue is observed near the cranial aspect. A 0.45 cm focus of mineralization is also observed at the cranial aspect. The prostatic urethra is visible but not overtly dilated. The mesentery surrounding the prostate is hyperechoic. An ultrasound guided fine needle aspirate of the prostate was performed during this scan without incident.

The left kidney presented normal size (6.98 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 hydroureter. Renal vasculature is normal.

The right kidney presented normal size (7.01 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.72 cm at cranial pole) (0.76 cm at caudal pole) (3.18 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 (0.86 cm at cranial pole) (0.76 cm at caudal pole) (3.38 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 (1.75 cm at the level of the hilus) with a normal capsular contour. A light micronodular pattern is present throughout the parenchyma. 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. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

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.

Pancreas

The right limb of the pancreas is prominent to enlarged with minimal deviation from the normal peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and diffusely mottled in appearance. The pancreatic duct is dilated (0.54 cm in diameter).

Free Abdomen

Trace free fluid is observed in the caudal abdomen. A 2.29 cm x 1.23 cm sublumbar lymph node is visualized.

Other

The right testicle measures 2.08 cm x 1.18 cm. The right testicle is subjectively small in size/atrophied with homogeneous parenchyma.

The left testicle measures 3.98 cm x 2.95 cm. The left testicle is subjectively normal in size with a normal shape and homogeneous parenchyma. No focal lesions are observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The prostate changes are most consistent with benign prostatic hyperplasia with prostatic cysts +/- abscessation. Neoplasia is possible but considered less likely given the patients' intact status. Regional peritonitis is present.

- The sublumbar lymphadenopathy most likely represents reactive lymphadenitis or lymphoid hyperplasia with low potential for emerging neoplasia.

- Asymmetrical testicles

Secondary Findings

- The pancreatic changes are most consistent with age-related remodeling/fibrosis.

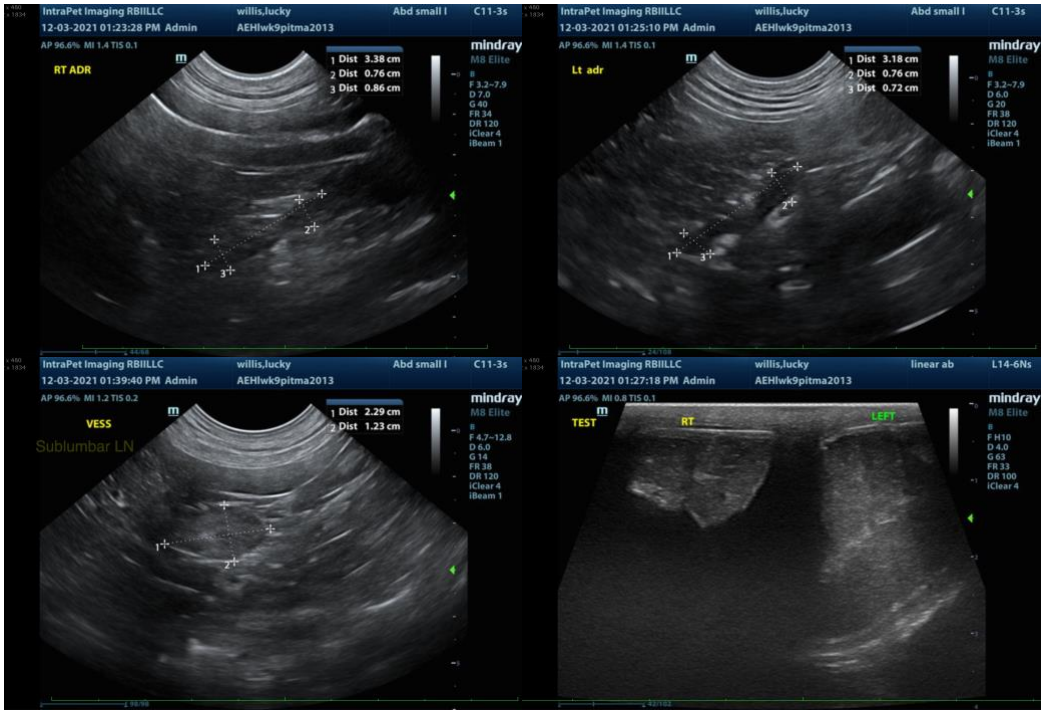
- The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

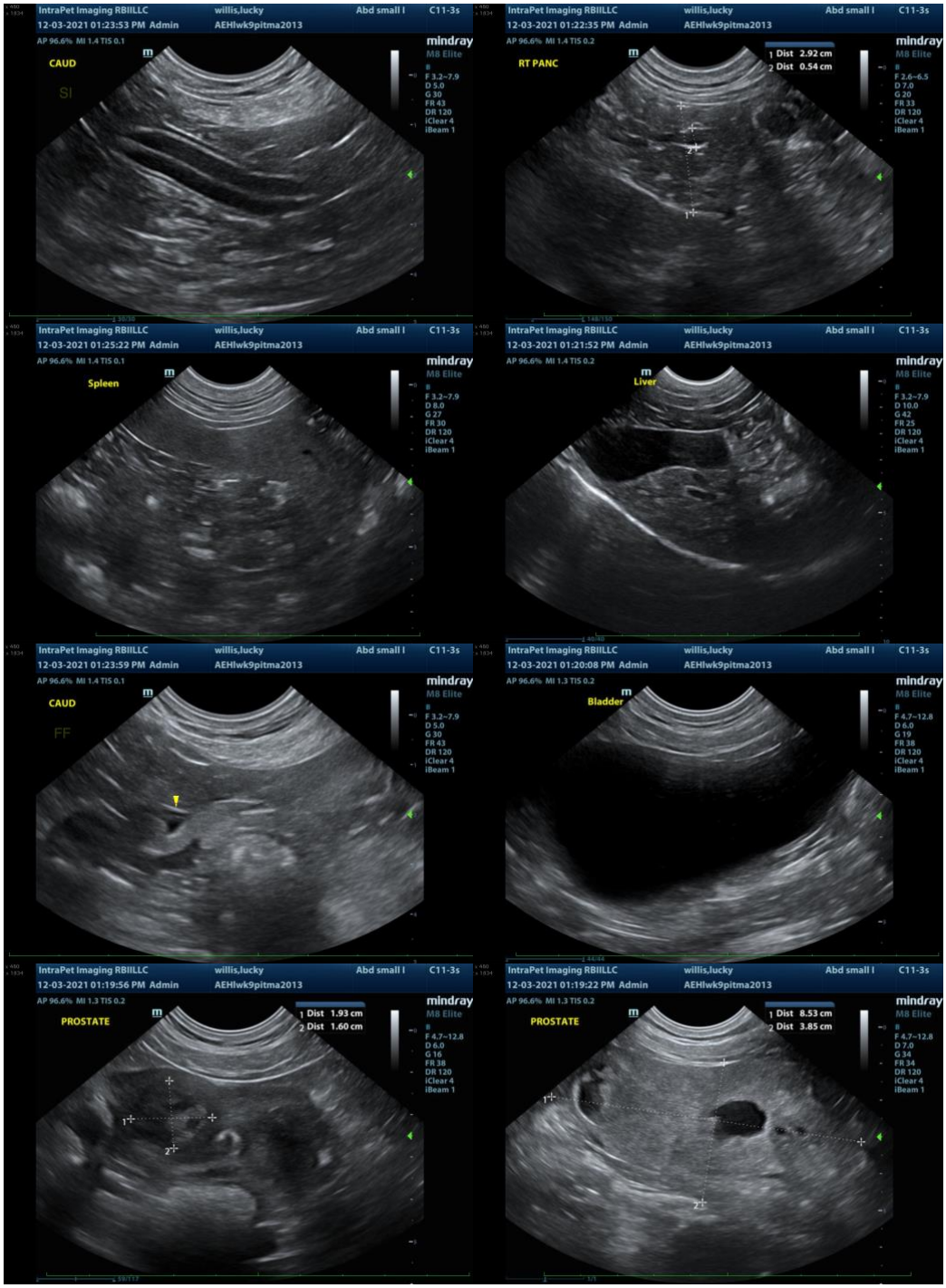
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Castration. The testicles should be submitted for histopathology, given their asymmetry.

- Empirical treatment for bacterial prostatitis is recommended (despite negative urine culture). While awaiting cytology results, depending upon the results, consultation with a board-certified veterinary surgeon may be warranted to discuss prostatic omentalization (i.e., if a prostatic abscessation is present).

- Three-view thoracic radiographs are recommended prior to anesthesia given the patients age.





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)
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