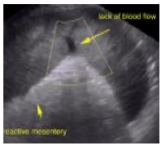
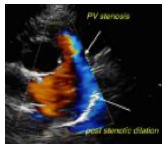
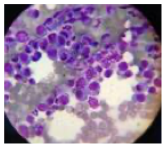
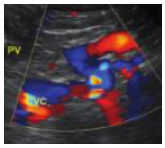
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Ruger Brucato

**SPECIES**

Canine

**BREED**

Belgian Malinois

**SEX**

Intact Male

**AGE**

2.5 years

**WEIGHT**

72 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Schwanebeck

**HOSPITAL NAME**

Animal EH Deland

**REFERRING VET**

Dr. Schwanebeck

**INVOICE**

12237

**DATE**

2.17.23

## PRESENTING CLINICAL SIGNS

History: Patient presented for further evaluation/abdominal ultrasound. He presented to his rDVM first on 7/24/22 for blood in his urine- noting the urine was very dark reddish brown. He was diagnosed with a UTI and prescribed antibiotics. He re-presented on 1/11/23 for his annual and was dribbling bloody urine in the room. He was diagnosed with a UTI and struvites in his urine. He was again prescribed antibiotics. Urine was rechecked 1/29 and still bloody. He was re-evaluated 2/8 and had radiographs performed. rDVM noted concern for possible abdominal mass and prostatitis but rad report stated soft tissue in stomach (food, foreign material, etc.). They noted the prostate gland was not visualized. He was sent here for abdominal ultrasound for further evaluation. Owner notes that patient does eat inappropriate objects and once ate/defecated a blanket so possible for FB.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly distended. A small amount of suspended 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 (4.71 cm in width) with a slightly irregular shape. The parenchyma is hyperechoic relative to surrounding omental fat and slightly mottled in appearance. A few ill-defined fluid pockets are observed within the parenchyma. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (7.26 cm in length) with a normal shape, architecture and 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 is normal in size (6.96 cm in length) with a normal shape, architecture and 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 in size (0.41 cm at cranial pole) (0.50 cm at caudal pole) with a normal shape and 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 in normal size (1.88 cm at cranial pole) (0.66 cm at caudal pole) with a normal shape and 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 (1.69 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is slightly 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 suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

***Gastrointestinal***
The lumen is not distended. The gastric wall is 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. 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***
There is no obvious evidence free fluid. A few prominent mesenteric lymph nodes are visualized (the largest measuring 1.57 cm in length). The nodes are normal in shape and echogenicity.

***Other***
The testicles are subjectively normal in size and symmetrical, with homogenous parenchyma. No obvious pathology is observed.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- The prostate changes are most consistent with benign prostatic hyperplasia. Given the patient's clinical history, bacterial prostatitis is also a consideration.

### Secondary Findings

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

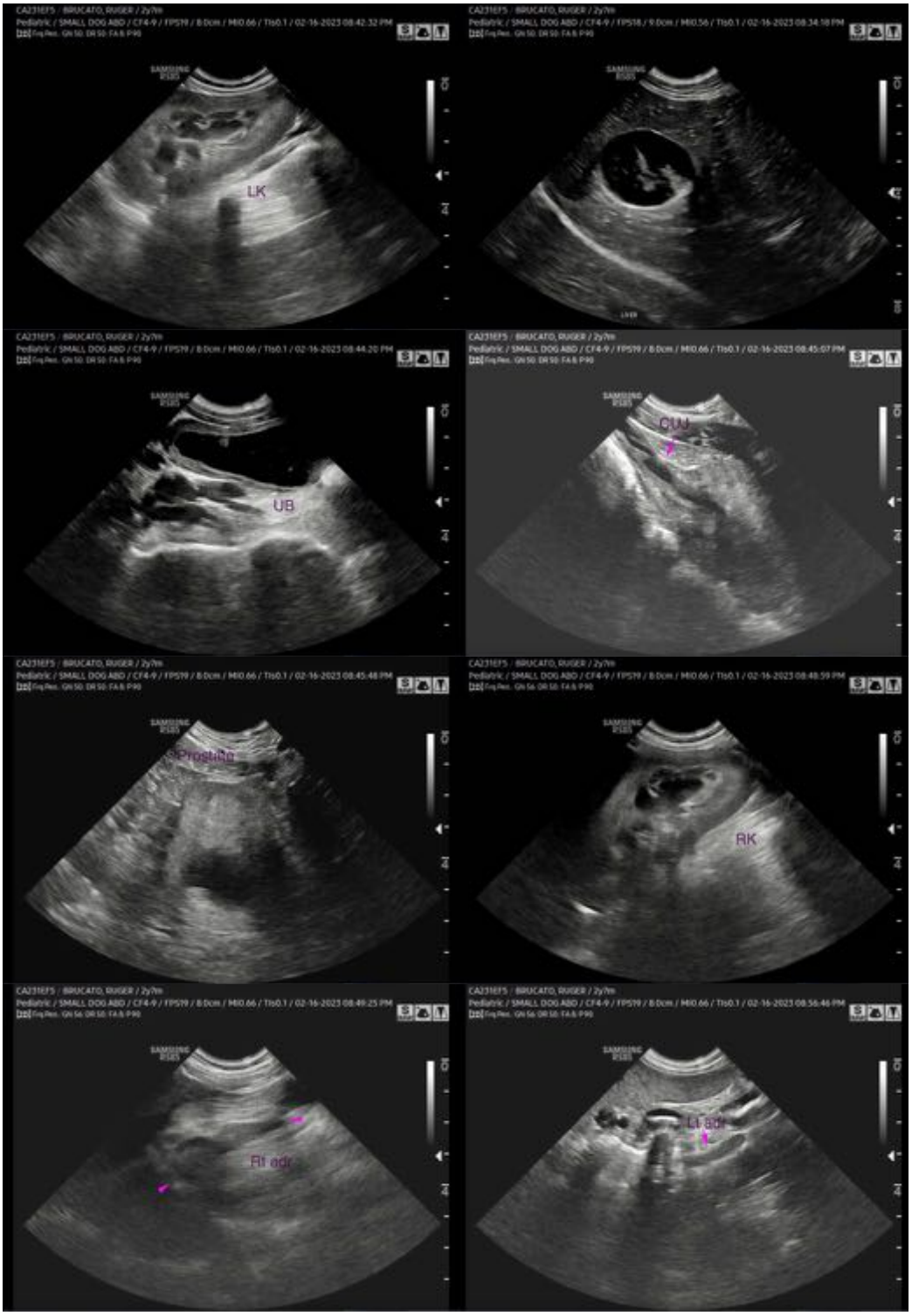
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Urine culture and sensitivity. While awaiting urine culture results, consider initiation of a fluoroquinolone.

- Castration is also strongly recommended.

- Regarding the splenic changes, a fine-needle aspirate can be considered to rule out round cell neoplasia, particularly if the clinical suspicion for disease is high.


LK
UB
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**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.

**Andrea Nicastro**, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com