



PATIENT

Dozer La Breche

SPECIES

Canine

BREED

Boxer

SEX

Intact Male

AGE

5 Years, 11 Months

WEIGHT

82.2 Lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Leon Anderson, DVM

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

Carissa Rhoades

INVOICE

10097

DATE

12/30/21

PRESENTING CLINICAL SIGNS

History: 2-year history of intermittent urine dribbling. Most recent episode with blood tinge. Acts great otherwise. Very cellular Urine with no bacteria seen. Urine culture pending. Echo about 10 months ago reportedly normal, Holter monitor recommended but not yet done.

Abnormal PE/Chem/CBC/UA Results: PE: Dribbling blood-tinged urine. Bilaterally symmetrical non-painful prostatic enlargement. Stage I dental disease with gingival hyperplasia. Grade II/VI systolic left heart base cardiac murmur with episodes of tachycardia (190 bpm) and then 30bpm steady state.

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 is moderately distended. A small to moderate amount of aggregated echogenic debris is observed within the lumen. 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 (4.73 cm in width) with a relatively normal shape. The parenchyma is hyperechoic to slightly heterogenous in appearance with a few small ill-defined cystic areas. The prostatic urethra is not overtly dilated.

The left kidney presented normal size (6.25 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.

The right kidney presented normal size (6.43 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.

Adrenal Glands

The left adrenal gland is normal size (0.71 cm at cranial pole) (0.51 cm at caudal pole) (2.02 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 (0.75 cm at cranial pole) (0.74 cm at caudal pole) (2.46 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.

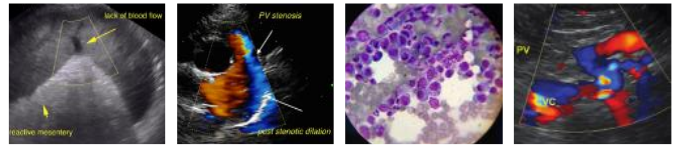
Spleen

The spleen is normal in size (2.64 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 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 anechoic. The cystic and common bile ducts are normal.



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Gastrointestinal

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

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Other

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

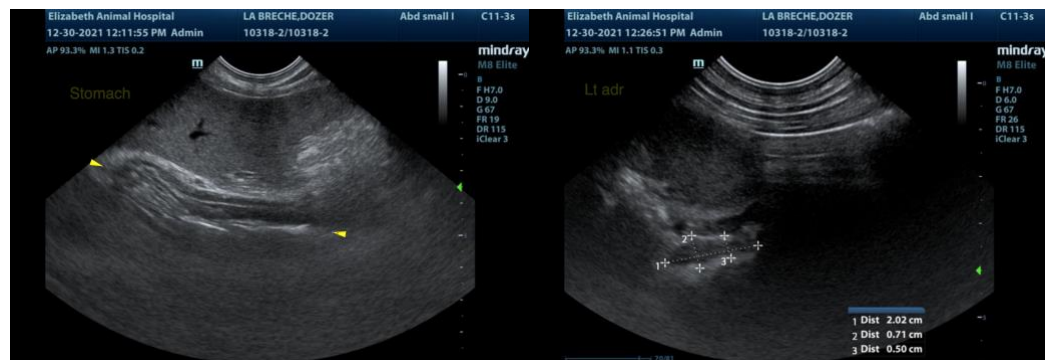
ULTRASONOGRAPHIC FINDINGS

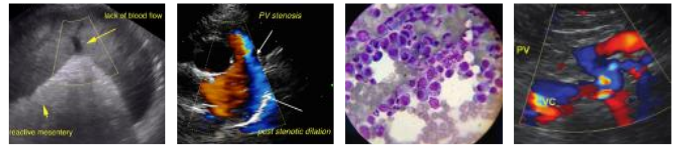
Primary Findings

- The prostate changes are consistent with benign prostatic hyperplasia +/- concurrent bacterial prostatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Castration is recommended, if patient is cardiovascularly stable.
- Empirical treatment (i.e., fluoroquinolone) for bacterial prostatitis should also be considered while awaiting urine culture and sensitivity results. If culture results are inconclusive, traumatic urethral catheterization with submission of prostatic cells for cytology can be considered.
- Given the patient's history of a heart murmur, three-view thoracic radiographs, an echocardiogram, ECG, and blood pressure are recommended prior to anesthesia.





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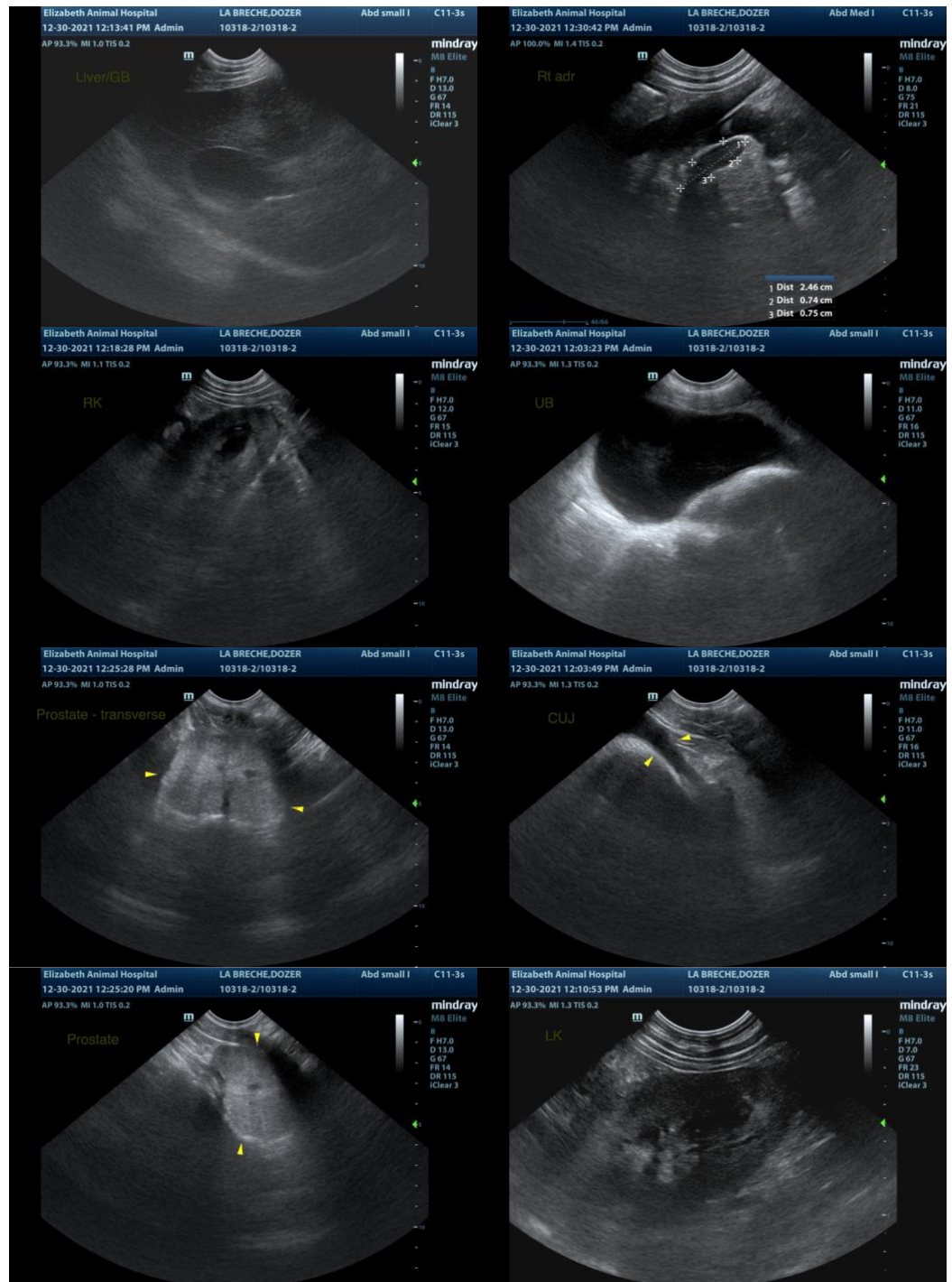
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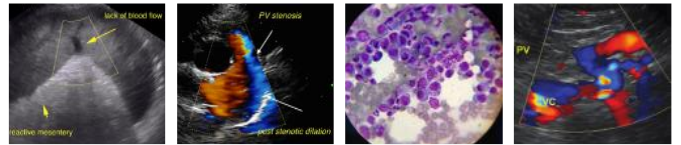


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)
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