



PATIENT

Moose Hanlon

PRESENTING CLINICAL SIGNS

History: Incontinence, leaking urine, chronic diarrhea, and licking at penis.
Abnormal PE/Chem/CBC/UA Results:

SPECIES

Canine

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 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.

BREED

Beauceron

SEX

Intact Male

The left kidney is normal size (6.58 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.

AGE

1 year, 6 months

The right kidney is normal size (6.51 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.

WEIGHT

70.6 lbs

The prostate is enlarged (4.01 cm in width), with a slightly irregular shape. The parenchyma is hyperechoic to slightly mottled in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.49 cm at cranial pole) (0.44 cm at caudal pole) (2.35 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 (0.53 cm at cranial pole) (0.60 cm at caudal pole) (2.73 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.

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Potomac Mobile
Veterinary Ultrasound

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.

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REFERRING VET

Dr. Jarrett

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.

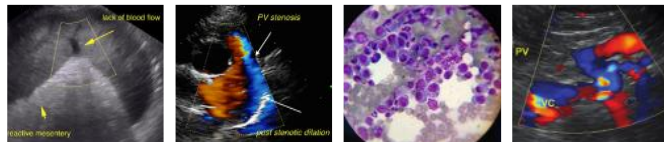
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The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

Moose Hanlon

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. No obstructive disease is noted.

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Pancreas

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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

SEX

Intact Male

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. Prominent medial ileac lymph nodes are visualized, the left measuring 2.73 x 0.56, the right measuring 2.83 x 0.42 cm. A few prominent jejunal lymph nodes are present, the largest measuring 2.07 cm in length.

AGE

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Other

The left testicle measures 3.64 x 2.05 cm. The right testicle measures 3.77 x 2.10 cm. The testicles are subjectively normal in size and symmetrical with homogenous parenchyma. No focal lesions are observed.

WEIGHT

70.6 lbs

ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- The prostate changes are consistent with benign prostatic hyperplasia. Concurrent bacterial prostatitis is also possible, particularly given the patient's urinary tract signs. If the patient's incontinence is chronic (i.e., since the dog was a puppy), ectopic ureters, although rare in males, are also a possibility.
- The prominent abdominal lymph nodes could be consistent with reactive change and/or immunological immaturity. Infiltrative neoplasia is possible but considered unlikely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A culture and sensitivity on the prostatic wash fluid or urine is recommended to further assess for bacterial prostatitis. While awaiting test results, consider empirical therapy for bacterial prostatitis with a fluoroquinolone. Castration is also recommended.
- If the patient's urinary incontinence is more chronic in nature, consider a contrast CT scan to further evaluate for ectopic ureters.

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Regarding the diarrhea, consider the following:

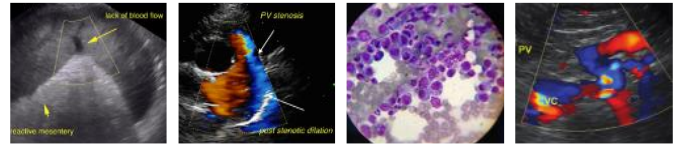
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1. Fecal evaluation for ova and Giardia
2. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
3. Malabsorption panel including serum cobalamin and folate TLI an PLI



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4. 6-week limited antigen hypoallergenic diet trial
5. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
6. If the above diagnostics are inconclusive and the diarrhea persists, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.

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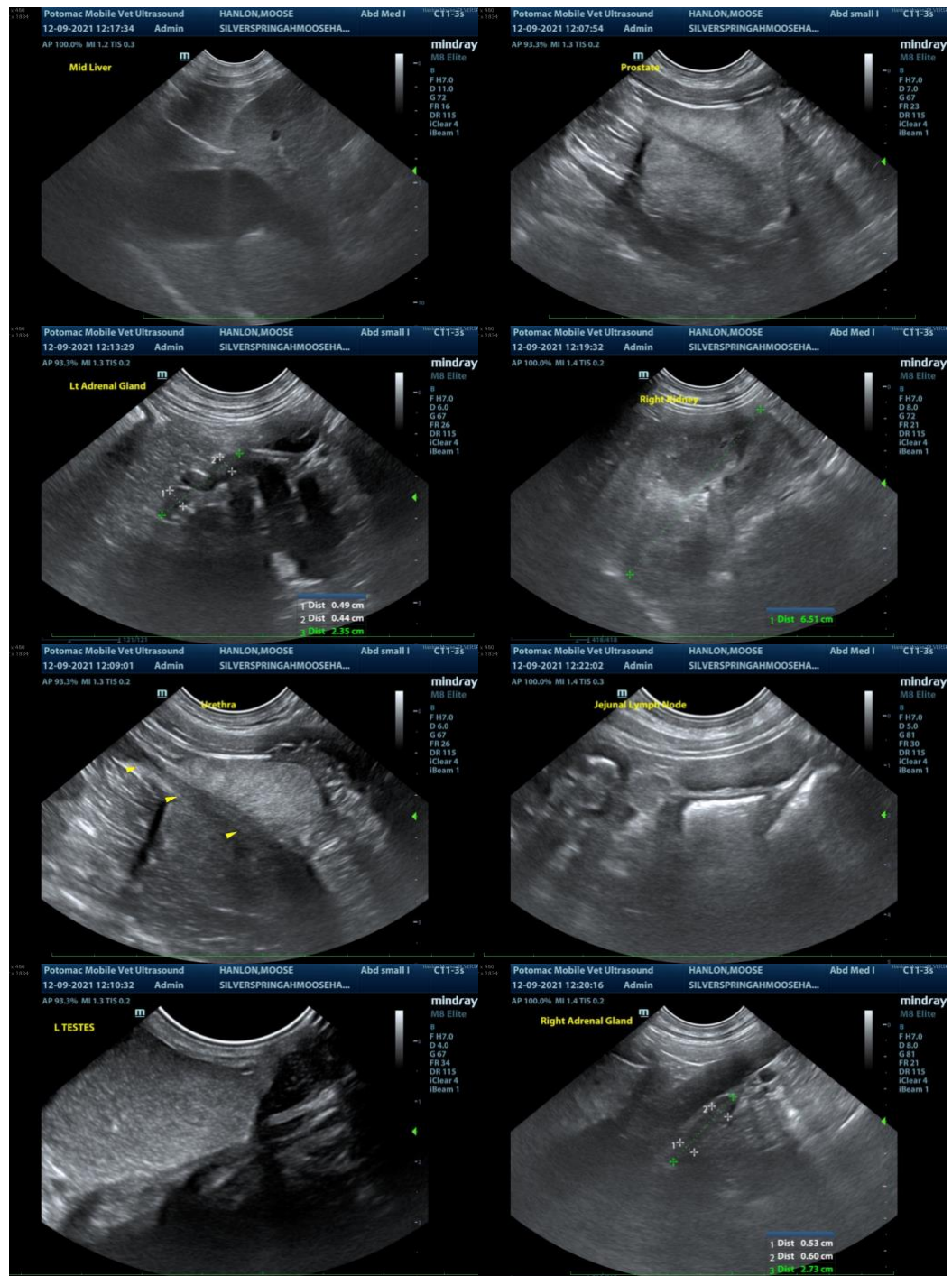
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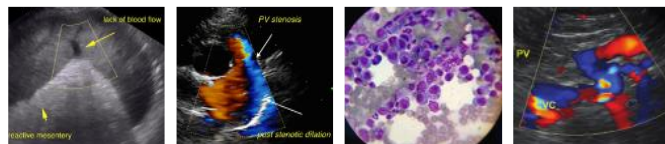
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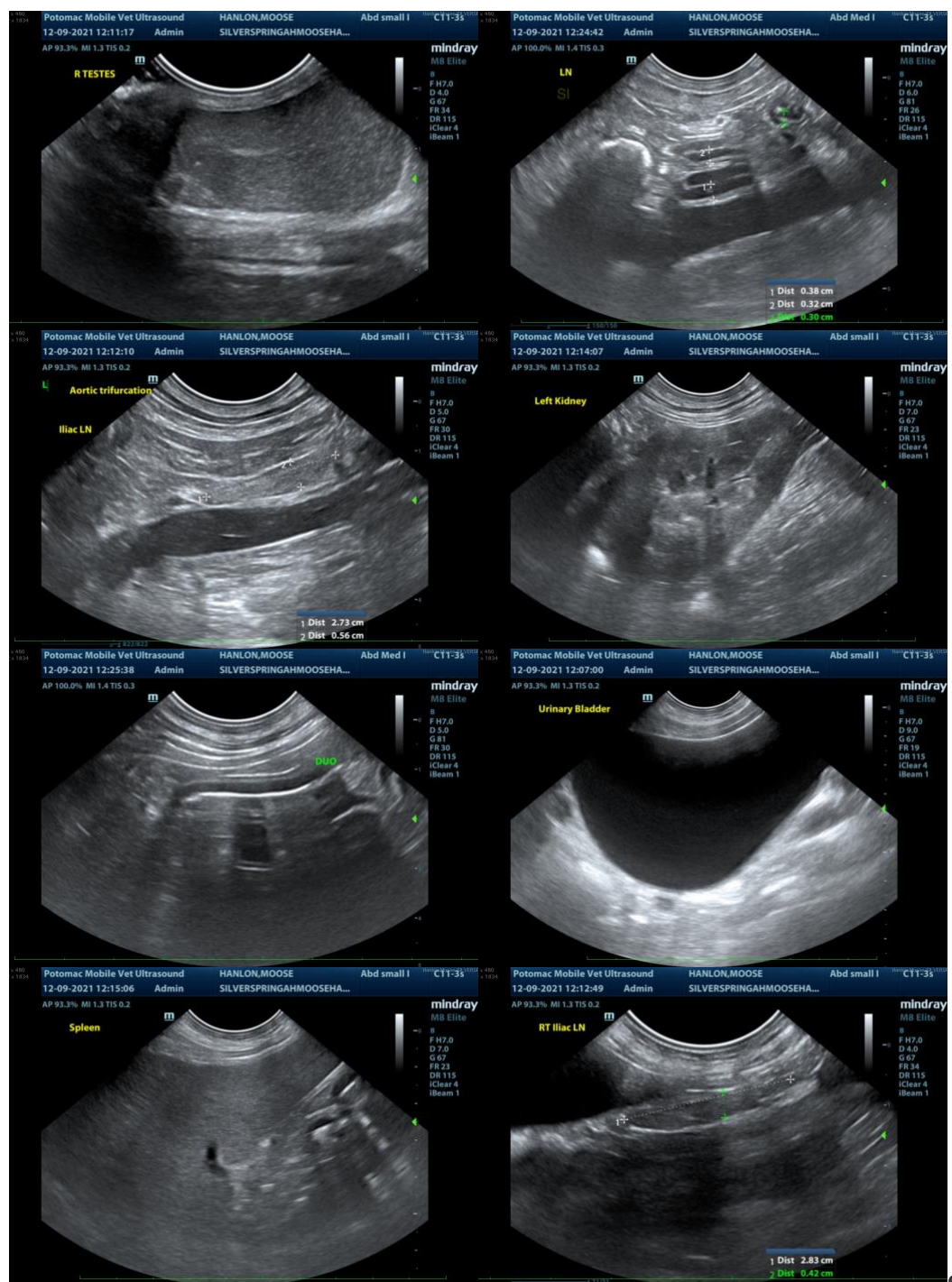
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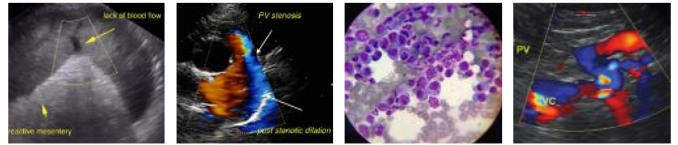
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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

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